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Case Report

Squamous Cell Vulvar Cancer - A Rare Case

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Abstract

To report a rare case of squamous cell vulvar cancer in a menopausal women.

Introduction

Vulvar cancer is one of the rarest gynaecological cancers, about 1.7 per 100,000 females. Risk factors include Vulvar Intraepithelial Neoplasia (VIN), HPV infection, genital warts, smoking, and many sexual partners [1,2]. Most vulvar cancers are squamous cell cancers. Other types include adenocarcinoma, melanoma, sarcoma, and basal cell carcinoma [1]. Diagnosis is suspected based on physical examination and confirmed by tissue biopsy [2].

Vulvar cancer is primarily a disease of postmenopausal women, with peak incidence in women aged 60 to 70 years [3].

Case Presentation

A 75 year old para 6 living 6 menopause attained 20 years back, presented to gynaecological department of R.D Gardi Medical college Ujjain on 17 November 2020 with complain of chronic vulvar mass and itching in private parts for three years. She is a known case of hypertension and asthma and diabetes mellitus and on medication for the same.

General examination: Pulse 82/min, BP-160/100 mmHg, No pallor, icterus, cynosis, clubbing, oedema, and lymphdenopathy. X-ray shows haziness in left lower lobe. P/A: soft, non tender. On local examination: A fungating mass of 8 cm × 6 cm seen on labia majora and minora of both side more on left side. P/S - Fungating mass of 8 cm × 5 cm on labia majora and minora of both side more on left side and occupying more than half of vagina, with sloughed and indurated area that bleed on touch. Cervix is healthy. P/V - Hard mass felt in labia majora and minora extending up to more than half of vagina. Upper one third of vagina is free. Uterus is retroverted, atrophied non tender, bilateral fornix free. P/R - Rectal Mucosa is free from mass. No parametrial involvement. USG: Uterus is atrophied, normal for age, endometrium 4 mm, right and left adenexa normal. MRI: Large lobulated soft tissue intensity mass seen in the region of vulva predominantly on the left side of midline extending posteriorly into perineum almost up to anal canal region measuring about 7.5 cm × 4 cm × 3.3 cm in size. Enlarged nodes of variable sizes are seen in inguinal region and along iliac vessels bilaterally. They appear to be of neoplastic origin. Operation: Vulvar biopsy taken and send for histopathology. Histopathology Report: Greyish white soft tissue of shows features consistent with moderately differentiated squamous cell carcinoma grade II (Figures 1 and 2).

Discussion

This case belongs to the age in which the vulvar cancer lies, as 80% of patients are above 65 years old. In addition, being a case of diabetes mellitus raises the question of considering immunosuppression-as a risk factor-in this patient as well.

The other risk factors for vulvar cancer were not proved in this patient includes lichen sclerosis, Vulvar Intraepithelial Neoplasia (VIN), Paget's disease and history of cervical neoplasia.

Characteristically vulvar carcinoma spreads locally to vagina, urethra, clitoris and rectum. It may spread *via* lymphatic to inguinofemoral groups and very rarely by haematogenous spread. The surgery in most of the cases remains the first choice especially when the margins are free and there is no lymphadenopathy. Otherwise radiotherapy and/or chemotherapy may be need. In this case Biopsy was done. As vulvar cancer stage is III B. Surgery was not done. Only radiotherapy advised.

Conclusion

Squamous cell carcinoma of the vulva is an infrequent entity but represents the vast majority of vulvar malignancy. It has a propensity to remains locally confined. Surgery remains the gold standard in primary carcinoma vulva for stage I and II.

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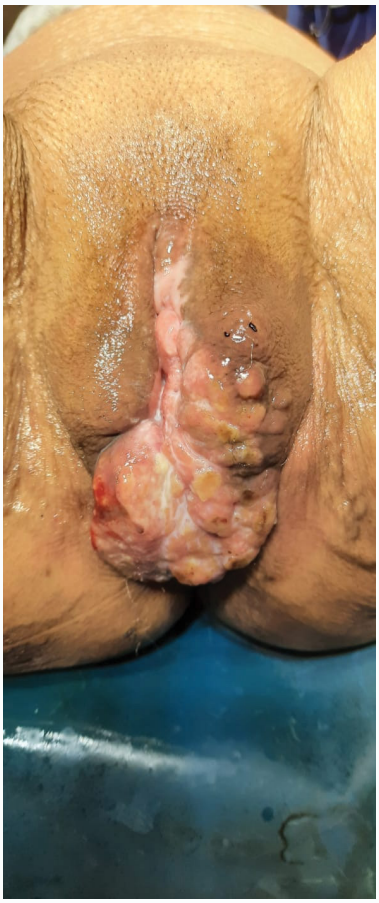

Figure 1: Vulval Cancer

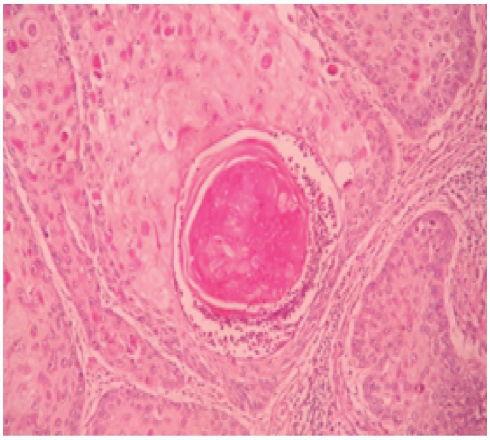

Figure 2: Histopathology slide of Squamous cell cancer