

# CANCER VAGINA AND VAGINAL SWELLING



By

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- ***Incidence:***

A- 1ry Of all genital cancer : 1.5-3%

B- 2ry: more common

- **Site:**
  - Upper 1/3: 55%
  - Middle 1/3: 15%
  - Lower 1/3: 30%

- **Age:**

- < 2Ys.: Endodermal sinus tumor
- 2-7Ys.: -Sarcoma
- 7-35Ys.: - DES-induced adenocarcinoma
- 35-70Ys.: -Squamous cell Carcinoma
- *Post menopause:*
  - -mesonephric& endometriotic adenocarcinoma
  - -Melanoma: 0.5 %

- ***Etiology:*** (Risk Factors):
  - **Squamous cell carcinoma:**
    - 1- chronic irritation
    - 2- possible carcinogens of cancer cervix
  - **Clear cell adenocarcinoma:**
    - Genetic predisposition.
    - IU exposure to DES < 18 weeks.
    - viral modulation

- ***Histopathological classification:***

- **A- 1ry:**

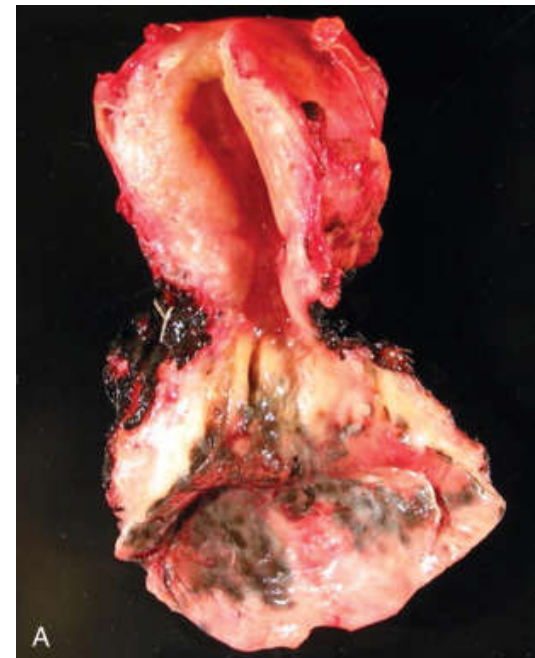
- Squamous cell Carcinoma
- Adeno carcinoma:
  - Clear cell (DES-induced)
  - Mesonephric
  - Endometriotic
- Melanoma: 0.5 %
- Endodermal sinus tumor
- Sarcoma:
  - Spindle-cell (lieo-myo-fibro) sarcoma
  - Sarcoma botryoids (rhabdo-myo, grape-like) sarcoma.

**B- 2ry:**

- more common; Origins:
  - a) **Genital:** cervix, vulva, endometrium, ovary, tube, GTT.
  - b) **Extra-genital:** urinary (bladder, urethra), GIT (rectum).

- ***Gross picture:***
- Ulcerative.

cauliflower



- ***Spread:***

- **Direct:-**

- Anterior:-bladder & urethra
- Posterior:-rectum
- Upwards:-cervix
- Downwards:-vulva
- Lateral:-Paracolpium.

- **Lymphatics:-**

- Upper 1/3: as cervix
- Middle 1/3:variable
- Lower 1/3: as vulva

- **Vascular:**

- usually late even in sarcoma



- ***Diagnosis:***

	Squamous cell carcinoma	Clear cell adenocarcinoma
Onset	Delayed	Early
Age	Delayed	Young
Sexual activity	Inactive	Active



- ***Clinical picture:***

- Symptoms:

- Bleeding.
- Discharge.
- Urinary symptoms.
- Mass.

