

ELEPHANTIASIS OF VULVA

(A Case Report)

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Elephantiasis is one of the elephantoid conditions of the vulva apart from lymphogranuloma venereum, lymphogranuloma inguinale, granuloma inguinale, syphilis, cancer and sarcoma. Elephantiasis of the vulva is however rare and less common than its counterpart in the male (scrotum). A case of Elephantiasis of vulva with early pregnancy is reported because of its rarity.

CASE REPORT

Mrs. S. B. aged 35 years Hindu female was admitted at P.B.M. Group of Hospital, Bikaner on 5-7-76 with the complaints of enlargement of the vulva—6 months, ammenorrhoea—5 months and difficulty in walking for the last six month. The patient was 6 gravida. She noticed small bilateral swellings over the vulva 3 years back, which grew rapidly to the present size in the last 6 months. The swellings were painful and ulcerated at places. Her bladder and bowel functions were normal.

Menstrual History

Menarche 15 years, cycle 4-5/28-30 days, flow moderate, last menstrual period was 5 months back.

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Past History

No past history of any fever, or venereal disease could be elicited.

General Examination

A middle aged woman of average built with pulse 94/mint, B.P. 120/84 mm. and resp. 22/min. The C.V.S. and resp. systems were normal. There was marked anaemia and puffiness of the face.

Abdominal Examination

Uterus was enlarged to 16-18 weeks' size. Ballotment +.

Local Examination

There was a huge swelling of the vulva involving both labia majora, minora and mons veneris. The right labia was enlarged to 8" x 7" x 7" and left to the size of 9" x 7" x 7". These masses were irregular in shape and sessile. The skin over the masses was thickened and ulcerated at places with purulent discharge.

Pelvic Examination

Vagina was free. Uterus—16-18 weeks' size. Ballotment +.

Investigations

Hb.—5 gm%. R.B.C. count—1.5 million/cm. W.B.C.—8200/cu. mm. D.L.C.—p-65%, l-30%, 1-5%. E.S.R.—60 mm 1st hour (Wintrobe method). Blood for K.T.—Negative. Blood for Microfilaria—Negative. X-ray Chest—no evidence of malignant deposits in the lungs. Montoux test—Negative.

Biopsy was taken and report was as follows

Squamous Epithelium shows atrophy and keratinizations, sub epithelial hypertrophy of collagenous tissue with marked oedema and focal collection of mononuclear inflammatory cells. There is also collection of plasma cells and lymphocytes around the blood vessels. Histological picture is suggestive of Elephantiasis. No evidence of tuberculosis and syphilis was found. Preoperative 2 units of blood were given. Simple vulvectomy was done, wound healed by primary union.

Discussion

Elephantiasis may be due to variable etiology such as venereal diseases, tuberculosis, filariasis or it may be idiopathic. Taussig (1933) reports an incidence of 80 to 90% syphilis as a cause of elephantiasis. Schaefer (1956) gives an incidence of 10 to 16% of tuberculosis of cervix, vagina and vulva. In many cases no definite cause is known (Calise, 1957; D. Elia 1955; Jeaning 1954; Macknezie, 1948; Te Linde 1962; Gupta and Gupta, 1974). In the present case also no cause could be found.

Elephantiasis of the vulva may clinically present in different forms—small warty growth, huge masses or simply a

brownish induration with thickening of the skin. Superficial ulceration which is usually a feature has a tendency to spread to the vulva, groin, upper part of the thighs and buttocks.

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