

The background features a large, irregular blue shape resembling a splash or stain, centered against a white background. The blue area has a textured, splattered appearance with white edges and some smaller blue spots.

# Vulvar Swellings

## Cancer Vulva

# Types of swellings of the vulva

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

# Vulvar 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***

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# Cancer Vulva

## **Pathology**

*Incidence:* Age: 65-75 ys.

Of all genital cancer:

increasing from 3-5% up to 8%, due to increasing longevity with:

- decreasing immunity.
- more exposure to carcinogens.
- more susceptible aged cells.

## **Etiology: Risk Factors:**

1- poor patient

2- elderly patient

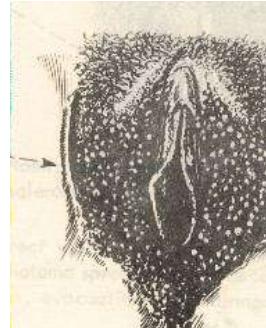
3- bad hygiene

4- previous:

- non neoplastic epithelial changes.
- neoplastic intra epithelial changes

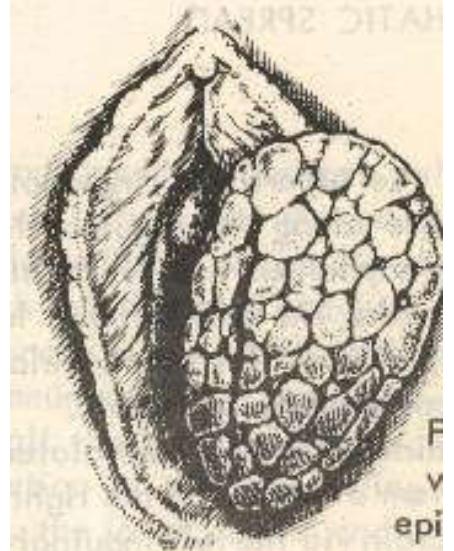


*Ulcerative*



*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

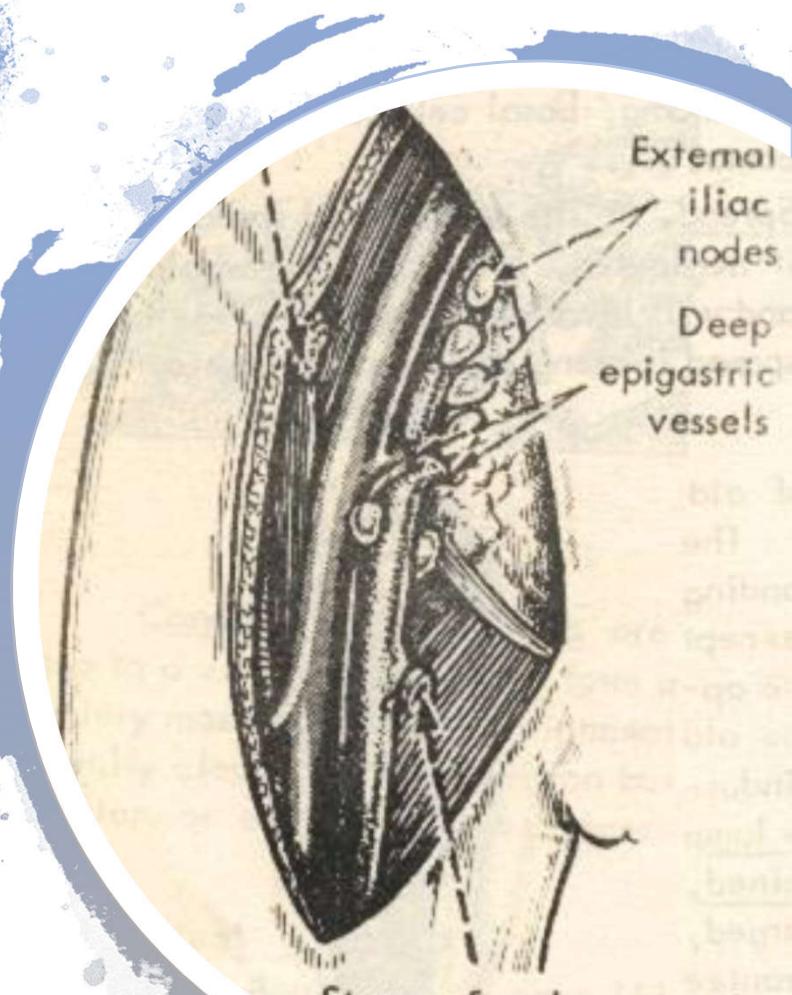
-uretha

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, uterine, anal)	High extension (vaginal, bladder, rectal)
N	No nodes	Unilateral inguinal	Bilateral inguinal	-----	-----
M	No metastasis	metastasis	-----	-----	-----

