PRIMARY MALIGNANT MELANOMA OF VAGINA

(A Case Report)

by

KASTURI DAS,* M.S.

and

SUJATA MOHANTY,** M.S.

Primary malignant melanoma of vagina is an extremely rare tumour and accounts for less than 2% of all vaginal malignancies. Only 46 patients have been reported in the literature of which 36 fulfill necessary diagnostic criteria (Laufe and Berastein, 1971). Kishore *et al* (1977) reported a case of primary malignant melanoma who was free of the disease one year after operation.

CASE REPORT

A 40 years old woman attended G.O.P.D. for vaginal bleeding and growth in the vagina for last 3 months. She had also severe pain in abdomen and constipation. Her menstrual cycles were normal, she was para 4 and last child birth was 8 years ago.

On examination, she was of average build moderately anaemic and few enlarged inguinal lymph glands with firm consistency. Examination of the vagina revealed firm irregular polypoidal growth size 3″ x 3″ arising from lower third of posterior vaginal wall and peeping through the introitus. The upper limit was extending to lower half of vagina. The anterior vaginal wall is free. It was bluish black in colour, bled on touch. The growth was fixed to underlying tissues. Rectal wall was free. Uterus was of normal size, mobile and cervix was healthy. There was profuse foul smelling blackish watery vaginal discharge. The pre-operative investigations were within normal limits and chest X-ray was normal. Cytology of the smear from the growth revealed large cells with large nuclei, and moderate to abundant cytoplasma. Some of the nuclei showed nucleoli. Few cells showed increased deposit of melanin pigment suggestive of melanocyte. Biopsy of the growth (Fig. 1) revealed nuclei containing sharply circumscribed intranuclear inclusions of cytoplasmic concentrate, cytoplasmic invasion of melanin with complete nuclear membrane around the cytoplasmic concentrate.

Diagnosis: Malignant Melanoma.

Operation Note:

Total hystero-vaginectomy was performed by combined abdomino-perinal approach on 14-10-80. On laparotomy rectus sheath, peritoneum omentum and ovaries were studded with deep black pigment as if Indian ink was sprinkled all over. Liver spleen were not enlarged. Rectal mucosa was injured during dissection of posterior vaginal wall because of malignant infiltration, which was repaired in layers. Pelvic lymphadenectomy could not be performed because of deteriorating general condition of the patient. She developed a rectovaginal fistula on 7th post-operative day and left the hospital on 14th day of operation. Fig. 2 shows the gross specimen of uterus, ovaries and tubes with blackish pigments. Vagina cut open already showing healthy cervix. Black polypoidal growth arising from lower 1/3rd of vagina.

Comments

Surgical treatment varies from simple local excision to total hysterocolpectomy

*Asst. Professor.

**Professor, Obstetrics and Gynaecology, S.C.B. Medical College, Cuttack, Orissa.

Accepted for publication on 8-5-81.

and extensive block dissection. Radiation therapy is limited as the tumour is not radio sensitive. Hyperthermic radiation is recommended. Chemotherapy has a role and our patient had few dosages of Endoxan.

Summary

A case of primary malignant melanoma of the vagina treated with hysterocolpectomy is presented.

References

1. Laufe, L. E. and Berastein, E. D.: Obstet. Gynec. **37: 148, 1971.**
2. Kishore, N., Laliro, U. L., Sarkar, B. and Nagratt, A.: J. Obstet. Gynaec. India, **27: 613, 1977.**

See Fig. on Art Paper IV