

## CASE REPORT

# A Rare Variety of Vulval Carcinoma- verrucous Carcinoma: A Case Report

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## ABSTRACT

Verrucous carcinoma of the vulva is a rare subtype of squamous cell cancer and tends to appear as a slowly growing wart with good overall prognosis. Most commonly affects elderly, postmenopausal women.

Here, we present a case concerning an 85 years old postmenopausal woman on follow up after punch biopsy suggesting Bowenoid papulosis of the vulva. The treatment decided was only surgical. A review of the literature shows the rarity of this lesion of the female genital tract.

**Keywords:** Aquamous cell cancer, Postmenopausal women, Vulval carcinoma.

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## INTRODUCTION

Carcinoma of the vulva represents between 5–8% of all gynecologic cancers.<sup>1,2</sup> Among the squamous cell carcinoma affecting the vulva, the verrucous variant is extremely infrequent. As seen in our patient, the lesion is characterized by its slow growth, low rate of metastasis, and high risk of local recurrences.<sup>3</sup> Clinically, it usually presents as a warty or cauliflower-like growth.<sup>4</sup> Most commonly affects elderly, postmenopausal women. Almost all lesions in younger women with similar features are giant condyloma or warty carcinoma/basaloid carcinoma. Most commonly affected sites are labium majora and labia minora (as in our case), followed by posterior commissure.

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## CASE REPORT

This 85-year-old woman consulted our OPD with c/o intense pruritus and painful vulval mass. There was a big 6 × 5 cm cauliflower like growth occupying the right labia minora extending to majora and upwards just short of the clitoris with signs of lichenification due to scratching (Fig. 1). There was no tenderness, discharge or lymphadenopathy. Her cervix and vaginal examination were normal. On detailed history she revealed consulting gynecologist initially 2 years ago with h/o pruritus and hypertrophic white lesions of vulva. Records revealed a punch biopsy taken earlier with the histopathology suggestive of bowenoid papulosis of vulva with ulcerative lesion. She did not follow-up timely.

After complete evaluation a wide local excision of the lesions with clear margins (5 mm and 1 cm deep margins from tumor), sparing the clitoris was and carried out under anesthesia (Fig. 2). The resultant defect was closed with interrupted sutures without tension (Fig. 3). Recovery was uneventful and she was discharged on 6th postoperative day with proper advice on local care and follow-up. The histopathology results confirmed the diagnosis of verrucous carcinoma of vulva with chronic inflammatory cell infiltration in underlying tissue with total free margins. At six months follow up she was symptom free with apparently normal vulva (Fig. 4).

## DISCUSSION

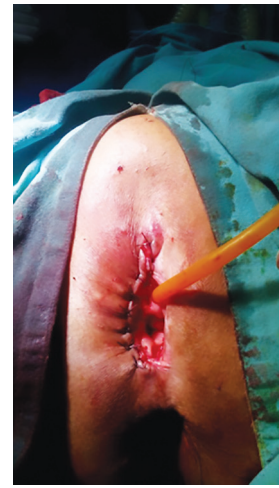
Verrucous carcinoma of the vulva is a variant of squamous cell carcinoma and is a rare type of vulvar cancer,



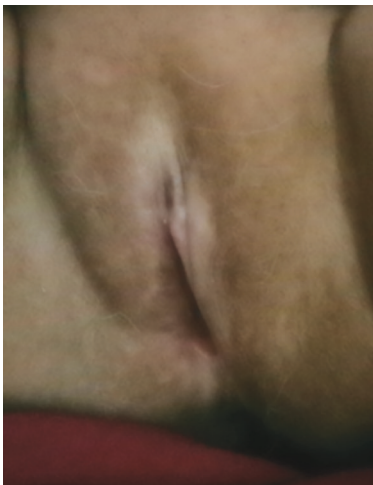
Fig. 1: Initial findings



**Fig. 2:** Intraoperative



**Fig. 3:** Intraoperative findings



**Fig. 4:** Follow-up

constituting less than 1% of vulvar cancer overall. The etiology of verrucous carcinoma is not known, but recent studies postulated a putative role for human papilloma virus (HPV) in the etiology.<sup>5-7</sup> Additionally, the role of HPV infection has been confirmed by the detection of viral DNA by CPR<sup>8,9</sup> in approximately 27% of verrucous carcinomas.<sup>10</sup> But many others factors can create a “fertile ground” for the development of the lesion: chronic itching and ulceration, smoking, hormonal deficiency, and diabetes, each of them is associated with an HPV infection, but the majority describes lesions without HPV infection as in our case.

Verrucous carcinoma is a tumor with thickness that can invade and compress the underlying stroma with “pushing margins.”

The treatment of VC is still a matter of discussion. The majority of the scientific community supports the fact that a wide local excision should be the best treatment. Other treatments like radiotherapy, local chemotherapy, cryotherapy, etc., are inefficient with high recurrence rate. Because recurrence may occur if surgical resection margins are involved by the tumor, the pathologist should

carefully consider these margins: it is the reason why a large and deep surgery is necessary. It is important to note that the recurrence of verrucous carcinoma announces a bad prognosis.

Histologic examination alone can be misleading due to superficial sampling or lack of an obvious invasive component as may be the case in the initial punch biopsy report. A clinical history indicating exophytic tumor in an elderly woman essentially warrants a wide excisional biopsy with clear margins.

## REFERENCES

1. American Cancer Society: What is Vulvar Cancer? [www.cancer.org](http://www.cancer.org). Retrieved 2014-06-11.
2. Stehman FB, Look KY. Carcinoma of the vulva. *Obstet Gynecol* 2006;107:719-33.
3. Louis-Sylvestre C, Chopin N, et al. Verrucous carcinoma of the vulva: A tailored treatment. *J Gynecol Obstet Biol Reprod* 2003;32:634-637.
4. Schwartz RA. Verrucous carcinoma of the skin and mucosa. *J Am Acad Dermatol* 1995;32:1-21.
5. Bjørge T, Dillner J, et al. Prospective seroepidemiological study of role of human papillomavirus in non-cervical anogenital cancers. *British Med J* 1997;315(7109):646-649.
6. Hildesheim A, Han CL, et al. Human papillomavirus type 16 and risk of preinvasive and invasive vulvar cancer: results from a seroepidemiological case-control study. *Obstet Gynecol* 1997;90(5):748-754.
7. Madeleine MM, Daling JR, et al. Cofactors with Human papillomavirus in a population-based study of vulvar cancer. *J National Cancer Institute* 1997;89(20):1516-1523.
8. Schwartz RA. Verrucous carcinoma of the skin and mucosa. *J Am Acad Dermatol* 1995;32(1):1-24.
9. Majewski S, Jablonska S. Human papillomavirus-associated tumors of the skin and mucosa. *J Am Acad Dermatol* 1997;36(5):659-685.
10. Miller CS, White DK. Human papillomavirus expression in oral mucosa, premalignant conditions, and squamous cell carcinoma A retrospective review of the literature. *Oral Surg Oral Med Oral Pathol Oral Radiol Endodont* 1996;82(1):57-68.