ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

A RARE CASE OF PRIMARY VAGINAL CARCINOMA

KEY WORDS:

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ABSTRACT

Primary vaginal cancer is rare and constitutes only 1-2% of all female genital tract malignancies as majority of these lesions will metastasis from other primary sites (cervix and vulva). Although cancer of vagina is more common in postmenopausal women, an increase in young women being diagnosed with vaginal cancer has been reported, especially in countries with a high HIV prevalence. This will be associated with high risk HPV infection. We present to you a case of 49y/f patient p414, tubectomised with c/o of post menopausal bleed and foul smelling vaginal discharge with vaginal growth. Excision of tumour with radical hysterectomy with bilateral salpingo-opherectomy done. The frozen section of the growth shows squamous cell malignant tissues. This case report discusses the significance of early diagnosis by regular screening and gynaecological examination and prompt treatment. Vaginal cancer is rare and conventional treatment is debulking and chemo radiation therapy.

INTRODUCTION

Primary vaginal carcinoma is rare and accounts for only %1 to 2% of all female genital cancers, and more than 80% are metastases from other sites(most commonly the cervix and vulva).1 Squamous cell carcinoma is the most common subtype, most commonly arising from the upper portion of the posterior wall of the vagina. Other subtypes are adenocarcinoma, melanoma and sarcoma. There is a strong association of squamous cell carcinoma with HPV infection.2
The most frequent clinical symptom is vaginal bleeding, but dysuria and pelvic pain are also common. Surgical treatment is preferred for early stage of infiltrating cancer, and radiotherapy for progressive lesion but the treatment for vaginal cancer is not defined completely yet. The most important prognostic factor is stage at diagnosis. 5 year survival rate for primary vaginal carcinoma is approximately 40%.3

Here we are presenting a case of a patient who presented with post menopausal bleed.

CASE REPORT

A 49 year old postmenopausal tubectomised woman came to old with chief complain of foul smelling discharge per vagina and post menopausal bleeding since 2 months. No history of anorexia/ weight loss/ constipation/ difficulty in micturation. On per speculum examination a 5*5 cm mass seen on the anterior vaginal wall and bleeds on touch. Cervix appeared healthy. Bimanual examination showed normal sized uterus with no adnexal mass. PAP smear was normal. Use abdomen+ pelvis was normal.MRI abdomen+pelvis s/o 3.6*3.7*7.3 cm well defined area of altered signal intensity in the vaginal cavity anteriorly abutting the urethra, superiorly the inferior aspect of the anterior lip of cervix and caudally reaching up to the vaginal introitus with no obvious extensions in the anal canal. Excision of the tumour with radical hysterectomy with bilateral salpingo- opherectomy done. The frozen section of the growth showed squamous cell malignant tissues.

Histopathology report s/o moderately differentiated (grade 2), squamous cell carcinoma - growth from anterior vaginal wall.

Uterus, cervix and bilateral acne a are uninvolved by the tumour. Patient was diagnosed with primary vaginal carcinoma and plan for further management with chemo-radiation therapy.

DISCUSSION

Vaginal cancer is rare and the conventional treatment is debulking followed by chemo-radiation therapy. This case serves signifies the importance of careful evaluation of all vaginal erosions, regular screening tests and gynaecological examination.

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