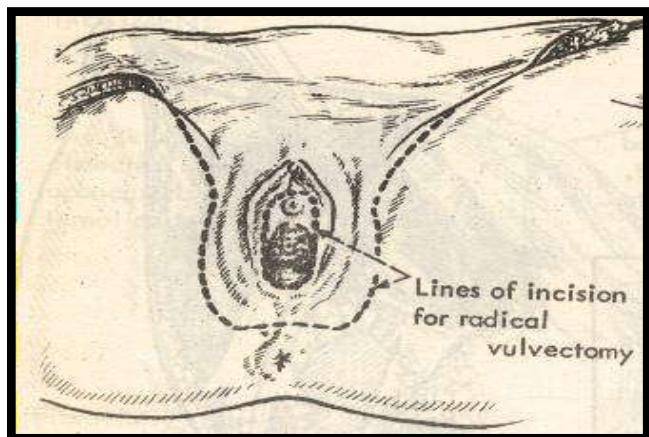
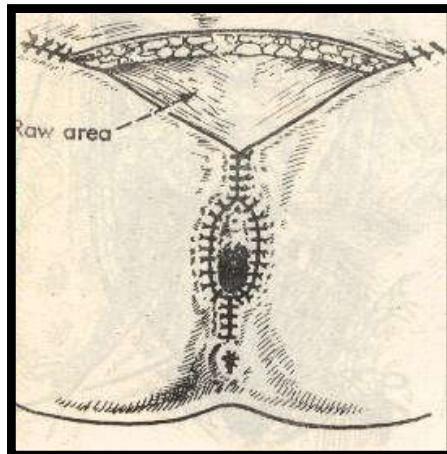
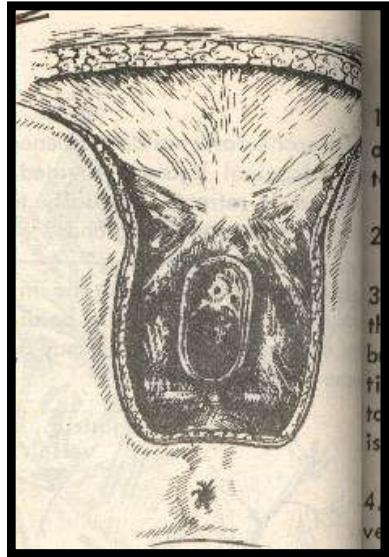
## *FIGO Surgico-pathological: current*

	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.  $T_1$ , “≤2cm”,  $N_0$ ,  $M_0$ ) with:~~

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



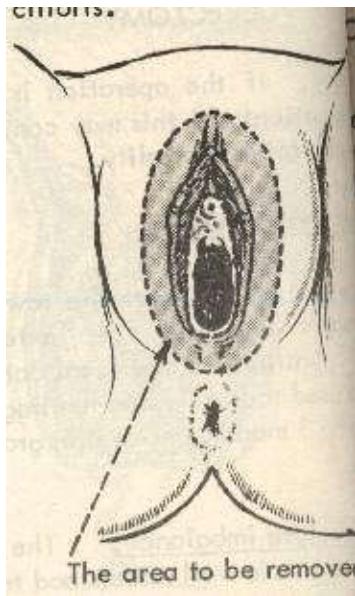
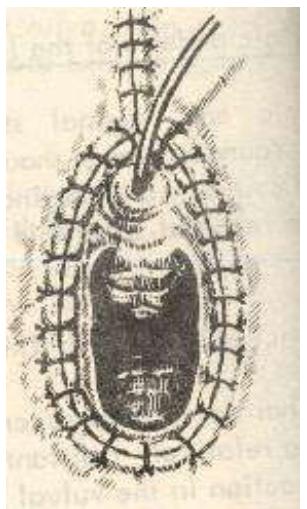
## Treatment:

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