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Vulva Lesions In A Tertiary Institution In Nigeria

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ABSTRACT:

The vulva is the area adjacent to the vagina in female reproductive region. This area is laden with both neoplastic and non-neoplastic lesions. This is a retrospective study of the entire female genital tract specimen received at the Department of Pathology, University of Calabar Teaching Hospital Calabar over a period of 10 years. A total of 6779 samples were received during the study period and 1602 were gynaecological lesions, out of which 175 were malignant. 13 malignant vulva tumors were seen with predominant squamous cell carcinoma (10 out of 13) and the rest were choriocarcinoma, leiomyosarcoma and embryonal rhabdomyosarcoma which were one case each. Adenomyoma was the predominant benign lesion seen with 26 cases seen out of 33 benign lesions seen in the vulva.

Keywords: vulva, lesions, female genital tract, Calabar,

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BACKGROUND

Most vulva cancer is squamous in origin because the vulva cancer is covered with skin. Any malignancy that appears elsewhere on the skin also can occur on the vulva[1].

Vulva carcinoma represents 3% of all female genital tract malignancies[2]. About 65% of vulva carcinoma occurs in women older than 60years[3]. Though vulva cancer is generally a rare tumour, the incidence of the disease appears to be rising among the younger age group [2-5]. Human Papilloma Virus (HPV) has been implicated as an aetiological agent in the aetiology of 30% cases of vulva carcinoma especially in women of younger age group and patients with the basaloid and warty variants of vulva carcinoma usually HPV 16[5].

Vulva carcinoma of the elderly is rarely associated with HPV infection, but more often associated with a history of lichen sclerosis or preneoplastic lesion [(6, 7, 8)]

A study done in Enugu Nigeria shows that Vulva carcinoma make up 3.6% of all gynaecological malignancies [(8, 9)].

METHODOLOGY

This is a retrospective study involving histological diagnosed vulva malignancy in Calabar over a period of 10years (1996-2005). The histological register of department of pathology, university of Calabar teaching Hospital was accessed to collate the age, nature of specimen and histologic diagnosis of the Vulva lesion.

Exclusion criteria: Those with no age and clinical diagnosis were excluded from the study.

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RESULTS

Table 1 showing histologic variants of vulva malignancy with age distribution

Age Group	Squamous Cell carcinoma	Embryonal rhabdomyosarcoma	leiomyosacoma	Choriocarcinoma
0-20	0	1	0	0
21-30	1	0	0	0
31-40	1	0	0	1
41-50	3	0	1	0
51-60	4	0	0	0
61-70	1	0	0	0
Total	10	1	1	1

Table 2 Showing other lesion seen in the vulva

S/N	LESION	
1.	Batholin cyst abscess	1
2.	Condylomata accumunata	2
3.	Vulva intraepithelial lesion III	2
4.	Leiomyoma	2
5.	Adenomyosis	26
	Total	33

Table 3: Table showing total number of samples

Total no of specimen	6779
Total no of gynaecological lesion	1602
Gynaecological malignancy	175

There are 13 (thirteen) malignant vulva lesions seen during the study period while 33 benign lesion were also seen. The predominant histological diagnosis was squamous

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cell carcinoma of the vulva. An embryonal rhabdomyosarcoma was seen in a five year old girl while a choriocarcinoma and leiomyosarcoma were also seen. Adenomyosis was the predominant benign lesion seen, consisting 78.8% (26) of the benign lesions. 2 cases of condylomata accumunata, leiomyoma of the vulva and high grade vulva intraepithelial lesion (VIN III) were seen each.

Vulva lesion constitute 2.9% (46) of the total gynaecological lesion (1602) seen and 0.7% of the total specimen received (6779) during the study period.

Vulva malignancy constitutes 7.4% (13) of the total gynaecological malignancy seen during the study period.

Discussion

Vulva malignancy is an invasive growth at the vulva or the outer portion of the female genitalia. The disease accounts for only 0.6% of cancer diagnosis (1) but 5% of gynaecological cancer in United State (2) whereas it constitutes 7.4% of gynaecological malignancy seen in our study. The high level may be associated to the presence of Human Papilloma Virus Infection which has been implicated in the lesion and also in carcinoma of the uterine cervix which is often the commonest cancer in our locality.

The prevalence of vulva malignancy in Calabar of 2.9% is higher than what was obtainable at Ibadan, Nigeria[11] of 1.2% and lower than 3.6% seen in Enugu, Nigeria[9]. It has been generally agreed that the prevalence of vulva malignancy is low however,

squamous cell carcinoma is the predominant histologic variant as supported by the study.

The Labia Majora are the most common site, (2), however, the site of the lesion in our study was not considered. Vulva Cancer sis usually separated from Vulva Intraepithelial Neoplasm (VIN), which is a superficial lesion of the epithelium of the vulva that has not invaded the basement membrane. The study shows two (2) cases of high grade vulva intraepithelial lesion (VIN III), a carcinoma-in-situ.

CONCLUSION

Vulva carcinoma are commonly squamous cell carcinoma and are relatively rare carcinoma of the genital tract. It made up 2.9% of all genital tract lesions in this study. Adenomyosis was the predominant vulva lesion.

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