

MUCOSAL MALIGNANT MELANOSIS OF THE VAGINA

(A Case Report)

by

MANJU RANI SINHA,* M.B.,B.S., D.G.O., F.C.G.P.

and

SHANKER BHUWAN PRASAD,** B.Sc. (Hons), Gold Medalist, M.B.,B.S.,
F.C.G.P., M.R.S.H., M.S. (General Surgery)

Introduction

Mucosal malignant melanosis of the vagina is extremely rare and very few cases have so far been reported in the literature. The following case is reported not merely of rarity, but to remind the gynaecologists regarding aetiological, clinical, diagnostic and management aspects of this curious entity.

CASE REPORT

A 51 years old multiparous hindu woman reported with vaginal bleeding and discharge of 6 months duration. There was no previous history of surgical excision of pigmented lesion of skin or mucosa. There was no history of venereal disease. The family and past histories were un-remarkable.

On examination her general condition was satisfactory with Pulse 72/min, Temp. 98°F, and B.P. 130/70 mm of Hg. Vaginal examination revealed a brown black tumour of 2.5 x 1 cms in size. The surface of the tumour was smooth

with a central superficial ulceration. The tumour was situated on the middle third of posterior wall of the vagina (Fig. 1). A careful thorough clinical examination revealed no pigmented lesions at any site except the vagina.

Investigations including stool, urine, blood, and X-rays for metastatic evaluations were non-contributory. The mass was biopsied. Histologically, it showed definite junctional changes in the mucosa of vagina overlying the tumour. The adjacent mucosa was invaded by cells with larger nuclei, prominent nucleoli and abundant granular cytoplasm in a pagetoid fashion associated with a definite nesting tendency. The cells were uniform in size and shape with a small amount of melanin (Fig. 2). The histological diagnosis of the primary tumour was mucosal malignant melanosis of the vagina, invasive with adjacent intra-epithelial component of superficial spreading type.

The patient was treated by a wide local excision with lymphadenectomy. Recovery of the patient was uneventful. The patient is well without evidence of metastasis or local recurrences at present after 8 months of surgery.

Acknowledgement

We are thankful to the Pathologist, Professor and Head of the Department of Surgery and Gynaecology, Darbhanga Medical College, Laheriasarai, for their valuable suggestions and help.

*Civil Assistant Surgeon, Primary Health Centre, Baladurpur (Darbhanga).

**Senior Research Fellow (I.C.M.R.), Upgraded Department of Surgery, Darbhanga Medical College, Laheriasarai 846 003, Bihar.

Accepted for publication on 30-4-82.

See Figs. on Art Paper IV