

TWENTY-FIVE YEARS EXPERIENCE ON CANCER VULVA

(A study of 169 cases-Epidemiological aspect)

by

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Carcinoma of the vulva is not as uncommon as it is believed. In Chittaranjan Cancer Hospital, Calcutta, one of the largest cancer centres in India, 195 cases of carcinoma of the vulva were seen within 25 years, from 1952 to 1976. During this period 12,864 cases of carcinoma of female genital tract were seen, and the incidence of different varieties of carcinoma of female genital tract is shown in Table I.

TABLE I
Incidence of Different Varieties of Carcinoma of Female Genital Tract in C.C.H. from 1952 to 1976

Varieties	No. of cases	Percentage
Carcinoma of cervix	11842	92.1
Carcinoma of ovary	367	2.8
Carcinoma of body of uterus	224	1.7
Carcinoma of vagina	200	1.5
Carcinoma of vulva	195	1.5
Miscellaneous	36	0.4
Total	12864	100.0

Out of 195 cases seen during the above period, epidemiological aspects of 169 cases were studied and will be discussed

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in this paper. The rest 26 cases were omitted from this study as they did not attend the hospital any more after their first visit to this hospital.

Epidemiological Aspects of Study

Age. Cancer of the vulva occurs more often in advanced years. In this series 60 per cent of patients were above 50 years and 40 per cent below it, the average age incidence being 51.2 years. The oldest patient was 92 years old and the youngest one was a child of 3 years who had a big hard irregular mass over the clitoris and symphysis pubis with enlarged lymph nodes. On biopsy it was found to be anaplastic carcinoma. The child was extremely anaemic and died within few days (Table I).

TABLE II
Age Incidence

Age in years	No. of cases
1-10	1
11-20	3
21-30	10
31-40	21
41-50	32
51-60	48
61-70	33
Above 71	21

On analysing this table an interesting observation could be seen that this disease occurred in every age group of patients

and if a graph is taken, it gradually increases and reaches its maximum between 51 to 60 years and then gradually declines. More than 60 per cent of patients in the age group below 50 years were in child bearing age.

Parity. The incidence of this disease occurring in nulliparous women was 19 per cent which is lower than that of Green *et al* (1958) who found the incidence to be 38 per cent.

No significance with parity could be observed in this series.

Symptoms. Cancer vulva is a disease which can be diagnosed in its very early stage. But this does not happen. The delay is mainly due to negligence of the patients who feel shy to take the advice early.

The commonest symptoms complained by the patients in this series are lump, pruritus, discharge, bleeding and pain. More than one symptom were present in many of these cases.

Four patients complained of amenorrhoea due to pregnancy. One of them was carrying pregnancy of about 16 weeks. She was in advanced stage of disease with involvement of anal canal with extreme anaemia and died within 1 week of admission. The second one was carrying 28 weeks of pregnancy and the third one about 35 weeks of pregnancy. The fourth one who had an elective caesarean section in another hospital about a fortnight ago, came to us in an advanced stage of disease.

Four patients who complained to something coming down, were due to complete procidentia.

The patient who complained of incontinence of urine had vesico-vaginal fistula since her child birth 4 years ago at her native village.

Associated Diseases

The associated diseases are shown in Table III.

TABLE III
Associated Diseases

Name of Diseases	No. of cases	Percentage
Leukoplakia	45	26.6
Hypertension	16	9.5
Pregnancy	4	2.4
Procidentia	4	2.4
Syphilis	3	1.8
Diabetes	2	1.2
Heart Disease	2	1.2
V.V.F.	1	0.6

In the present series the incidence of leukoplakia was 26.6 per cent and not as high as reported by Way (1951) and Lees (1961)—82 per cent in Way's series and 60 per cent in Lees's series. Mukherjee (1978) reported an incidence of 24 per cent of diabetes and 20 per cent of hypertension in his series whereas the incidence of diabetes and hypertension in the present series was 1.2 per cent and 9.5 per cent respectively.

Distribution of Lesion According to Vulval Site

In Table IV distribution of lesions according to vulval site is shown.

TABLE IV
Distribution According to Vulval Site

Site	No. of cases	Percentage
Anterior half	93	55.1
Posterior half	27	16.0
Combined (Ant. + Post)	43	25.4
Middle Third	6	3.5
Involvement of labia on one side	130	77.0
Both labia involved	39	23.0

In this series vagina was involved in 50 cases, external urethral meatus in 13 cases and anus in 10 cases. The growth extended to ischio-rectal fossa in 5 cases. Inguinal nodes were enlarged in 75 cases.

Staging of Disease

Staging of disease could not be done in all cases due to non-availability of records. However, in 104 cases staging of the disease could be possible and is as follows:

Stage	I	—	23	cases
Stage	III	—	20	cases
Stage	IV	—	61	cases

Histology

In the present series, 159 out of 169 cases were squamous cell carcinoma (94 per cent). Adenocarcinoma was found in 2 cases (1.2 per cent) and in both cases Bartholin's gland was involved. Anaplastic carcinoma was found in 2 cases (1.2 per cent) and intra-epithelial carcinoma in 2 cases (1.2 per cent). Papillomatous growth undergoing malignant changes was found in 3 cases (1.8 per cent).

Atypical basal cell hyperplasia in a leukoplakic lesion was found in one case (0.6 per cent).

Summary and Conclusion

(1) One hundred ninety-five cases of cancer of vulva were seen during 25

years of study from 1952 to 1976 in Chittaranjan Cancer Hospital, its incidence being 1.5 per cent amongst all female genital cancer cases seen in this hospital.

(2) Epidemiological aspects were studied in 169 cases. Incidence of leukoplakia was 26.6 per cent, hypertension 9.5 per cent and average age incidence being 51.2 years. There were 4 cases of pregnancy, 4 cases of procidentia and 1 case of vesico-vaginal fistula along with this disease.

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