f. of()[,~/ & Gyn. of India Vol. 52, No. ·i ·] uly/1\ugusl 2002 flg 116

Primary Cancer of Vulva A Rare Presentation Following Successful Treatment for Carcinoma Cervix

Gangadhar Sahoo, Pusp<.mjali Khuntia, Satyabrata Panda

Ocpnrllll<'lll o(O & C, V. S. S. !vlcdiml Co/leg£', Burin -768017, Smnbnlpur.

Carcinoma vulva is one of the more uncommon malignancies of the genital tract with a reported incidence
of3lo4%ofall gynaecological tumours. But its occurrence
after successful treatment of carcinoma cervix is a very
rare coincidence. Herewith we are reporting such a case.

Sml. R. K. 55yrs, para 6, from Raigarh (Chhalisgarh) \vas admitted to the V.S.S. Medical College Hospital on 7' 11 Aug. 2000, with the chief complaints of pruritus vulva for lasl 3-4 months. She had past history of carcinoma cervi>.. treated with external radiation at Raigarh as evidenced from her past records. She had attained menopause 15 yems back after radiotherapy treatment and prior to that she had irregular vaginal bleeding and vaginal discharge for 6 months for which she was treated at Raigarh. On examination, she had mild degree of pallor, pulse 90/min, BP -122/80 mmHg, no significant enlargement of lymphnodes (cervical, axillary, inguinal), no pedal oedema, no other abnormality detected on chest and CVS examination. Per abdomen examination re ve<lled no mass, no ascites, no organomegaly. On inspection of vulva a flat indurated while lesion of size about 2x 1 em was present on fourchette at mucocutaneous junction. Rectum was free, urethra and

116

'

adjacent regions were normal, perineal and anal region healthy, on P /S examination cervix was small & flushed
with vagina. Vaginal mucosa was healthy. P /V examination revea led that uterine size could not be

definitely assessed because of radiation fibrosis. PI R examination revealed no abnormality except fibrosis in pelvis. Rectal mucosa was free. All routine investigations were normal, X-ray chest PA view was normal. Ultrasonography of abdomen and pelvis showed no organomegaly, no detectable enlargement of uterus, ovaries and lymphnodes. With this our provisional diagnosis was vulval cancer stage I and biopsy from the lesion on vulva done on 12'

11 August showed squamous
cell carcinoma of vulva. On 20 11' Aug. she had undergone radical vul vec tom.y with groin dissec tion throu gh separate incisions with removal of inguinal and femoral lymphnodes. Postoperative period was unev entful. Stitches were removed on 10'11 day. Biopsy report showed squamous cell carcinoma with lymphnodes ha vin g reactive hyperplasia.

She had come for follow up 6 weeks later and
was absolutely healthy.