

## Verrucous Carcinoma of the Vulva (Stage – I – FIGO) – A Rare Tumour of the Vulva

S. Gangopadhyay, S. Vaishnav, N. Desai, R.G. Shrivastava, D.A. Patel

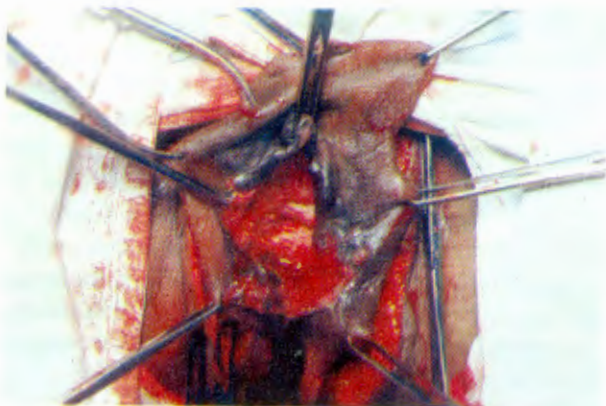
Department of Obstet and Gynaecol Pramukhswami Medical College and Shree Krishna Hospital Karamsad – 388325, Dist :- Anand, Gujarat.

Mrs UCT. 50 years, G<sub>3</sub>P<sub>3</sub>, referred from Skin OPD on 7-3-98 with C/o Pruritus vulva, purulent discharge P/V, dysuria & something coming down P/V. since last 7 days. No H/O Fever, abdominal pain / lump, oedema legs or abnormal bleeding P/V. M/H: Menopause since 3 years. Drug Hist : Treated with local ointment by a private practitioner for one week which caused pain in local parts.

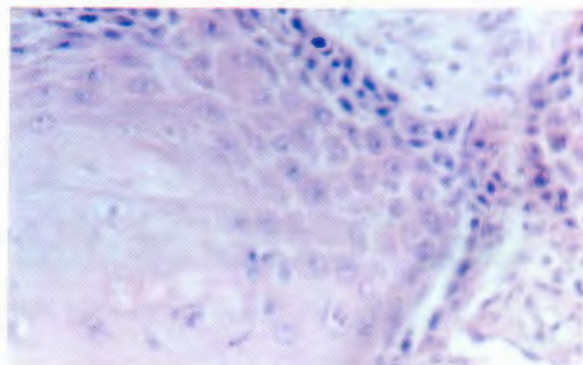
GPE : Pallor ++ : Temp-afebrile : PR-84/min; BP – 130/80mm Hg : RR-18/min : CVS: Haemic murmur : RS-NAD : Thyroid-NAD: Breasts – NAD. P/Abd : No lump, tenderness or fluid. L/E : A cauliflower growth. 1.5 cm on Rt. L. Minora (periclitoral) and 1 cm purulent ulcer on upper part of Lt L. Majora with punched out margin and indurated base. Areas of leukoplakia seen. Inguino-femoral regions : Bilateral mobile, soft, not enlarged LHS. P/S : Cx-congested and atrophic : Vag. - rugosity decreased, no ulcer or bleeding : Ext. urethral meatus – normal : Anus – not involved. P/V : Ut-AV, NS, firm, mobile and regular surface. Fx-No lump, tenderness or induration. Vulvar wedge biopsy under LA with PAP smear of vulvar growths and cervix on 8-3-98. Verrucous Carcinoma (V.C.) of vulva with < 1 mm stromal invasion. Vulvar smear – PMN inflammatory cells : Cx Smear –

NAD. Colposcopy of vagina. Cervix & vulva – NAD. Prov diag : V.C. of vulva : clinical FIGO stage I (TNM-T<sub>1</sub>N<sub>1</sub>M<sub>0</sub>) Patient got admitted on 13-5-98 inspite of instruction for earlier admission. Clinical staging repeated – same as previous findings.

**Investigations :** Hb-9. 1gm% : TC-11000/cmm: DC-P<sub>68</sub>L<sub>29</sub>E<sub>3</sub>M<sub>0</sub>. ESR-46mm 1<sup>st</sup> hr : Urine – routine – NAD, Micro – 5/6 pus cells/HPF : RBS – 80 mg% : B.Urea –15 mg% : S. Creatinine – 0.7 mg % : S. HIV & HbsAg-NEG : VDRL-NR. S. Electrolytes – NAD. CXR & AXR – NAD : USG (Abdomen & Pelvis) – No organomegaly, fluid or calculi. Uterus – normal dimensions, atrophic endometrium ; Urinary bladder and POD-NAD. Operative (18-5-98): Radical local excision with 1 cm healthy skin margin all around the growths and ulcers plus bilateral groin excisional biopsy of LNS (two each from either groin) (Photograph I) H/P : (Photograph II) Normal and hyperplastic epithelium with hyperkeratosis and leukoplakia. Dermis showed focal aggregation of mononuclear cells. Multiple papillary frond – like structures without central connective tissue core with the tumour showing a “pushing margin” diagnostic of V.C.L.N.S. (Groin) – Sinus histiocytosis with pseudo-epitheliomatous hyperplasia, no evidence of metastasis. The patient was discharged on 27-5-98 with instruction for followup. Wound healing was satisfactory.



Photograph I: Cauliflower growth on right labia minora and purulent ulcer on upper part of Lt L. Majora



Photograph II: Normal and hyperplastic epithelium with hyperkeratosis and leukoplakia