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Vulvar Cancer: Case Report and Literature Review

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Highlights : Vulvar, tumor, biopsy, surgery, radiotherapy, chemotherapy

Abstract : *Vulvar cancers are rare malignant tumor, which develop on covering tissues, such as skin or mucosa. Vulvar cancer mainly affects women over 65 years of age, with a peak in the incidence curve between 60 and 70 years of age. Vulvar cancer has been associated with other primary malignancies tumor. Clinically, the macroscopic appearance of vulvar cancer is most frequently in the mixed ulcerative-bourgeous form Vulvar biopsy is the key examination that provides the histological diagnosis of certainty and should be performed if there is any doubt about a vulvar lesion. Surgery is the basic treatment. Radiotherapy and chemotherapy have an important place as adjuvant treatment.*

Intoduction:

Vulvar cancer is one of the rarest gynaecological cancers [1]. Its incidence is estimated to be between 1 and 2 per 100,000 women per year [2].

The perception of a tumor is a frequent symptom, it can be ulcerating-bourgeoning, ulcerated and/or bleeding.

A vulvar biopsy can confirm the diagnosis.

Extensional assessment is essential in order to look for a secondary location.

Surgical treatment is based on a total vulvectomy with bilateral lymph node dissection. This radical treatment is a source of numerous complications. Hence the importance of conservative treatment and earlier diagnosis.

Case report :

A 70 years old patient, without any notable pathological antecedent, G12P11, menopausal for 20 years, consulted for a vulvar pruriginous lesion evolving for 6 months,

The clinical examination found a vulvar condylomatous lesion taking the whole right hemivulva without any other associated signs.

A biopsy was performed showing a squamous cell carcinoma.

A CT scan was performed as part of the extension work-up and returned normal.

The patient underwent a total vulvectomy with bilateral inguinal curettage

Histological study confirmed the initial diagnosis

The patient subsequently refused the proposed adjuvant treatment.

Discussion :

Vulvar cancers are rare malignant tumor proliferations that develop at the expense of covering tissues, such as the skin or mucosa [1].

It is one of the rarest gynaecological cancers [1]. 1] Its incidence is estimated to be between 1 and 2 per 100,000 women per year.

Vulvar tumor mainly affects women over 65 years of age, with a peak in the incidence curve between 60 and 70 years of age [4].

This condition represents 3-5% of gynaecological cancers and 1% of all cancers in women [2]. It is often diagnosed late because of the intimacy of this region.

Nearly 70% of vulvar cancers develop on the labia majora or minora

15-20% of cases involve the clitoris or perineum. In 10% of cases, the tumour is too large to determine its site of origin and in about 20% of cases the lesions are multifocal [3].

Estrogen deficiency plays a major role in the genesis of vulvar cancer. It occurs long after the menopause, with a higher frequency also in women who have had reduced or shortened oestrogen uptake.

Vulvar cancer has been associated with other primary malignancies [5]. Most of these malignancies are ano-genital cancers or cervical cancer.

Obesity, diabetes and hypertension are common in patients with vulvar cancer [6].

Vulvar cancers have three modes of extension:

- Direct extension by contiguity to an adjacent organ such as the vagina, urethra and anus. This is the problem of multi-focal lesions.

- Invasion of regional lymph nodes.

- Distant haematogenous dissemination to organs such as the liver, lungs and bones

The majority of series reported in the literature indicate that pruritus is the most frequent revealing symptom (in 70%) [8].

Clinically, the macroscopic appearance of vulvar cancer is most frequently in the mixed ulcerative-bourgeous form [6].

Occasionally, it may be a budding or ulcerated form with or without deep infiltration.

Locoregional invasion depends on the primary site of the tumour, e.g. in anterior tumours the urethra and bladder may be invaded, whereas posterior tumours threaten the anal sphincter and rectum.

Vulvar smears may show neoplastic cells, but do not provide information on histological type or deep infiltration and, above all, the collection of necrotic elements may lead to false negatives.

