

## A Case of Primary Carcinoma of Vagina

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S.M., 55 years, H.F. of low socio-economic status. P<sub>6+0</sub>, last delivery - 17 years back, menopausal for 6 years, was admitted with complaint of blood stained profuse vaginal discharge for 3 months.

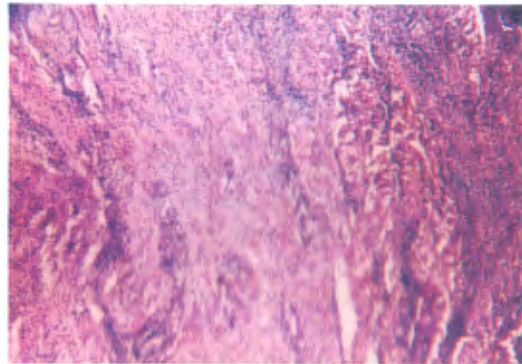
General exam. revealed a thin built ill nourished woman with moderate degree of pallor and anaemia.

Local exam revealed one discrete non-tender superficial inguinal lymph node (1 cm x ½ cm x ½ cm) of left upper vertical group. Vulva-NAD, Per vaginam - a bloody white discharge was coming out of the vaginal introitus with typical cancerous smell. On left lateral wall a proliferative circular growth (2 cm x 2 cm) was found about 1.5 cm above the vaginal introitus. Cervix was free of growth as there was 1.5 - 2 cm free space between the growth and cervix. Ut - normal size and mobile; Fornices - clear; cervix - small, normal looking, almost flushed with vault.

P/R - examination confirmed the P/V findings. Parametrium - free on both sides. Posteriorly rectal mucosa was freely mobile but rectal wall appeared to be involved by the growth.

General investigations Hb% - 7 gm%. VDRL - Non reactive. Others within normal limit.

FNAC of inguinal lymph node - Metastatic deposit of squamous cell carcinoma. H.P. report of biopsy from vaginal growth showed 'Squamous Cell Carcinoma'. (microphotograph)



(Microphotograph) A case of primary carcinoma of vagina (H &E x65)

Further management was planned for major radical surgery as posterior exenteration - type operation, but the patient refused any treatment, even Radio therapy & went away on risk-bond after about 3 weeks stay at hospital. She died untreated at home after another 1 ½ month.