Carcinoma of Vulva, Case Series

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Background

- Vulvar cancer is the fourth most common gynecologic cancer in high-resource countries with an estimated 4850 new cases in US in 2014, representing 0.6% of all cancers in women and 5% of all gynecologic cancers.
- Ten years data from BP Koirala Memorial Cancer Hospital of Nepal showed 87 vulvar cancer out of 5152 gynecological malignancies giving the incidence of 1.7% .
- Though the lesion can easily be seen, experienced and can easily be diagnosed by punch biopsy our patients still present in late stage.

Objective

To analyze the clinical presentation and management outcomes of carcinoma of vulva managed at Civil Service Hospital and National Cancer Hospital, Nepal.

Methodology

A descriptive study was conducted of all carcinoma of vulva cases managed at Civil Service Hospital, Kathmandu and National Cancer Hospital, Jawalakhel, Nepal from July 2014 to August 2019.

Figures:1)Squamous cell carcinoma 2) Adenocarcinoma of Bartholin’s gland 3)Basal Cell Carcinoma

Surgical Treatment

Figures showing the management of early-stage vulvar carcinoma which is predominantly surgery. The extent of the surgery, lymph node dissection, and groin evaluation along with margins are important issues that need individualization in approach.

Results and Discussion

Characteristics	Total (N=22)	Percentage
Median age (range), years	66 (34-89)	
Median follow-up (range), month	25 (1-56)	
Presenting symptoms		
Vulva wound	8	36.3
Pruritus	9	41
Discharge	5	22.7
Median Duration of Symptoms (range),month	6 (1-20)	
Menstrual Status		
Premenopausal	3	13.6
Menopause	19	86.4
Parity		
Nullipara	0	0
Multipara	22	100
Median vulval growth size (range), cm	6 (1.5-10)	
Surgery	20	91
WLE (S1)	3	
Radical Local excision with unilateral Inguinal Lymph node dissection (S2)	2	
Radical Vulvectomy with Bilateral Inguinal Lymph node dissection(S3)	15	
Histology type		
Squamous Cell carcinoma	20	91
Gradel	9	
GradelI	7	
GradelII	4	
Basal Cell Carcinoma	1	4.5
Bartholin gland Adenocarcinoma	1	4.5
Stage I	9	40.9
Stage II	9	40.9
Stage III	3	13.6
Stage IV	1	4.5
Adjuvant Therapy	10	45.4
Radiotherapy	9	
Chemotherapy	1	
Palliative Radiotherapy only	2	9
Recurrence	3	
Clinical Recurrence in months	6-15	
Vital Status		
Alive without disease	20	91
Alive with disease	1	4.5
Death	1	4.5

Conclusions

- Carcinoma of vulva is a rare gynecological cancer in Nepal.
- Surgery & Radiotherapy remain the mainstay of treatment.
- Delayed presentation still result in greater morbidity and mortality rates.
- Its late presentation warrants awareness among women to seek early health care and the health care providers should perform pelvic examination on routine basis.

References

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