Vulvoscopy or examination of the vulva with a colposcope of the cervix and vagina as well as cytological and histological sampling.

Vulvar biopsy is the key examination that provides the histological diagnosis of certainty and should be performed if there is any doubt about a vulvar lesion.

Extensional assessment is essential in order to look for a secondary location.

In most hospitals, vulvar cancer is treated by a standard therapy (Basset technique): total vulvectomy with bilateral inguino-femoral curage as soon as the depth of invasion exceeds one millimetre, based on the principle that radical treatment improves the prognosis and that the vulva is considered as a whole from a carcinological and anatomical point of view and therefore as an organ that must be removed in its entirety.

Radiotherapy is now integrated into the therapeutic protocols of invasive cancers in multiple modalities within the framework of multidisciplinary consultations.

For more advanced lesions, radiotherapy, either as a first or exclusive is aimed at lesions that contraindicate surgery to remove them from the start

Finally, it may be the only treatment applicable to certain elderly patients in poor general condition who have refused surgery. [7]

Chemotherapy can be proposed in two progressive circumstances: either in the context of metastatic or recurrent non-operable disease, or as a neo-adjuvant treatment that can be combined with radiotherapy (radiochemotherapy) to make a tumour with very significant locoregional extension operable.

Late postoperative complications are: Lower limb lymphoedema, inguino-crural hernias, genital prolapse, stress urinary incontinence, urethral strictures and vulvovaginal strictures...

The 5-year survival is high for early stages (I and II), while it is almost nil for stage IV for most authors, hence the interest of an early diagnosis.

Conclusion :

Vulvar cancer is one of the rarest gynaecological cancers.

Vulvar biopsy is the key examination that provides a histological diagnosis of certainty and should be performed at the slightest doubt about a vulvar lesion.

Better screening for early forms by listening to patients, careful examination of their vulva with biopsy at the slightest doubt, as well as better knowledge of this cancer by the nursing staff will reduce the incidence of severe forms and improve the prognosis.

Iconography :

