# ELEPHANTIASIS OF THE VULVA

by

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Elephantiasis of the vulva is a clinical entity which includes varieties of cases with different aetiology. Clinically it forms a localised or generalised thickening of the vulva. An interesting case of elephantiasis of the vulva forming two large masses in association with pregnancy is reported here because of its rarity and some interesting features.

**Case Report**

Mrs. C.B.D., aged 22 years, Hindu woman belonging to lower class, was admitted in B. C. Hospital, Burdwan, under me on 29-10-60, with the following complaints:

(1) Enlargement of the vulva, with difficulty of walking for 3 years.

(2) Amenorrhoea since her last issue about a year ago.

(3) Pain in the abdomen for about 12 hours.

The patient was a third gravida, with history of previous two normal deliveries at about term; last child was born 1 year ago. Both babies died later.

The patient did not have any period since her last issue.

No relevant past medical history was obtained.

**On Examination.** A dark coloured unclean woman; general condition—fair; blood pressure—120/76 mm.Hg., heart and lungs —normal. Abdomen—uterus enlarged to the size of 36 weeks' cyesis; vertex; head not engaged but goes in; foetal heart sound, heard. Vulva—huge swelling of the vulva involving both labia minora and majora and mons veneris; vagina was not involved; perineum was slightly thickened. Right labium was enlarged to the size of 6″ x 4″ x 2½″. Left labium was enlarged to the size of 9″ x 7″ x 7″ irregularly ovoid in shape. The skin over the masses was thickened and rugose and looked like elephant skin with areas of white patches and ulceration with exudation. The masses were sessile (Fig. 1).

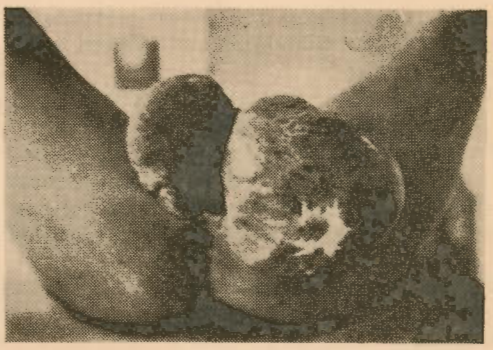

Fig. 1

Vaginal outlet was adequate enough to allow vaginal delivery. Os was 1 finger loose, membranes were present, pelvis was adequate.

**Investigations**

Blood — (31-10-60). Hb. — 9.75 Gm.% (Sahli). W.C.B.—11,000/c.mm., polymorphs —76%, lymphocytes — 24%, monocyte — Nil. eosinophil — Nil.

Blood for microfilariae — (16-11-60) — microfilariae not found.

W.R. test of blood (16-11-60) — negative

X-ray of the chest — normal.

**Diagnosis**

Elephantiasis of the vulva with pregnancy.

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**Management**

The parts were cleaned with dettol solution and penicillin was started.

She had a normal delivery after 11½ hours. The baby was a living male, weighing 5 lbs. and 8 ozs.

The puerprium was uneventful. After waiting for 6 weeks the patient was operated.

**Operation 13-12-60.**

Wide excision of the vulva including the masses, with a margin of healthy skin around was performed under general anaesthesia. There was difficulty in the primary closure of the wound as practically the whole of the vulva had to be removed. The outer skin margins were undercut and united together above the urethral orifice with nylon sutures. In the lower part the vaginal mucosa and the outer margins of the skin were undercut and united with chromic catgut No. 1.

There was some tension in the lower part. A self-retaining catheter was kept for 7 days. The wound in the upper part healed by first intention but in the lower part some of the catgut sutures gave way leaving raw areas. The wounds in these areas healed by granulation.

The patient was discharged after 3 weeks.

**Specimen**

A specimen of vulvectomy for elephantiasis of the vulva involving both sides of the vulva and mons veneris forming two masses, one on each side of the vulva. Mass on left side is 9″ x 7″ x 7″ and on right side is 6″ x 4″ x 2½″. The skin is thickened and rugose with white patches and ulcerations at places.

**Section Report**

Epidermis thickened in places. Loss of cutaneous appendages. Subcutaneous tissue irregularly infiltrated with round cells.

## *Discussion*

A case of elephantiasis of the vulva with pregnancy has been described here. Elephantiasis of the vulva is much less common than elephantiasis of the scrotum. The peculiar features of this case are (a) the formation of huge masses, which is extremely rare to find now-a-days and (b) in spite of the tumour there was pregnancy and there was no obstruction during delivery, mainly because the vaginal introitus was not involved.

This condition has been rightly termed by Taussig (1933) as chronic hypertrophic vulvitis. In these cases there is found lymphangitis and chronic lymph stasis leading to oedema and hypertrophy of the connective tissues consisting mainly of fibrous tissue with myxomatous degeneration. Epithelium gets proliferated and enters deep down into the underlying tissues at some places. Superficial ulceration exists in some areas. The subcuticular tissues are infiltrated with round cells, plasma cells and giant cells sometimes.

The cause is not definitely known in most cases (Calise, 1957; D'Elia, 1955; Jeanings, 1954; Mackenzie, 1948; Telinde (1962). It is much more common among the coloured races with unclean habits. This patient was also of dark complexion with unclean habits. Taussig (1933) found syphilis in 80-90% of his cases of elephantiasis of vulva. Other reports do not show so high a percentage of syphilis. In the present case too serological test of blood was negative.

Filariasis is the cause in many of these cases clinically but microfilariae are very rarely found in the blood. In this case too no microfilariae were detected in sleeping blood sample.

Tuberculosis is suspected in some cases, due to presence of giant cells but tubercle bacilli have never been isolated from the tissues.

In some cases elephantiasis of the vulva is due to lymphogranuloma inguinale, or granuloma venereum. In the present case no cause could be definitely determined. Clinically the condition may form small warty growths or huge masses as in the present case or just brawny induration with thickening of the skin. Ulceration is present usually over the affected skin. Most commonly it affects labia minora and majora but it can affect the whole vulva extending to the groins and upper part of thighs and buttocks also.

Mechanical difficulties usually bring the patients to the doctor.

When some associated cause is found e.g. syphilis etc. specific treatment is given. Vulvectomy or local excision of the growth is the treatment in most of these cases. In the present case we had to do wide excision of the vulva with good result.

*Summary*

A case of elephantiasis of the vulva in association with pregnancy has been described and the subject has been thoroughly discussed.

*Acknowledgement*

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