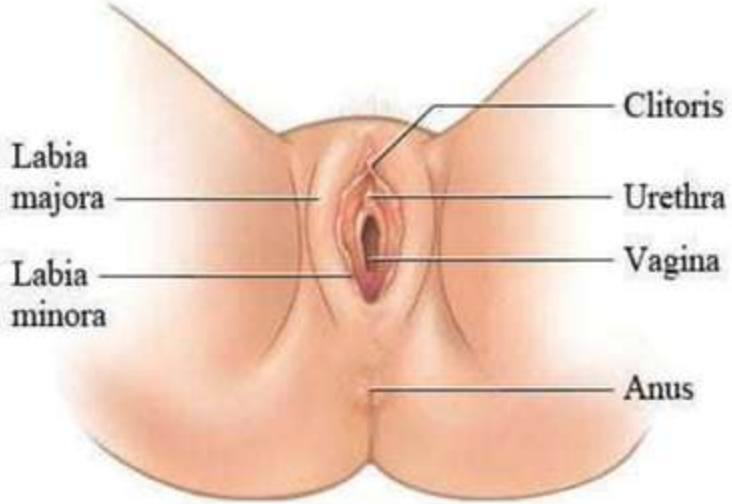
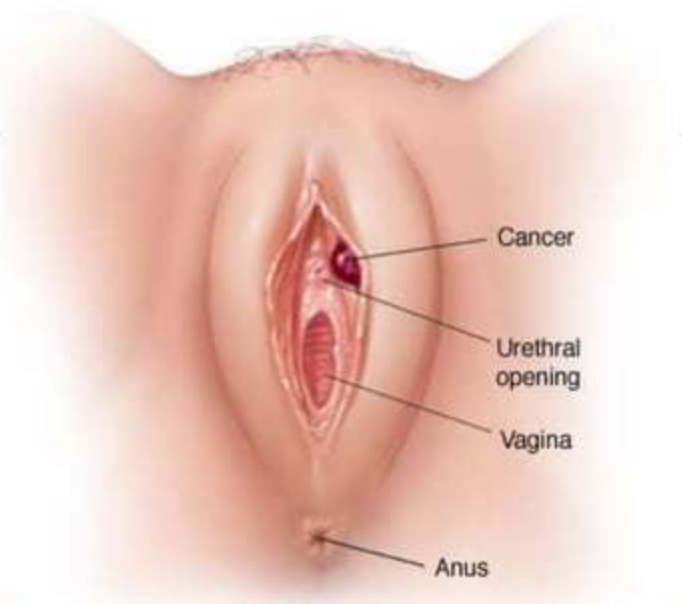
VULVAL CARCINOMA


Clitoris
Labia majora
Urethra
Vagina
Labia minora
Anus


Cancer
Urethral opening
Vagina
Anus

TYPES

- Pre-Invasive
- Invasive

INTRAEPITHELIAL VULVAL CARCINOMA

- Cellular abnormality limited to the epithelium of the vulval skin, excluding the keratinized layer.

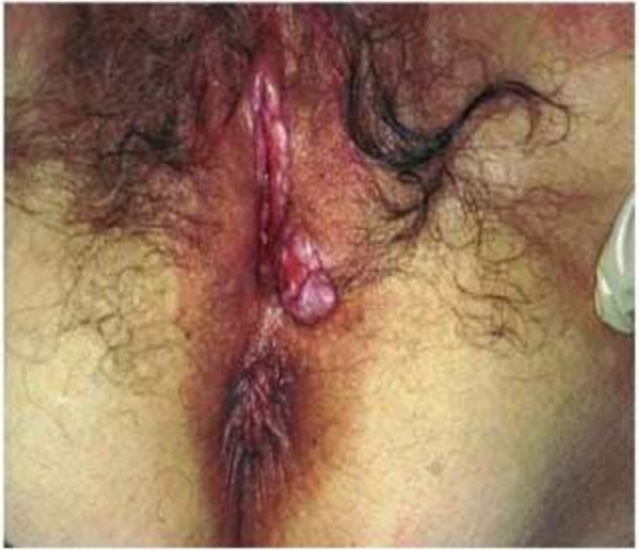
- The cancer cells are restricted by the basement membrane and do not spread to the dermis.

- VIN I. The cellular abnormality is mild, limited to the basal layer, involving the lower one-third of the vulval epithelium.
- VIN II. The cellular abnormality extends to the lower two thirds of the vulval epithelium and involves the basal as well as the intermediate layer; it is often associated with HPV infection.
- VIN III. *The entire thickness of the epithelial* layer shows cellular abnormality, but there is no vascular or lymphatic involvement, and the basement membrane is intact.

