Case Report

Vulvar carcinoma with severe pelvic organ prolapse

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ABSTRACT

Vulvar cancer is a rare condition that can affect women of any age but is significantly more common in older women. Pelvic organ prolapse is a common condition that can adversely affect the quality of life in older women. We report an 85-year-old woman diagnosed with vulvar carcinoma accompanied by severe pelvic organ prolapse. We chose a relatively conservative treatment for this woman with multiple medical comorbidities. In this case, we show characteristic lesion of vulvar cancer which is rare at present and individual treatment for special patients.

Key words: Vulvar carcinoma, pelvic organ prolapsed, Pessary.

INTRODUCTION

Squamous cell vulvar cancer is a rare gynecologic malignancy. Standard treatment is surgical resection with radiation indicated for areas at high risk for recurrence (Rajaram and Gupta, 2015). Pelvic organ prolapse is a common disease with high prevalence in parous women (Iglesia and Smithling, 2017). Here, we present a case with typical lesion of vulvar carcinoma and severe pelvic organ prolapse.

CASE REPORT

An 85-year-old woman (G2/P2) was presented to the gynecological clinic with a 10-year history of vulvar mass that have developed rapidly in the past three months. She reported no pain, abnormal vaginal discharge or urinary tract symptoms.

Figure 1: Vulvar mass in the left large lip accompanied with severe pelvic organ prolapse.
CASE REPORT

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RESULTS

Physical examination showed a 7 × 6 cm cauliflower-like mass in the left large lip, which was hard and seemed to involve the clitoris and the external urethra, with stage 2 cystocele, stage 3 uterine prolapse (Aa=0, Ba=0, C=+2, gh=4, pb=4, TVL=7, Ap=-1, Bp=-1, D=-3) (Figure 1). Urodynamic studies showed no voiding dysfunction. Pelvic ultrasound showed endometrial hyperplasia of about 2.0 cm, with internal echogenicity of different size. The biopsy of mass showed chronic inflammation of the squamous epithelial mucosa of the vulva; however, the SCCAg level increased to 11.1 ng/ml (reference range: 0-1.5 ng/ml). In consideration of multiple medical comorbidities of the patient by multidisciplinary team (MDT), the patient underwent complete...
resection of the mass and diagnostic D&C, which was histologically confirmed to be well-differentiated squamous cell carcinoma and endometrial polyps. The patient recovered well and was referred to the pessary clinic 3 months after surgery (Figure 2). There was complete symptomatic relief and objective cure of the POP by using size 2 ring-shaped pessary (PFDI-20 score: 86.50→0, PFIQ-7 score: 43→0) (Figure 3).

CONCLUSION

This case shows characteristic lesion of vulvar squamous carcinoma and pelvic organ prolapse. Relative conservative treatment is appropriate for elderly patients with multiple medical comorbidities.

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REFERENCES


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