



Diagnosis challenges of Vulvar Cancer in Elderly Women with Skin Lesions

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INTRODUCTION/BACKGROUND

Chronic vulvar pruritus, particularly in elderly women, is often seen in clinical practice and can be indicative of underlying neoplastic conditions, such as vulvar cancer.

Verrucous carcinoma is a rare and slow-growing form of squamous cell carcinoma which is vital for distinguishing it from other vulvar skin conditions [1].

OBJECTIVES/AIMS

To highlight the importance of histology in the diagnosis of vulvar cancer in the presence of skin lesions in the vulvoperineal region.

METHODS

This patient was seen for vulvar pruritus resistant to medical treatment et who was found to have verrucous cancer of the vulva.

CONCLUSIONS

This case underscores the importance of thorough clinical examination and histological assessment in diagnosing vulvar cancer, particularly in elderly women presenting with chronic vulvar pruritus. The findings also emphasize the need for early detection through biopsy when suspicious lesions are observed. Future research should focus on refining diagnostic protocols to improve early detection of vulvar malignancies, and clinical guidelines should encourage prompt histological evaluation of persistent vulvar lesions.

REFERENCES

1. Boujoual, Majdouline, et al. "Le carcinome verruqueux de la vulve: à propos de quatre cas." The Pan African Medical Journal 17 (2014): 303.

RESULTS

We present the case of a 69-year-old woman, with no family history of neoplasia, a 10-year history of diabetes on insulin therapy, and a 30 pack-year smoking history, who presented with persistent vulvar pruritus for six months, unresponsive to medical treatment. Physical examination revealed exophytic vulvar lesions in the periclitoral area and bilateral inguinal lesions on a background of lichen. No cervical or vaginal abnormalities were found on speculum and vaginal examination. Biopsy of the vulvar and inguinal lesions showed suspicious histological features of verrucous carcinoma. Imaging with perineal and pelvic MRI showed a lesion with irregular borders in the periclitoral fat, bilateral inguinal adenomegaly, and extension into the interfescial groove.



Figure 1: vulvar lesions