

Vulvar Swellings

Cancer Vulva

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Types of swellings of vulva

- **Congenital:** -palpable testis in androgen insensitivity syndrome, Hernia,....
- **Traumatic:**-hematoma
- **Inflammatory:** -Bartholine cyst, and Bartholine abscess, Condylomas,.....
- **Vascular:** varicocities.
- **Vulval Dystrophies** (non neoplastic)

Epithelial Disorders

Non-neoplastic epithelial disorders:

1. Squamous cell hyperplasia (leucoplakia or hypertrophic dysplasia)
2. Lichen sclerosus (aka atrophic dystrophy)
3. Other dermatosis
 1. Seborrheic dermatitis
 2. Psoriasis
 3. Tinea
 4. Lichen simplex chronicus
 5. Lichen planus

Vulvar intra-epithelial neoplasia (VIN):

- **Squamous VIN**

1. Mild dysplasia (VIN 1)
2. Moderate dysplasia (VIN 2)
3. Severe dysplasia (VIN 3)

- **Non-squamous VIN:**

1. Paget's disease
2. Melanoma in-situ

Mixed Epithelial disorders

Invasive vulvar cancer



Cancer Vulva

Etiology: *Risk Factors:*

- 1- poor patient
- 2- elderly patient
- 3- bad hygiene
- 4- previous:
 - non neoplastic epithelial changes.
 - neoplastic intra epithelial changes

age: 65-75 ys.

cancer:

from 3-5% up

increasing

on:

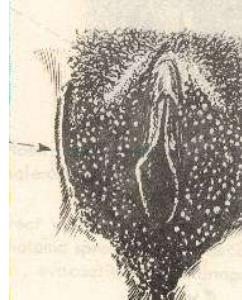
immunity.

ture to

ble aged cells.



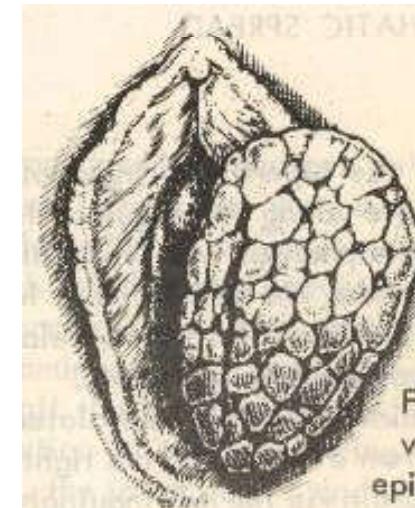
Ulcerative



Warty

Gross pic: usually uni-focal

Cauliflower



Histopathology:

- Carcinoma:-Squamous cell: 86.6%
 - Basal cell: 1.4%
 - Adeno (Bartholin): 1.2%
- Melanoma: 4.8%
- Paget's: very rare
- Sarcoma: 2.2%
- Undifferentiated: 3.8%

Spread:

ipse- or contra-lateral LNDs

Direct:-Underlying:-muscles -bone

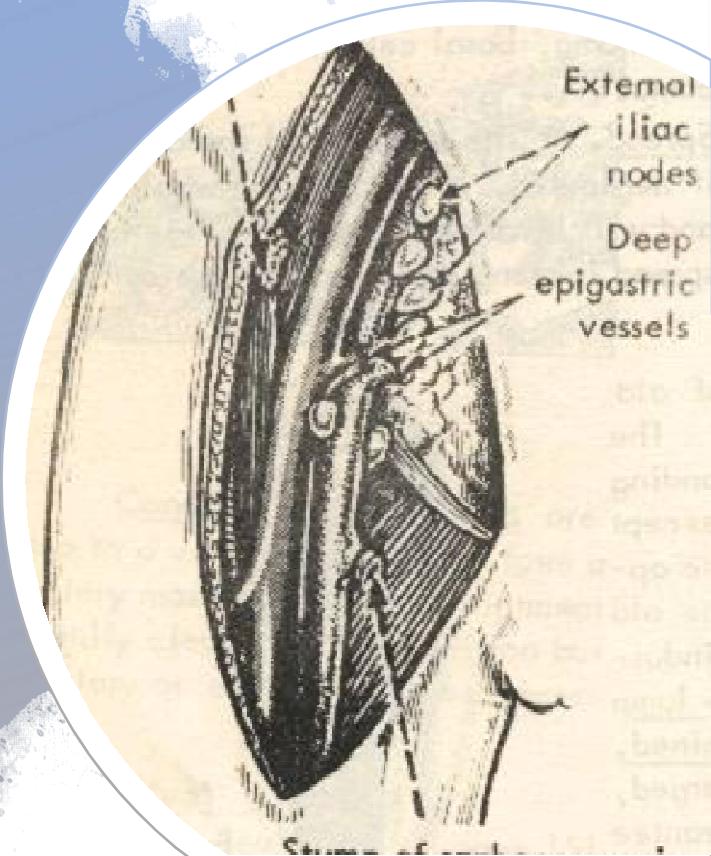
 -Surrounding:-perineum -vagina -uretha

Lymphatics:-

1 ry nodal station----2 ry & tertiary nodal station

Superficial inguinal-----Deep inguinal& iliac

NB: no jump except in the clitoris



Diagnosis: usually delayed

Symptoms: -pruritus -pigmented area -mass

Signs: -Systemic: distant metastasis -Local

1- Vulva:

- Site (Labia 70%, Clitoris, Forchette & perineum)
- Gross lesion (Ulcerative, Warty, Cauliflower)
- Fixity to the underlying tissues
- Extension to the surroundings (vagina, urethra, perineum)

2- Inguinal region: -affection, number, Site (ipse, or bilateral), size, fixity
(underlying, covering), consistency.