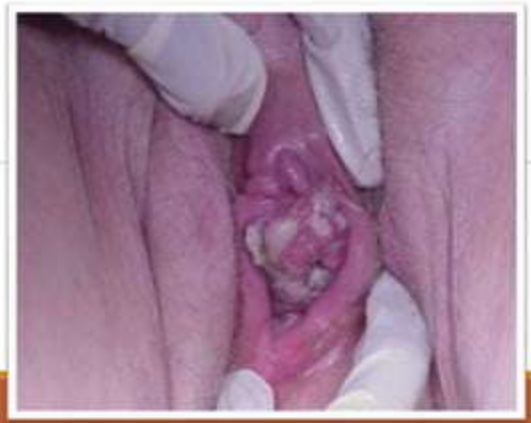
CLINICAL FEATURE

- Pruritis
- Soreness
- Dysuria
- Dyspareunia

White, or red, flat warty or papular lesions, single or multiple with well-defined edges

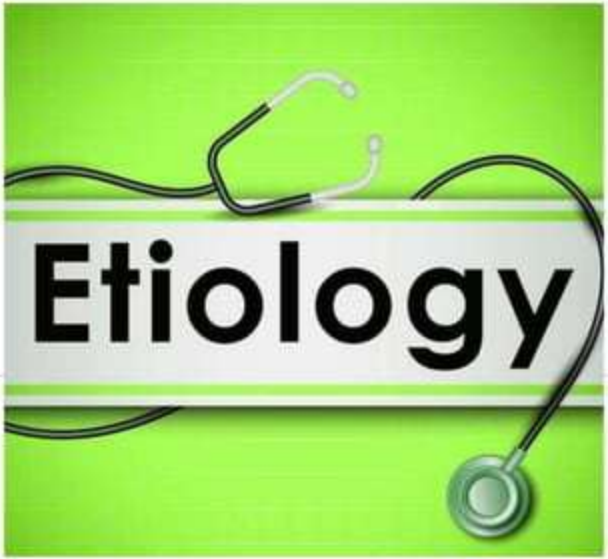


INVASIVE VULVAL CARCINOMA



INCIDENCE

- Lesion is rare .
- 1.7 per 100,00 females
- The distribution varies from 3-5 % amongst genital malignancies.



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In postmenopausal women with a median age of 60.

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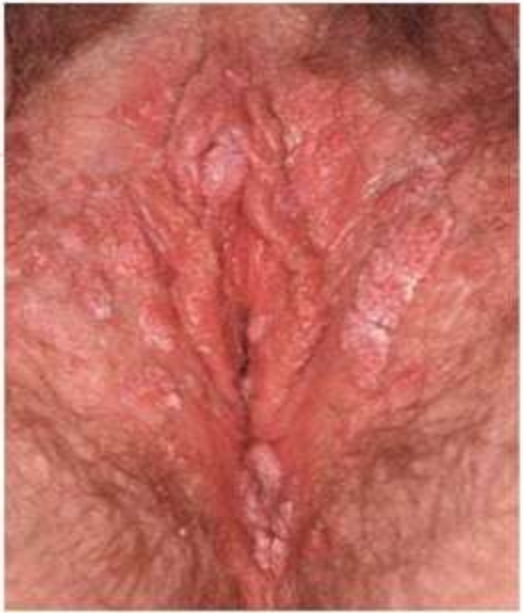
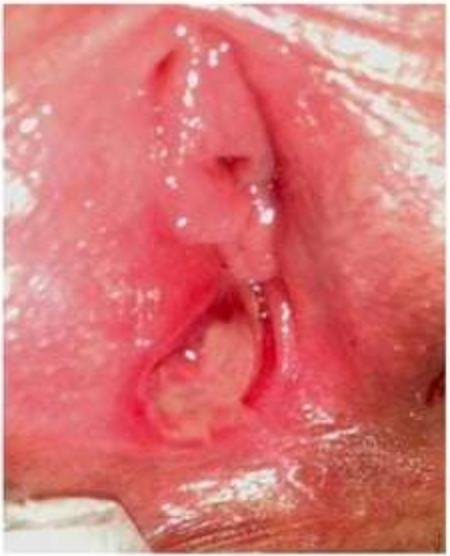
More common amongst whites.

Increased association with obesity, hypertension, diabetes and nulliparity.

