# PRIMARY CARCINOMA OF BARTHOLIN'S GLAND

## (A Case Report)

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## SUMMARY

**A 50 years old patient presented with adenocarcinoma of bartholin's gland. Patient was treated by radical surgery followed by chemotherapy with Endoxan. After one year she developed recurrence at left inguinal region. She was again treated by local exision followed by chemotherapy with Inj. Endoxan and Mitomycin C. So far four months follow-up is available and patient is in good health.**

*Introduction*

Primary carcinoma of Bartholin's gland is very rare. Incidence is 2-7% of all vulval malignancies. Here we are presenting a case report of primary adenocarcinoma of Bartholin's gland is presented.

**CASE REPORT**

A 50 years old patient P 3+1, presented with a painful growth at vulva for last 2 months. There was history of occasional bleeding from the area. Examinaton of the local part revealed a fungating growth (2½″ x 1½″) on the inner aspect of left labium majus more towards its posterior end. The growth bled to touch. Palpation showed the extent of the growth towards the left ischiorectal fossa, but it was not fixed of the bone. One lymph node of superificial inguinal group was enlarged (1″ x ½″) on the left side. Internal examination was nothing significant and investigations non-contributory. Biopsy from the growth showed adenocarcinoma arising from the acini of Bartholin's gland (Fig. 1).

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**Management**

Radical vulvectomy with bilateral removal of inguinal and pelvic lymph nodes was done under G.A. None of the deep nodes was found to be enlarged From 5th post-operative day she was given Inj. Endoxan 200 mg. I.V. daily for 5 days with usual precaution. Patient made an uneventful recovery. She was discharged after 2 weeks of operation with an advice to continue Tab Endoxan as 1 tab. TDS x 5 days x 3 courses at one week interval under Hb/TC/DC monitoring.

Histopathology of the operated specimen confirmed the diagnosis of adenocarcinoma of the Bartholin's gland. The enlarged lymph node showed metastatic adenocarcinoma. Other nodes showed evidence of inflammation.

**Follow-up**

One year and six months follow-up is available. For one year the patient was in good health with healthy local area and without any evidence of metastasis. She developed a swelling in the left inguinal region after 1 year; biopsy proved it to be a secondary metastasis. Local excision of the swelling followed by chemotherapy with Inj. Endoxan and Inj. Mitomycin c was instituted. Inj. Endoxan 200 mg I.V. Daily x 5 days followed by Inj. Mitomycin C 10 mg in 5% Dextrone Drip. every week x 4 weeks was given. The patient is well and free of symptoms for last four months.

*See Fig. on Art Paper IX*