

Adenoid Basal Cell Carcinoma of Vulva

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A forty five year old female, G₃P₃A₀, noticed a swelling in the left vulvar region of eight months duration and occasional bloody vulvar discharge and pruritis for 4 months prior to presentation. Incisional biopsy done outside, was interpreted as adenoid basal cell carcinoma with squamous metaplasia, and there was no comment about the margins. Slides were reviewed at our centre and confirmed the diagnosis of adenoid basal cell carcinoma. Local examination showed a healthy operative scar on the left labia majora with induration in the surrounding area. There was no inguinal lymphadenopathy. The base line investigations including hemogram, biochemistry, chest X-Ray and ultrasound abdomen were within normal limits. In view of inadequate surgery patient was planned for resurgery/ radiotherapy. Patient opted for radiotherapy. We gave external radiotherapy by 12 Mev electron beam to left vulvar area. Dose prescribed was 50 Gy/25 fraction /5 weeks at 90% isodose line. Patient tolerated radiotherapy well and came for the first follow up after 4 weeks of

radiotherapy and showed locally no evidence of disease locally.

Histopathology:

Gross: Greyish white mass measuring 3x2x1 cm. Cut surface was mottled with dark areas.

Microscopy : Section showed a basal cell tumour with surface ulceration. Tumour was arranged in nests, cords and adenoid pattern. At places squamous cells and keratin were within basal cell nests. Mitotic count was high. Stroma was fibromyxoid type and showed chronic inflammation and collection of melanophages.