J. of Obst. & Gyn. of India Vol. 51, No. 1: Jan/Feb 2001 Pg 136-137

Soft tissue sarcomas of Vulva - Case Report

Agarwal S, Khanna A, Pandey LK, Asthana AK, Gupta S, Khanna AK,

Dept. of Surgery, Obstetrics & Gynaecology, Radiotherapy and Pathology, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221005, India.

Case I: A 28 year female presented with pain and a progressive swelling in perineum for 4 months. There was no history of dyspareunia or difficulty in micturition or defecation. Examination revealed a firm to hard immobile lump with ill defined margins measuring about 10 x 4 cm involving the right labium majus and extending upto the anal verge (Fig. 1). Overlying skin was normal. Examination per vaginum revealed bulging of right lateral and posterior vaginal walls with no evidence of involvement of vaginal mucosa. Per rectal examination revealed the tumour bulging into the anterior and right lateral walls of the anal canal and rectum and its upper border could not be reached. Clinically there was no evidence of regional (inguinal) lymph node involvement. Fine needle aspiration cytology demonstrated extremely cellular smears with round to oval malignant cells containing scanty eosinophilic cytoplasm and large nuclei. Many of the cells were multinucleated. This cytological picture suggested a diagnosis of alveolar Rhabdomyosarcoma. Radiographs of the chest and ultrasonogram of abdomen and pelvis were negative

Fig 1.: Soft tissue sarcoma involving the right labium majus (FNA - Rhabdomyosarcoma).

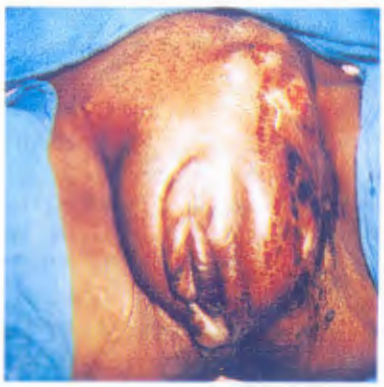

Fig. 2.: Soft tissue sarcoma involving the entire vulva (HPF - Liposarcoma).

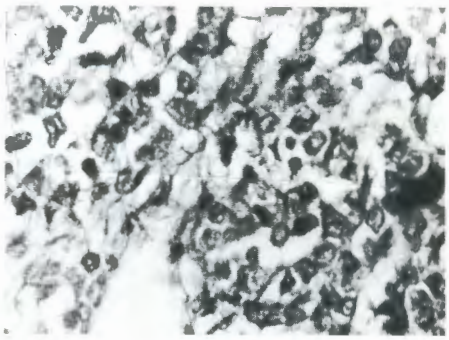

Fig. 3: Section showing round to ovoid malignant cells with scanty cytoplam and vesicular hyperchromatic nuclei (500X).

for distant metastasis. The extent of the primary tumour ruled out curative resection. The patient was treated with radiotherapy (6000 rads over 6 weeks) and chemotherapy (VAC regimen).

Case II: A 16 years unmarried girl presented with history of blunt trauma to her perineal region 5

months ago following which she noticed a progressive swelling of her vulva. For the last 1 month the patient was experiencing constant pain in her perineal region and difficulty in micturition and defecation. Examination revealed a huge swelling and oedema of the entire vulval region (Fig. 2). Both the labia majora and minora were involved by a large smooth surfaced firm to hard immobile tender swelling with ill defined margins and extending anteriorly into the mons pubis and posteriorly upto anal verge. Per rectal examination revealed a firm immobile extramural mass bulging into the anterior and left lateral walls. Inguinal lymph nodes were not enlarged. An incisional biopsy from the primary tumour established the diagnosis of round cell liposarcoma (Fig. 3). There was no evidence of distant metastasis on chest radiographs and ultrasonogram of the abdomen. Due to extensive primary tumour the patient was treated with radiotherapy (6000 rads over 6 weeks) and chemotherapy (VAC regimen).