MALIGNANT MELANOMA OF VULVA

(A Case Report)

by

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Although malignancy of the female genital tract is common, vulval malignancy is third in order of frequency. Melanoma of vulva is a rare type of malignant neoplasm. Way (1949-1960) estimated that a gynaecological surgeon in England and Wales sees usually one or two cases of carcinoma vulva each year. Melanoma of vulva is a highly malignant and rapidly fatal disease. Symmonds *et al* (1960) described 15 cases aged between 46-73 years. Compared with squamous cell carcinoma, melanotic lesions were relatively small, usually less than 7 mm in diameter. They presented as nodular thickening with coal-black zones of pigmentation. Ulceration was uncommon. Age group of these patients is usually between 50 to 60 years and the area involved is either the clitoris, labia majora or labia minora. Recognition is easy because of the dark black colour. Melanoma usually arises in a highly pigmented vulval skin, or it can arise from long standing pigmented mole or de novo in a patient who is not aware of any pre-existing pigmented area. Woodruff and Brack recorded (1958) five malignant melanomas of the vulvo-urethral area, four apparently originating on the vulva. This represented approximately 5.5 per cent of the primary lesions of the vulva. Grossly, the lesions were usually purplish red in colour and pultaceous. Occasional diffuse local spread was evident suggesting a haematoma.

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Case Report

Mrs. B. D., Hindu, 65 years, was admitted in S. S. Hospital in the first week of June 1969 with the complaints of: 1. Pruritus over the vulva, 3. months. 2. Occasional pain at vulval region, 1 month.

Menstrual History: Menopause 20 years. Previous menstrual cycles were regular with moderate bleeding and no dysmenorrhoea.

Obstetric History: Fifth para, all full term normal deliveries. Last delivery 25 years ago.

History of Present Illness: For the last three months she felt itching all over the vulva, more towards the left side. Itching was gradually becoming intense.

Past History: Nothing significant.

Personal History: Belonged to a poor class family and was vegetarian.

General Examination: Old woman of thin build, average height and dark complexion. Pulse: 80/per minute; fair, regular. Blood pressure 110/70 mm. Hg. Respiration—24/per minute.

Systemic Examination: nil abnormal.

Local Examination: Inguinal glands were palpable on both sides, discrete, hard non-tender; overlying skin was free.

Vulval Examination: Black coloured irregular swelling involving the left labium minus and a part of left labium majus, had induration around the margins and tenderness.

No area of ulceration could be seen (Fig. 1).

Laboratory Examination:

Blood—Total Erythrocyte count—3 million/cm. Total white blood cell count—8000/cm.

Diagnosis: Provisional diagnosis of melanoma vulva was made.

Treatment: Radical vulvectomy with lymphadenectomy was performed General condition of the patient deteriorated during operation but she could be resuscitated. **Histology** of the tissue showed melanin deposition in the tissues and diagnosis of melanoma vulva was confirmed. (Fig. 2).

After 8 months of her first admission into the hospital, in March, 1970, she attended gynaecological Out-patients department with secondaries. There were subcutaneous blackish nodules over the right inguinal region. Few secondaries were present over the anterior abdominal wall near the umbilicus (Fig. 3).

Biopsy was taken from the secondaries which showed infiltration of lymphatic glands with melanin loaded cells. Treatment by inravenous injection of Cyclophosphomide 200 mg. daily was given for 4 days and was discharged from the hospital with advice to take oral Cyclophosphamide 150 mg. daily and follow up after a week. She has not reported for follow-up but as far as is known she is still alive.

Discussion

Malignant melanoma of vulva is rarest of all the genital malignant neoplasms. It can arise de novo or in a pre-existing mole. It can be of pedunculated or fungating variety. Colour varies from dark brown to black, non-pigmented areas can also be seen. Sometimes it appears like a spreading pigmented plaque with slight thickening and induration of the skin. Symmond's *et al* (1960) make a plea for the removal of all pigmented naevi from the vulva as a prophylactic measure, feeling that constant trauma is likely to turn them malignant. It is stated that in the secondaries tumour cells continue to form pigment in enormous quantities. In rapidly growing tumours the pigment may escape into the blood (melanaemia) and get excreted in the urine (melanuria). In rare cases there is diffuse staining of the blood vessels and serous membranes.

Spread:—Melanoma usually remains small, but proves fatal by producing wide-spread metastases. The tumour cells spread initially through the lymphatics to the regional lymph nodes and later by the blood stream to distant parts. The skin is the common site for metastases. Although the disease is usually fatal, early and radical therapy, as reported by Symmond's, has resulted in excellent five years salvage.

Summary

A case report of malignant melanoma of vulva is presented with review of the literature.

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See Figs. on Art Paper IX