Vulvar cancer

Background

- **Vulvar cancer is rare.**
- **Disease of the older age group.**
- **Increasing proportion presenting below 50 years.**
- **Majority are of squamous origin.**
- **Adenocarcinomas can arise from the Bartholin's gland, or in conjunction with Paget's disease of the vulva.**
- **Melanomas, 2nd most common malignancy.**
- **Basal cell carcinoma, verrucous ca also occur.**

Etiology:

- Pre existing dermatosis: lichen sclerosis, VIN.
- HPV:- usually type 16.
    - 80 -90% under the age of 50.
    - smoking is an important cofactor.

Diagnosis:

- Usually symptomatic.
- Mostly, soreness and itching.
- May present as a mass that is painful and bleeds, vulvar examination part of PMB investigations.
- Occassionally presents as an enlarged groin mass.

- Most common site of involvement: labium majus in 50%. Labium minus in 15-20%.
- Clitoris and Bartholin’s glands are less frequently involved.

Clinical features

- **History: The patient experiences pruritus, bleeding or a discharge, or may find a mass, but malignancy often presents late as lesions go unnoticed or cause embarrassment.**
- **Examination: This will reveal an ulcer or mass, most commonly on the labia majora or clitoris.**

The inguinal lymph nodes may be enlarged, hard and immobile.

Spread and staging:

- **Fifty per cent of patients present with stage 1 disease.**
- **Spreads locally and via the lymph drainage of the vulva.**
- **To the superficial and then to the deep inguinal nodes, and thence to the femoral and subsequently external iliac nodes.**
- **Contralateral spread may occur.**
- **Staging is surgical and histological.**

Staging:

Stage 1a Tumour confined to vulva/perineum; ≤2cm in size with stromal invasion ≤1mm; negative nodes

Stage 1b Tumour confined to vulva/perineum; >2cm in size or with stromal invasion >1mm; negative nodes

Stage 2 Tumour of any size with adjacent spread (lower urethra/vagina or anus); negative nodes

Stage 3 Tumour of any size with positive inguinofemoral nodes (3a,3b,3c)

Stage 4 Tumour invades upper urethra/vagina, rectum, bladder, bone

(4a); or distant metastases (4b)

Investigations

- **To establish the diagnosis and histological type, a biopsy is taken.**

- **To assess fitness for surgery, a chest X-ray, electrocardiogram (ECG), full blood count (FBC) and urea and electrolytes (U&E) are required, as these patients are usually elderly.**

- **Blood is cross-matched.**

Treatment

- **Excision with a minimum margin of 10mm of normal epithelium. This vary from a wide local excision to radical vulvectomy depending on the size of the lesion.**
- **Lymphadenectomy is required for all but superficially invasive squamous tumors.**
- **Lateral tumors initially require only ipsilateral lymphadenectomy.**

Thank You