FOUR UNUSUAL VULVAL CASES

(Report of 4 Cases)

by

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Introduction

Four unusual cases of vulval lesions are being presented here. The unusual features of these 4 cases have tempted us to present them. Two cases are of vulval dystrophies. 1 is of viral and 1 of syphlitic etiology.

CASE REPORTS

Case 1:

Mrs. S, 22 years old, with normal menstrual cycles presented on June 26, 1983, for gradually increasing vulval growth since 3 years. There was no history suggestive of tuberculosis, diabetes, or syphilis.

On examination general condition was satisfactory and there was no lymphadenopathy.

On local examination a big growth was seen from right labia of size 10" by 5", firm with irregular surface and small raised flat areas. There was a simalar growth from the left labia, (Fig. 1).

She was diagnosed as a case of elephantiasis vulva. All pre-operative investigations were within normal limits, V.D.R.L. and Mx. tests being negative . Inj. Penidure L.A. was given pre-operatively.

A simple vulvectomy was done on 30th June and the tissue was sent for histopathological examination. Skin grafting was done on 27th July and the patient was discharged from the hospital on 10th August. On follow-up examination the wound had healed completely, there was dyspareunia and V.D.R.L. was negative.

Histopathology Report: (Fig. 2) Microscopic examination shows a few small and one large flat topped papillary projections of vulval epithelium with underlying dermis having edema and scanty inflammatory cell infilteration. (Fig. 3). Microsection of the larger papillae but irregularly hyperplastic with underlying tissue showing endartritis and mild infilteration by chronic inflammatory cells, changes characteristic of Condylome lata.

Case 2

Mrs. C., 40 years, para 1, admitted on 27th June 1983, for a gradually increasing vulval growth and bleeding from the growth off and on, since 2 years. On examination, the general condition was good and there was no significant lymphadenopathy. Local examination revealed an ulcerated, pedunculated, irregular growth of size 3 cm. by 2 cm arising from the left labia minora, just below the clitoris and extending for 2 cm. in the vagina (Fig. 4). She was suspected as a case of malignancy and two biopsy specimens were sent for histopathological examination, one from the growth and one from the ulcer area. A provisional diagnosis of carcinoma of very early stage and clitoral polyp was made and a simple vulvectomy was done on 30th July. The patient was discharged 12 days later with an uneventful post-operative period.

Histopathology Report: Microscopically the biopsy from the growth was diagnosed as a

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urethral caruncle. Microsection of biopsy of ulcer area (Fi. 5), shows hyperplastic, acanthotic, stratified squamous epithelium with sharp projections dipping into underlying dermis. The epithelium shows extensive acute inflammation in form of micro-abscesses, and the arrow marks an intraepithelial pearl (Fig. 6). Microsection of one of the rate pegs dipping into underlying tissue shows intraepethelial pearl formation with abnormal mitos's at 11 O'clock position. The arrow at 6 O'clock and O'clock shows Corps Ronds, which are characteristic changes seen in Bowens disease of uulva.

Case 3

Mrs. B., 60 years, menopausal, was admitted on 3rd August 1983 for whitish depigmentation of vulva and itching of vulva since last 2 years. There was no history suggestive of tuberculosis, diabetes or syphilis.

On examination, general condition was good and there was no significant lympadenopathy. On local examination a white patch on vulva and all around the vagina was seen, uterus was atrophic. A simple vulvectomy was done on 7th August. The patient was discharged 12 days later after an uneventful postoperative period.

Histopathology Report: (Fig. 7) Microsection of biopsy of the leukoplakic patch shows strophy and thinning of epidermis with disappearance of rate pegs and replacement, of underlying dermis by dense fibrocollagenous tissue. Labelled as atrophic type of dystrophy vulva or Lichen sclerosis.

Case 4

Mrs. Z., Nulliparous, with irregular scanty menstrual cycles was admitted on 2nd June 1983 for a rapidly increasing vulval growth for the last 25 days. There was h/o severe itching and pus discharge from the growth. No h/o T.B., syphilis, diabetes or hypertension.

On examination, the patient was severely anaemic, malnourished, young female of poor socio-economic status. There was bilateral inguinal lymphadenopathy, lymphnodes were firm, mobile, tender and of size 2 cm. by 2 cm. on both sides.

Local examination revealed a exuberant cauliflower like growth similar as seen in verrucous carcinoma (Fig. 8). Size of the growth was 5" by 5", firm, not friable, did not bleed on touch, no areas of frank bleeding, but had several areas of slough and pur. There was no similar lesion on any other part of the body.

A biopsy was taken from one of the projections and sent for histopathology. Also a smear from the surface of the growth was sent for cytology. A provisional diagnosis of verrucous carcinoma was made.

No malignant cells were seen on cytological examination. The lesion did not respond to local antiseptics and systemic antibiotics. The patient was prepared for a simple vulvectomy. All pre-operative and routine investigations were within normal limits. One unit blood was transfused but the patient left the Hospital against medical advice.

Histopathology Report: (Fig. 9) Microsection of a small incisional biopsy consists of broad, blunt, rounded, multiple papillary projections of squamous epethelium with the lower limit, extending uniformly to an equal depth and bounded by an intact basal cell layer. (In squamous cell carcinoma and verrucous carcinoma the basement membrane is destroyed).

Discussion

Four different cases of vulvar lesions have been presented.

Case 1 :

A case of elephentiasis vulva due to condyloma lata, a huge growth on the vulva. The typical flat topped lesion were characteristic of syphlitic etiology. (Pund 1953).

Case 2 :

A case of intraepethelial carcinoma or Bowens disease of vulva. Diagnosis of Bowen's disease is usually made microcopically on demonstration of characteristic corps ronds and pearl formation limited to the basement membrane (Gardiner and Raulmann 1953).

Case 3 :

A case of atrophic type of leucoplakia, a potentially malignant vulval dystrophy. (Bonney 1944).

Case 4 :

A case of giant condyloma a disease caused by epidomophytic virus, occuring in patients of low soccio-economic group. This is a rare case of condyloma accuninata which has attained unusual size. This type of giant condyloma was first described by Bushke in 1896 and further reported by Lowenstein hence the name Bushke Lowenstein tumour. It is a condition similar to condyloma accuminatum but on a giant scale. This growth spreads widely on the surface and extends to deeper tissues, where it compresses the underlying structures. The different from condyloma accuminatum being that this giant condyloma is podophylin resistant and potentially malignant.

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See Figs. on Art Paper V, VI, VII