- Signs:

- Bleeding
- Vagina:
  - Site (anterior, posterior) (upper, middle, lower 1/3)
  - Gross lesion (Ulcerative, Cauliflower mass)
  - infiltration to the underlying tissues
  - Extension to the surroundings (paracolpos, cervix, vulva)

- PR:
  - rectal mucosa.
  - Inguinal region: -affection, number, Site, size, fixity (underlying, covering), consistency.
  - Bimanual: pelvic nodes

➤ Investigations:

- for Confirmation: (Representative Biopsy)
  - Diagnosis:-confirmation      -type (pathological)
  - Prognosis:-depth   -grade      -vessel invasion
- for Spread:
  - Local:-cystoscope   -clposcope   -proctoscope
  - Regional: lymphangiography, barium enema
  - Distant: imaging (chest X-ray, IVU, CT, MRI)
- for Preoperative physical fitness.

- **Staging** (Clinical: current):

- Absolute requirements:

- Clinical: - thorough history    - good examination

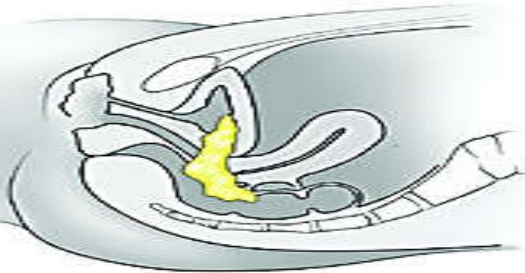
- Imaging: -chest X-ray,                      -IVU

- Endoscopies:-cystoscope              -proctoscope

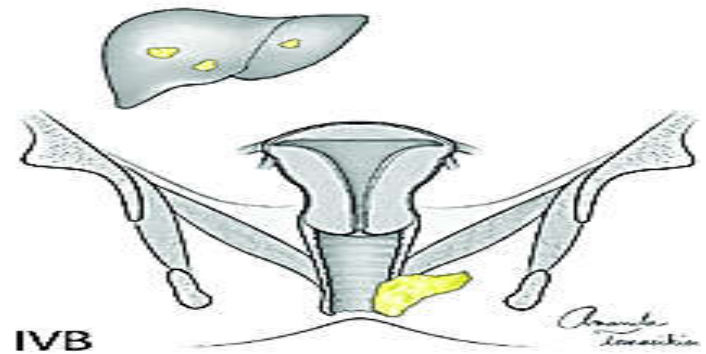
- FIGO Staging:

Stage 0	Carcinoma <i>in situ</i> , intraepithelia carcinoma.
Stage I	The carcinoma is limited to the vaginal wall.
Stage II	The carcinoma has involved the subvaginal tissue but has not extended to the pelvic wall.
Stage III	The carcinoma has extended to the pelvic wall.
Stage IV	The carcinoma has extended beyond the true pelvis or has involved the mucosa of the bladder or rectum.
Stage IVa	Spread of the growth to adjacent organs.
Stage IVb	Spread to distant organs.

## Cancer vagina and vaginal swelling



Source: Barbara L. Hoffman, John G. Schorge, Karen D. Bradshaw, Lisa M. Halvorson, Joseph E. Schaffer, Marlene H. Carlton. Williams Gynecology, 2nd Edition. www.accessmedicine.com



- ***Treatment:***

depends on the type:

I- **Squamous cell carcinoma**: Radiotherapy mainly

If hysterectomy was previously done: Open Implant to protect the viscera

0	Local excision
I ≤2 cm	<p>&lt;2.5mm: local excision</p> <p>2.5-5mm: Interstitial irradiation</p> <p>&gt;5mm: Interstitial+ Intracavitary irradiation</p>
I > 2cm II,III,IV	<p>External whole pelvis+ Interstitial+ Intracavitary</p> <p>} irradiation</p>

II- **Clear cell adenocarcinoma**: Radiotherapy = Surgery

Stage	Surgery	Radiotherapy
I ≤ 2cm	Local excision + pelvic lymphadenectomy	NO
I > 2 cm	Radical Colpo-hysterectomy	Whole pelvis Or interstitial 5000 r
II, III, IV	Pelvic exenteration	

### **III-Melanoma:**

Upper 2/3: Pelvic Exenteration

Lower 1/3: radical vulvo -colpectomy

### **IV -Endodermal sinus tumor**

Surgery + Chemotherapy

### **V -Sarcoma:-**

Local excision + Chemotherapy



Thanks

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HF

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