

NEGLECTED VULVAR SPIDERMOID CARCINOMA AFTER A CASE

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ABSTRACT

With a frequency of between 3 and 5%, vulvar cancer is one of the rarest female neoplasia. It is a particular cancer that mainly affects women over the age of 65, whose general condition is willingly weakened, which inevitably influences the terms of care. Diagnosis is easy and must be early, although patients often consult late at an advanced stage either through negligence, ignorance or modesty. Histologically, several types are distinguished, but more or less differentiated squamous cell carcinoma accounts for 90% of etiologies. Surgery remains the treatment of choice for vulvar cancers, especially in their invasive forms, but if the diagnosis is made late, other alternatives are discussed. We report a case of squamous cell carcinoma diagnosed late at stage IVb of Figo at the Suissi maternity hospital in Rabat.

KEYWORDS: Squamous cell carcinoma, vulva, advanced stage.

INTRODUCTION

Invasive cancers of the vulva represent less than 5% of gynecological cancers. They most often occur in elderly women (during the 7th and 8th decades), most often escaping gynecological supervision.

The contributing factors are Papillomavirus (HPV) infections and tobacco, but also certain dermatoses responsible for skin irritation and chronic pruritus, such as lichen sclerosus of the vulva, encountered in older women.

The circumstances of discovery are not specific: The frequently advanced stage of the disease in women whose general condition is more or less altered makes treatment difficult.

The evolution of vulvar cancers remains locoregional for a long time: lymph node metastases are early. Primary cancers of the vulva are of varied histological nature: squamous cell carcinomas are the most common (about 90% of cases).

OBSERVATION

This is Mrs. MF, 75 years old, G5P6, menopausal 25 years ago, type 2 diabetic poorly balanced on insulin therapy, with an altered general condition. Consultation in the emergency room of the Suissi maternity hospital in Rabat for an infected vulvar mass neglected by the woman for more than 2 years.

Admission examination finds an altered patient with blood pressure of 09/06, heart rate of 98, and low-grade fever of 37.8.

Gynecological examination found a hard vulvar mass that looked infected, bleeding easily on contact, measuring 07cm (figure 1), with satellite inguinal lymphadenopathy.

The rest of the gynecological examination is not possible, because the tumor mass occupies the entire vulva with vaginal infiltration.



Figure 1: vulvar mass first suggesting a tumor of the vulva.

A biopsy was performed showing an infiltrating keratinized squamous cell carcinoma of the vulva.

A THORACO-ABDOMINO-PELVIC CT scan for extension assessment showed invasion of the urethral meatus and more than 2/3 of the vagina, making FIGO stage IV.

Faced with this clinical picture with an altered general condition and tumor staging at IV, surgery was not possible. Radio-chemotherapy was indicated.

Unfortunately the patient died a month after her diagnosis.

DISCUSSION

With a frequency of between 3 and 5%^[1], vulvar cancer is one of the rarest female neoplasias, according to the Cancer Registry of Rabat it ranks fourth among gynecological cancers with a frequency of 1.4%.^[2] after cancer of the cervix 13.5%, of the ovary 4.5% and of the uterus 3.4%.^[3]

It is a particular cancer that mainly affects women over the age of 65^[4], whose general condition is willingly weakened. Although the incidence of vulvar cancer is low, it has increased in recent decades, especially among young women. In the latter, it is reported that persistent genital HPV infection was the main cause of the development of vulvar neoplasia.^[5]

Histologically, several types are distinguished, but more or less differentiated squamous cell carcinoma accounts for 90%^[6] of etiologies. They are preceded by precancerous lesions or intraepithelial neoplasia called VIN by the Anglo-Saxons. Their diagnosis and treatment would prevent their invasive evolution.

The diagnosis is obvious in front of an ulceration or a vulvar mass, but the patients generally consulted late. In our case the patient consulted 2 years after the appearance of the mass, which agrees with the medical literature which always mentioned a late consultation more than 6 months^[7], this being explained by ignorance, modesty and various treatments tried by the patient until the day the doctor consulted performs a cytology or a biopsy and discovers the cancer. At this time, often, the lesion has greatly extended and curability is limited.

NKOU JB^[8] reported that ulceration and pruritus were also reasons for consultation. This underlines the primordial importance of pruritus as a warning sign and the need for a detailed examination with possible biopsies, and rarely the cancer can be revealed by local haemorrhages according to BODY G^[9] and DAUPLAT J^[10] without forgetting that pain is a sign associated with a main reason for consultation, it most often signs a late stage. More rarely, it is the finding of inguinal swelling (ADP) or signs of compression (bladder, rectum and hypogastric plexus) that may suggest the diagnosis.

The extension assessment is based on the histological type of the tumor and thus the stage to establish a FIGO staging and a TNM classification, it includes a systematic chest X-ray, an abdomino-pelvic ultrasound, an intravenous urography if signs of calls, see a thoraco-abdomino-pelvic CT scan if there is a large tumor with deterioration in general condition, looking for loco-regional and distant metastases^[11], as reported in our case.

For the treatment of vulvar cancer, unanimity is still far from being achieved, although the majority of authors opt for surgery. Therapeutic advances of the last century have made it possible to establish as a dogma the concept of radical surgery in principle with lymph node dissection or sentinel lymph node, but the maintenance of this radical attitude was based on the quality of locoregional control and on the vital prognosis. favorable in more than 80% of non-metastatic forms.

Radiotherapy may be the only applicable treatment in certain elderly patients in poor general condition who have been refused surgically.

For immediately operable lesions, its combination with surgery aims to reduce the risk of local recurrence for the primary lesion, to ensure better control of the lymph node disease, and even to improve survival results. For more advanced lesions, radiotherapy, first or exclusively (sometimes associated with concomitant potentiation chemotherapy), is intended for lesions contraindicating excision surgery from the outset, because of their local or even regional extension (fixed inguinal lymph nodes) and/or their threatening nature for neighboring organs, mainly the urethra and the anal canal (as an alternative to major and mutilating procedures). As in our case where radio-chemotherapy was the only possible option.^[12]

CONCLUSION

Squamous cell carcinoma of the vulva is the most common type of vulvar cancer which represents the rarest female neoplasms with a frequency of between 3 and 5%, with a predominance of elderly women, however the delay in consultation and diagnosis due to negligence can lead to more serious metastatic forms or surgery, which is a radical treatment in principle, gives way to radio-chemotherapy or even palliative chemotherapy.

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