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# Huge Elephantiasis of Vulva – An Unusual Presentation

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A 30 year old female $P_{2+0}$ both FTND alive and healthy, LD-2 years back, admitted on 20/7/98 with c/o gradually increasing swelling on vulva for last one year and recurrent formation of vesicles on vulval skin which ruptured with watery discharge and itching. There was no history of fever or chronic cough. On general and systemic examination, there was a large swelling on vulva involving mainly left labia majora, measuring approximately 30 x 20 x 15 cm. Right labia majora was also slightly enlarged. Skin over vulval swelling was thickened, hyperkeratotic and having multiple vesicles which on rupture revealed watery discharge (Photograph 1). On palpation skin over the vulval swelling was adherent to underlying mass. Non-pitting and swelling was not fixed with underlying bones. Inguinal lymph nodes were not palpable. On per-abdominal, per-speculum and per-vaginal examination nothing was significant. Uterus was retroverted, multiparous in size and freely mobile, fornices were clear.

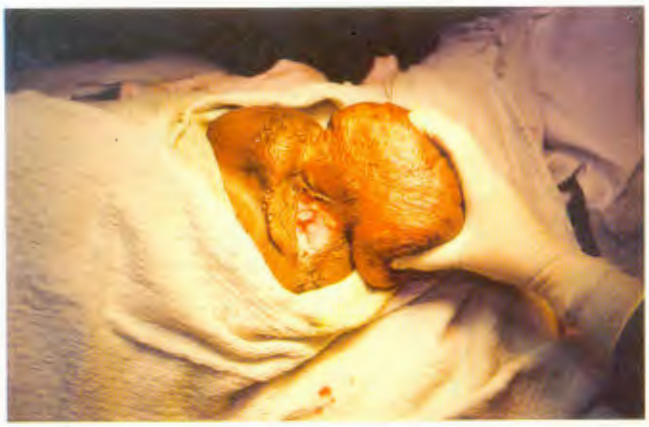


Fig. I

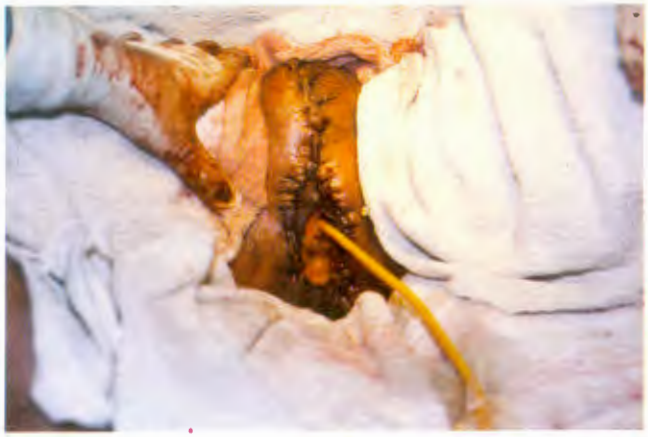
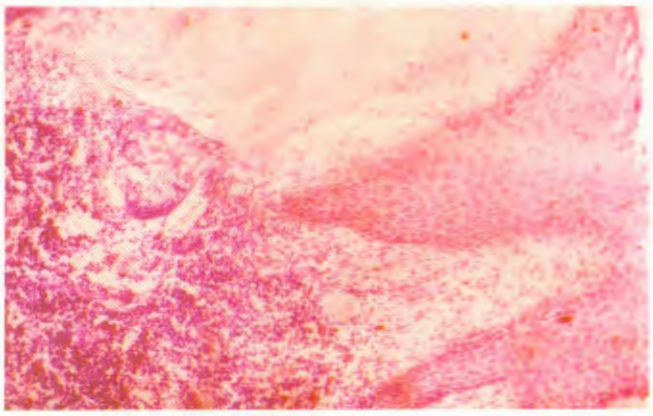
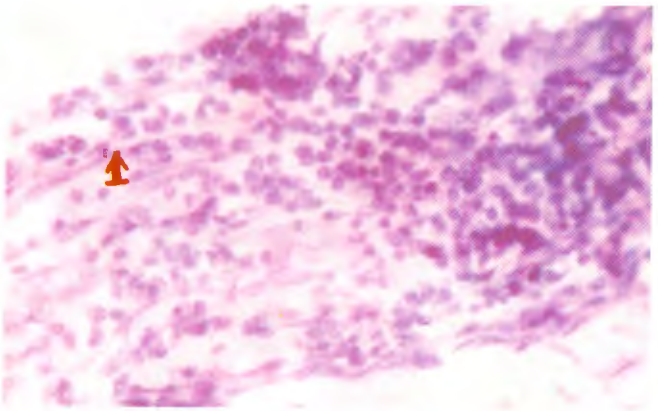


Fig. II

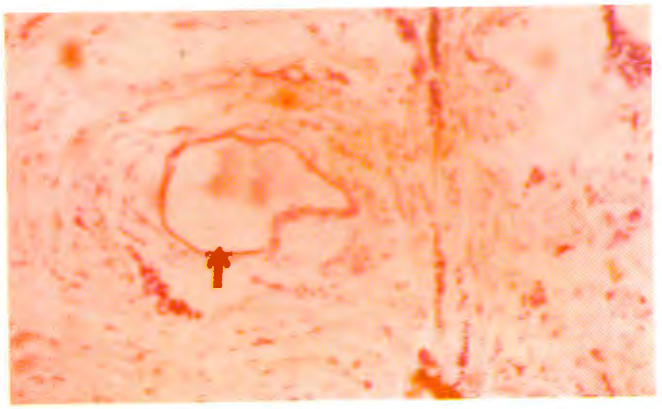
On investigation – Hb 9.5 gm%, TLC – 8600 cells/cumm, DLC – N61, L36, E3, platelets 2.26 lacs/cumm, ESR – 30 mm, Reticulocytes – 2%, BT – 2'/0", CT 2'50". Gp Rh B positive, VDRL – NR, LFT – WNL, Blood urea – 24 mgm%, fasting blood sugar – 76 mgm%, HIV –



1. Photo micrograph from a case of elephantiasis vulva showing part of hypertropied squamous epithelium and subepithelial chronic inflammatory cell exudate (350, H & E stain)



2. Photomicrograph as above in high power showing morphological details of chronic inflammatory cells which are mostly lumphocytes, occasionally proligferating fibroblasts are seen (–) (x 1950, H & E stain)



3. Photomicrograph from the same case showing a dialated lymphatics (® ) surrounded by loose edematous tissue. (x1950, H & E stain)

Negative, ECG – WNL, X-ray chest – NAD, GBP – No parasite seen.

Tab Hetrazan 1 TDS x 21 days, started one week prior to operation, patient received Nemocid 1 BD x 3 days. Simple vulvectomy was done under general anaesthesia. Both sided labia and part of mons-pubis which contained the mass, was removed. Cut skin edges of vulva were approximated with vaginal mucosa at introitus (Photograph 2). Dressing was done after putting at indwelling catheter for 10 days. Whole of the mass sent for HPE. Caps Ampicillin 500mg. TDS Inj. Gentacin 80mg 1/m BD for 8 days and I/V Metrogyl BD x 3 days given post operatively. Daily dressing was done. Wound healed within 10 days and patient was discharged on 14$^{th}$ day. Patient came after 6 weeks for follow-up. Patient was well, operation scar was healthy and healed properly. HPE of specimen showed finding suggestive of elephantiasis vulva but no parasite seen (Microphotograph 1,2,3)

This huge sized elephantiasis of vulva is a rare condition and surgical removal of the mass to provide comfort to the patient is the only treatment.