- Associated vulval epithelial disorders
- Human papilloma virus



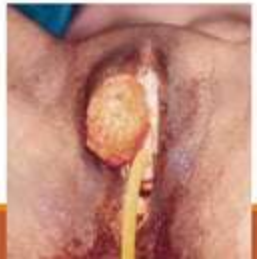


- Chronic pruritus usually precedes invasive vulval cancer.
- Chronic irritation of the vulva by chemical or physical trauma associated with poor hygiene may be a predisposing factor.

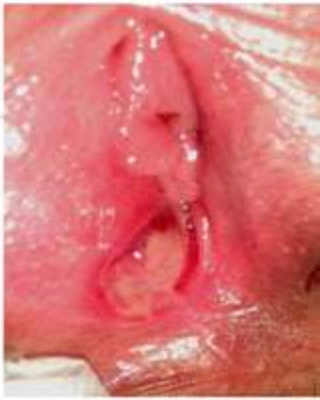

Pathology

Sites:

- The commonest site is labium majus followed by clitoris and labium minus. Anterior two-third are commonly affected.



Naked Eye



Ulcerative: The features are raised everted edges, sloughing base with surrounding induration.

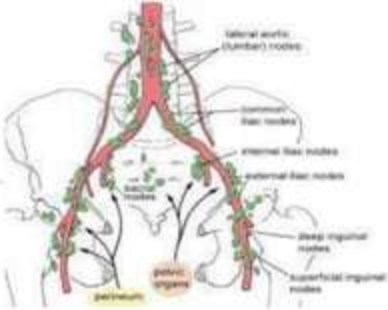
Hypertrophic: The overlying skin may be intact or it ulcerates sooner or later. This is rare.

Spread

DIRECT:

The direct spread occurs to the urethra, vagina, rectum and even to pelvic bones.

As the disease progresses, other sites in the vulva may develop neoplasia.



LYMPHATICS:

It is the commonest method of spread of lesion.

The lymph node involvement follows a sequential pattern.

The lymphatics of labia → superficial inguinal lymph nodes → deep inguinal lymph nodes → pelvic nodes.

Hematogenous:

This is rare but may occur in advanced cases.

CLINICAL FEATURES

Patient profile:

The patients are usually postmenopausal, aged about 60 years often with obesity, hypertension and diabetes.

Symptoms :

- Asymptomatic
- Pruritus vulvae
- Swelling with or without offensive discharge
- Difficulty in urination
- Vulval ulceration
- Bleeding
- Inguinal mass
- Pain

Signs

- Vulval inspection reveals an ulcer or a fungating mass on the vulva. The ulcer has a sloughing base with raised, everted and irregular edges and it bleeds to touch. Surrounding tissue may be edematous and indurated.
- Inguinal lymph nodes of one or both the sides may be enlarged and palpable. The enlargement may also be due to infection.
- Clinical examination of the pelvic organs, including the cervix, vagina, urethra and rectum must be done. This is due to the coexistance of other primary cancers in the genital tract.

Diagnosis

The diagnosis is confirmed by biopsy.

- When a definite growth is present, the biopsy is to be taken from the margin.
- Cystourethroscopy, Proctoscopy CT/MRI scan (for nodes) may be needed.

FIGO STAGING OF CARCINOMA OF THE VULVA (2009)	
Stage I	Tumor confined to the vulva.
IA	Lesions ≤ 2 cm in size, confined to the vulva or perineum and with stromal invasion ≤ 1.0 mm*, no nodal metastasis.
IB	Lesions > 2 cm in size or with stromal invasion > 1.0 mm*, confined to the vulva or perineum, with negative nodes.
Stage II	Tumor of any size with extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with negative nodes.

Stage III	Tumor of any size with or without extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with positive inguino-femoral lymph nodes.
IIIA	(i) With 1 lymph node metastasis (≥ 5 mm), or (ii) 1–2 lymph node metastasis(es) (< 5 mm)
IIIB	(i) With 2 or more lymph node metastases (≥ 5 mm), or (ii) 3 or more lymph node metastases (< 5 mm).
IIIC	With positive nodes with extracapsular spread

Stage IV	Tumor invades other regional (2/3 upper urethra, 2/3 upper vagina), or distant structures.
IVA	Tumor invades any of the following : (i) upper urethral and/or vaginal mucosa, bladder mucosa, rectal mucosa, or fixed to pelvic bone, or (ii) fixed or ulcerated inguino-femoral lymph nodes.
IVB	Any distant metastasis including pelvic lymph nodes.