3-Pelvic:- vaginal extension -pelvic nodes

Investigations:

Confirmative:

Representative Biopsy:

Diagnosis: -confirmation -type(pathological)

Prognosis: -depth -grade -vessel

-

invasion

Spread: *Local:*-cystoscope -clposcope -proctoscope

Regional: intra-operative frozen sections

Distant: imaging (conventional radiology, U/S, CT,
MRI)

Preoperative physical fitness.

Staging:

Clinical: old

FIGO Surgico-pathological: current

	0	1	2	3	4
T	-----	$\leq 2\text{cm}$	$> 2 \text{ cm}$	Low extension (vaginal, urethral, anal)	High extension (vaginal bladder, rectal)
N	No nodes	Unilateral inguinal	Bilateral inguinal	-----	-----
M	No metastasis	metastasis	-----	-----	-----

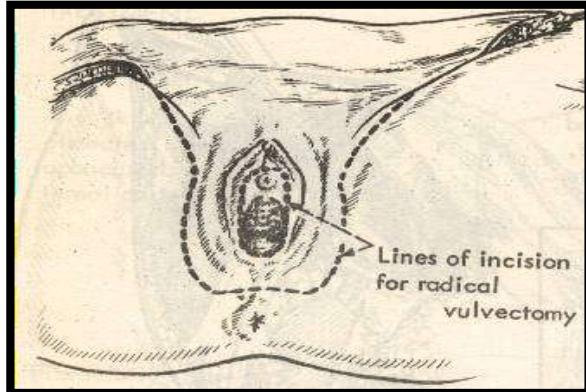
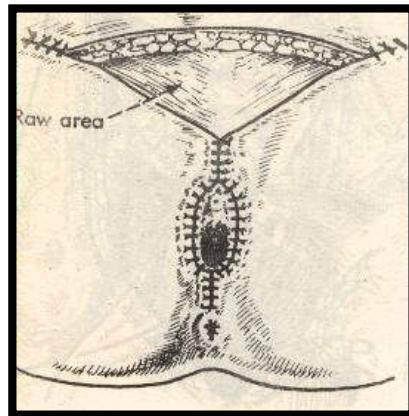
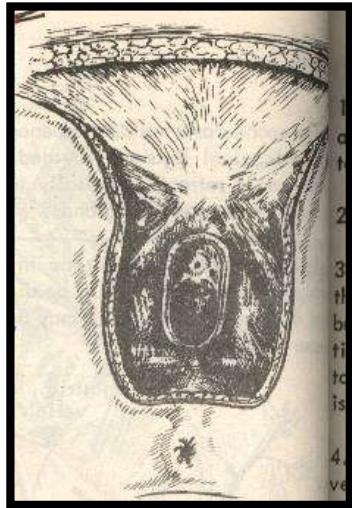
FIGO Surgico-pathological: current

	T	N	M
I	1	0	0
II	2	0	0
III	3	0	0
IV-a	4	0-1	0
IV-b	1-4	0-2	1

Micro-invasive vulvar cancer

Stage I (i.e. T₁, “≤2cm”, N₀, M₀) with:

- -Shallow depth of invasion: ≤ 5mm
- -negative lymph or vascular space invasion.
- -well differentiation.
- **NB: early=VIN+ micro-invasive**

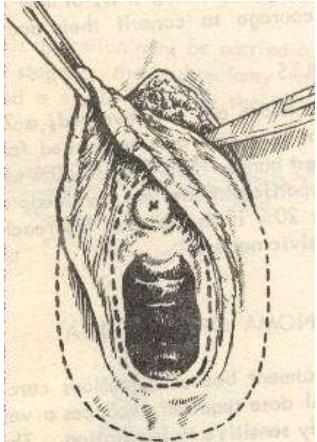
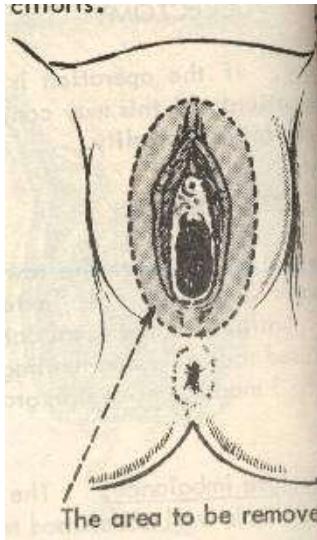
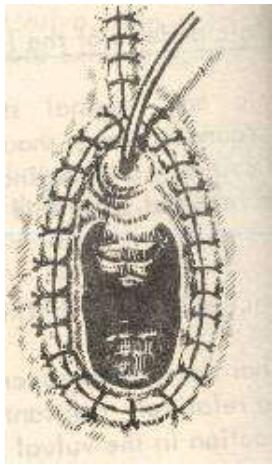


Treatment:
depends on the stage:

I- Stage I&II: depends on invasion:

A- Micro-invasive: wide local excision
“3cm safety margin”

- B- Macro-invasive:** *either.*
- a) Radical vulvectomy with inguinal lymphadenectomy
 - b) Simple vulvectomy with inguinal radiotherapy 5000r



II- Stage III&IV:

A- stage III: Radical vulvectomy with inguinal lymphadenectomy+ either:

- a) ipse lateral pelvic lymphadenectomy:-surgical
-laparoscopic

b) Pelvic nodes radiotherapy: 5000 r

B- stage IV:

IV-a: -young: pelvic excentration

-Old: as stage III.

IV-b:-palliative therapy.

Thank You