

CASE REPORT

A Rare Cause of Pruritus Vulva: Malignancy with Good Prognosis

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ABSTRACT

Verrucous carcinoma of the vulva is a rare variant of squamous cell carcinoma, with about 50 cases reported in the literature. We report a 38-year-old patient with verrucous carcinoma of the vulva.

Keywords: Human papilloma virus, Verrucous carcinoma, Vulvar carcinoma.

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INTRODUCTION

Verrucous carcinoma was first described in the oral cavity by Ackerman in 1948 and most commonly occurs in the oral cavity, larynx, and anogenital region. Vulvar carcinoma is observed very frequently in postmenopausal women.¹ The mean age of the women diagnosed with this malignancy of the vulva is about 50 years. The different types of vulvar cancer are etiologically heterogeneous.² Characteristically, verrucous cancers have well-demarcated borders that are pushing rather than infiltrating. It is a slow-growing and cauliflower-like tumor and varies from 1 to 10 cm in diameter. About one-third of patients with vulvar verrucous carcinoma have a history of genital warts, and human papilloma-virus (HPV) has been detected in some lesions, the most common type being HPV-6.

The diagnosis of verrucous carcinoma requires a large, preferably excisional biopsy that must include

the base of the lesion. Verrucous carcinoma can be confused with condyloma; when an apparent condyloma, especially when large and in an older woman does not respond to the usual conservative measures, it should be excised. Verrucous carcinoma can also be confused with warty carcinoma, another variant of well-differentiated squamous cell carcinoma. Differentiation of these two entities is not of great importance because both have a very low incidence of metastases, and treatment is essentially the same. Main treatment is excision with free margins. When a tumor is locally advanced, combination of surgery and radiotherapy is a good option. Inguinal lymphadenectomy may be indicated in patients with large tumors, in patients with persistence or recurrence of disease, especially after radiotherapy, and in patients with infiltrating cancer beyond very early invasion below the verrucous tumor.

Verrucous carcinoma of the vulva has been associated with second malignant tumors, most commonly of the cervix, breast, and anogenital skin.

CASE REPORT

A 38-year-old parous woman presented to the outpatient department, complaining of vulval itching since 1 month. She had vulvar biopsy in the past for leukoplakia of vulva when she was presented with lump in the abdomen and had total abdominal hysterectomy with bilateral salpingo-oophorectomy for bilateral ovarian fibroma. Histopathology report of vulvar biopsy showed chronic inflammation with HPV infection with mild dysplasia. She was advised follow-up.

On examination, two wart-like growth of 2 cm was seen over leukoplakic area over labia majora and minora on the right side. She was posted for excisional biopsy, and histopathology report was suggestive of verrucous carcinoma. Counseling was done and she was later posted for simple vulvectomy. Histopathology report showed dense chronic inflammation. She came for follow-up and now has no complaints.

DISCUSSION

Verrucous carcinoma of the vulva is a rare variant of squamous cell carcinoma and accounts for less than 1% of vulvar cancer in all.³ Usually it occurs in elderly

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postmenopausal women, but during the last years, an increased incidence of this tumor in younger women (HPV-related) has been observed. The etiology of verrucous carcinoma is not known; however, association of HPV has been proved in various studies. Risk factors other than HPV are smoking, diabetes, obesity, and oral contraceptive pills.⁴

Diagnosis requires wide excisional biopsy including base of the tumor. Histologic characteristics of tumor were seen, such as “pushing” tumor–dermal interface with minimal stroma between the acanthotic epithelium, minimal nuclear atypia, hyperkeratotic areas on the surface of the tumor with little keratin formation inside the tumor, and diffuse chronic inflammation of stroma (Fig. 1).

Prognosis is good if wide local excision is performed.

CONCLUSION

Local examination is important in cases of pruritus vulva. Though rare, knowledge about this rare malignancy is necessary for proper management of this condition. Wide excision at the time of excisional biopsy can avoid need for simple vulvectomy.

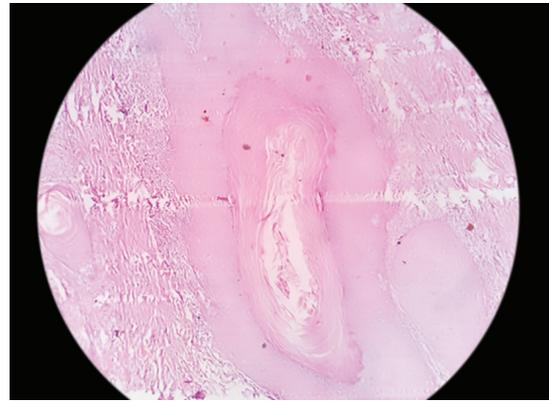


Fig. 1: Microscopic section of verrucous carcinoma of vulva

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