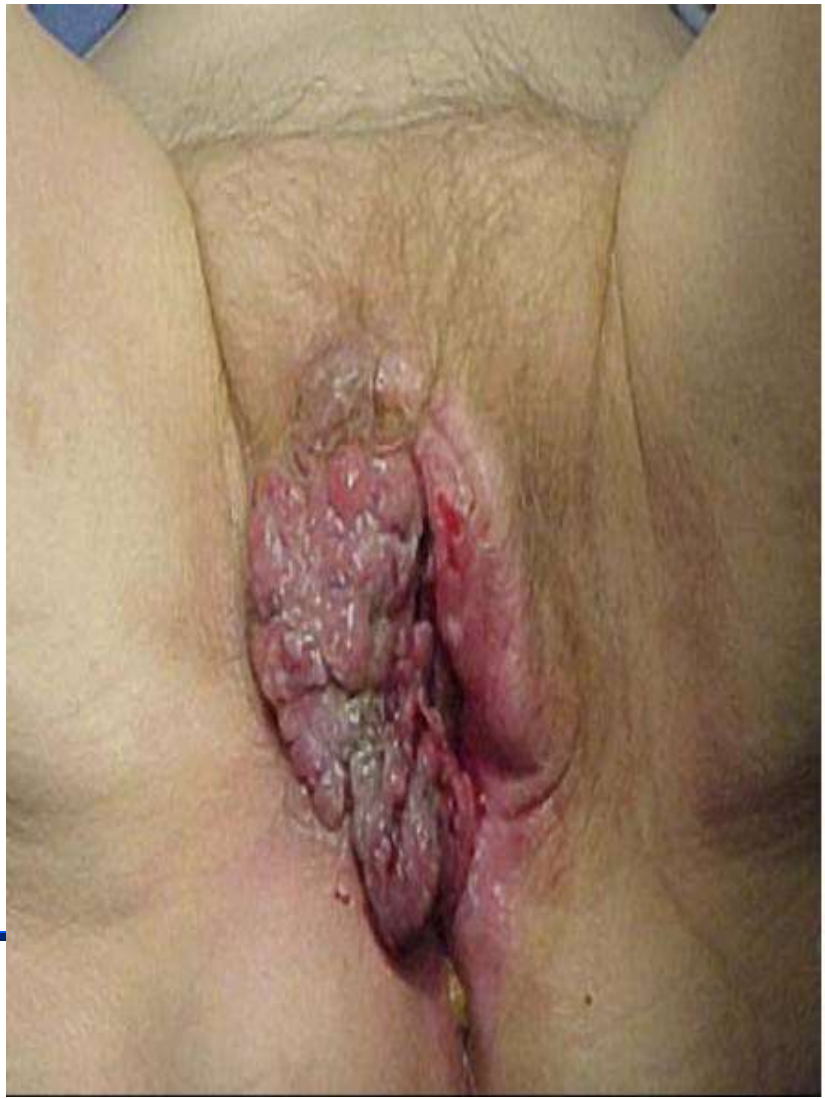

Figure 1: vulvar cancer, budding form

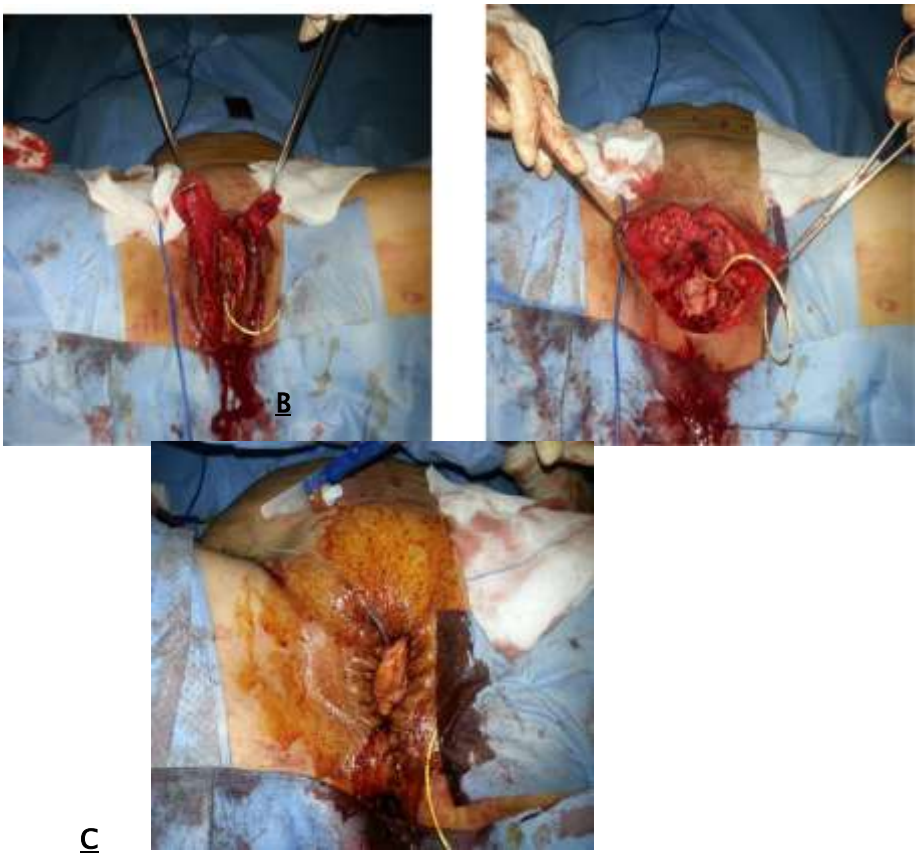

Figure 2 : Different stages of a total vulvectomy.

A: Incision + vulvectomy removal B: vulvectomy performed C: closure End of operation: total vulvectomy + lymph node removal

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