



Case Report

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Carcinoma-in-Situ of the Vulva in a Developing Community

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Abstract

The vulva is a distinct anatomical female organ that has merited attention for long. From the 1970s, many cases of cancer at the in-situ stage had been published from mostly American centers with emphasis on local vulvectomy treatment. Therefore, this paper dwells on 6 cases collected in a Regional Pathology Laboratory patronized by women of the Igbo ethnic group who are living in a developing community in Nigeria. This was thanks to the auspicious establishment of a local histopathological data pool. It is to be noted that there was no follow up, the analysis being limited to basic clinical data.

Keywords: Vulva; In-situ cancer; Data pool; Epidemiology; Developing community

Introduction

An important paper was published recently from the Memorial Sloan-Kettering Cancer Center [1]. Its message included partial superficial skinning vulvectomy. Therefore, this paper dwells on vulvectomy specimens collected from the Ibo/Igbo ethnic group [2], who are domiciled in a developing community in South-eastern Nigeria. Thanks to the establishment of a Regional Pathology Department in its Capital city, Enugu, the author was able to use its histopathology data pool as was recommended by a Birmingham (UK) group as being fit for epidemiological analysis [3].

Investigation

A typical example may be given as well as tabulated data.

Case Report

OC, 30-year-old woman, presented with vulval swelling of a year's duration. The growth was slow and not painful. On examination, there was a firm, non-tender swelling in the left labium majus. This was completely excised. The 5 x 2 x 1.5 cm polypoid mass was received personally. Microscopy revealed much thickened epidermis. Mitotic figures abounded in all its layers. However, transgression of the basement membrane was not evident. Excision appeared complete and carcinoma-in-situ was diagnosed.

Results

The ages ranged from 30 to 52 years (average 47 years). One case was provisionally diagnosed as Lichen Sclerosus but the rest were suspected to be cancerous. Of the centers from which the specimens were submitted, half was from Enugu and the rest from Missionary Hospitals (Table 1).

Table 1: Epidemiological data on vulvar carcinoma-in-situ in a developing community.

S/No	Labe No	Initials	Age	Parity	Symptom	Diagnosis	Town
1	H 459/83	EF	45	-	Itching	Cancer	Afikpo
2	UH 279/89	OA	51	0	Itching	Lichen sclerosus	Enugu
3	UH 453/90	AV	55	8	Ulcer	Early cancer	Nsukka
4	UH 2747/90	OC	30	-	Swelling	Cancer	Enugu
5	9202165	AV	50	8	Wound	Cancer	Enugu
6	971/91	CR	52	12	Ulcer	Cancer	Afikpo

Discussion

The last named hospitals are indicative of the role of foreigners in health services in a developing community. How do the derived data compare with worldwide experience? There is the question of the accuracy of the diagnosis [4]. Needless to say, the author personally made it. Concern about multiplicity

and occult invasion has led authorities to recommend total vulvectomy in the management of carcinoma in situ of the vulva [5]. In my experience, mostly small pieces scarcely up to 5 cm across were submitted.

A large group has been followed from 1 to 15 years [6] or with relation to results obtained with various treatment methods [7]. In the present group, this was not done.

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