

How predictable? Presenting as an Emergency!

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INTRODUCTION

CASE REPORT

DISCUSSION

CONCLUSION

- Vulval intraepithelial neoplasia (VIN) is considered a pre-malignant condition with risk factors including human papilloma virus (HPV), smoking, and lichen sclerosis.
- It is a histological diagnosis hence a biopsy is required and this case clearly demonstrates the importance of prompt biopsy especially as there was uncertainty in the clinical diagnosis.
- Classification of stages of VIN progress from VIN 1 to VIN 3 and the focus in this case was that of VIN 2.

- 43-year-old woman presented to the accident and emergency (A&E) department with an 18-month history of progressively increasing vulva pain, itching, and swelling. There was also a history of recent unintentional weight loss and smoking. She had trialled emollients and antifungal creams with no relief of symptoms. She had a previous history of cone biopsy and her last smear test a year prior to presentation was positive for HPV.
- Examination showed tender, bilaterally inflamed, and protruding inferior labial minora and majora. There were also areas of leucoplakia on the posterior fourchette. Inflammatory markers were normal.
- Biopsy was taken by the Gynaecology team in A&E and steroids commenced for possible chronic inflammatory conditions such as lichen sclerosis.
- Histology result showed VIN 2 with positive expression for P16. She was then reviewed by a Gynaecologist with a special interest in Gynae-oncology following which a wide local excision (WLE) of the vulva was done. Histology following WLE confirmed an extensive complex high-grade VIN 2 and 3 with P16 block positivity in keeping with HPV-associated disease. There was no evidence of invasive malignancy.



IMAGE FROM A&E



AT COLPOSCOPY



POST WIDE LOCAL EXCISION

- VIN is increasingly becoming more reported amongst women in their forties. A high index of suspicion is therefore needed when faced with confusing clinical scenarios.
- An assessment of risk factors and correlation with current problems might lead to a diagnosis. A simple and effective way to diagnose early is by taking a biopsy of concerning lesions without delay.
- From the images below, a worsening of the VIN was noted.
- The histology report also demonstrates the difference between undifferentiated and differentiated VIN, with undifferentiated high-grade VIN being associated with high-risk HPV which was a risk factor in this case as well as age.
- Early diagnosis of VIN minimises the potential for spread and malignant changes. Appropriate history-taking would also suggest the likelihood of the type of VIN seen in women.
- Following the WLE, the need for continuous close monitoring remains because of the risk of recurrent disease or progression into cancer, albeit low.

REFERENCES

- Management of vulvar intraepithelial neoplasia. Committee Opinion No. 675. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e178–82