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Case Report

Vulvar Carcinoma Presenting As Inguinal Boil

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ABSTRACT

Vulvar carcinoma, a rare malignancy, accounts for less than 1% of all cancer diagnoses and 3-5% of malignancies of female genital tract. This case emphasizes the importance of careful inspection of vulva in any patient confronted with inguinal complaints and underlines the need for careful histopathological correlation.

Key words: Inguinal boil, vulvar cancer, vulvar carcinoma.

INTRODUCTION

Vulvar cancer is a rare malignancy of the female genital tract. Delay in diagnosis is a common problem because most patients are asymptomatic. Warty appearance of lesions is also frequently misleading. A careful inspection of the vulva should be part of every gynecologic examination and any lesion of the vulva warrants a biopsy. Here, we report the case of a 60 year old patient of vulvar cancer, where the lesion presented as inguinal boil.

CASE REPORT

A 60 year old menopausal female presented to us with history of fever with swelling and pain in the right groin for 3 days. The swelling, which was diagnosed as inguinal boil by some clinician, had ruptured spontaneously, discharging purulent material (Figure 1).

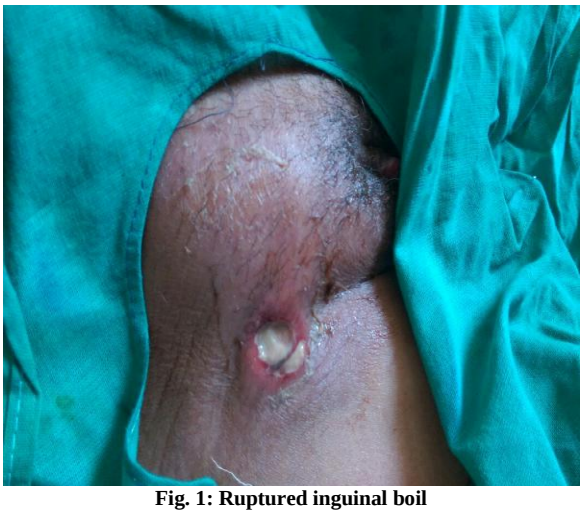

Fig. 1: Ruptured inguinal boil

This was preceded by fullness and dull ache in the ilio-inguinal region for 2 months. There was no past history of pruritus vulvae or vulval dystrophy. General physical examination revealed no physical abnormality except right inguinal lymphadenopathy with local cellulitis, induration and a boil which had ulcerated

discharging purulent material. On examination of the perineum, we observed a growth on vulva, involving the labia majora and minora, irregularly lobulated, with multiple ulcerated areas (Figure 2, 3). Provisional diagnosis of squamous cell carcinoma of vulva was made with slight suspicion of a rare possibility of chancroid. Biopsy was taken and sent for histopathologic correlation. Reports revealed vulvar carcinoma, confirming our diagnosis. Inguinal lymphadenopathy and inflammation was probably reactionary to infection superimposed on the carcinomatous growth. Ultrasound of abdomen and pelvis was normal. We, hereby, emphasize the importance of a careful examination of the vulva in very gynecologic examination.

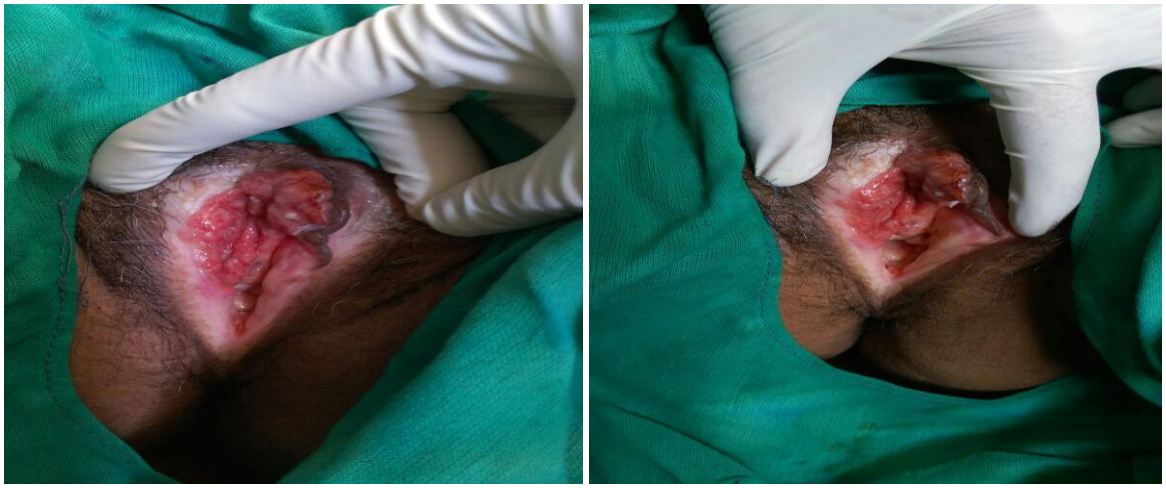

Fig. 2 & 3: Vulvar Carcinoma

DISCUSSION

Vulvar cancer is a rare malignancy, accounting for less than 1% of all cancer cases and 3-5 % of all malignancies of the female genital tract. [1,2]The labia majora are the most common site involved followed by labia minora. [1,3] Squamous cell carcinoma is the most common histologic type. [1,2] Most patients are postmenopausal and mean age at diagnosis is about 65 years. [1,3] Most patients are asymptomatic at the time of diagnosis. [1] Symptomatic patients mostly report with vulval lump or ulcer or vulval pruritus. [1,3] Histopathology of wedge biopsy specimen confirms diagnosis. [1,2] Lymphatic spread occurs early. [1] Management has to be individualized for every patient for primary lesion as well as groin node resection. [1]

Vulvar carcinoma is usually raised, fleshy, ulcerated, leukoplakic or warty in appearance. [1,3] However, most patients are asymptomatic. [1,2] Physician delay is a common problem in diagnosis, especially in warty lesions. [1] Careful examination of the vulva and histopathological correlation is required to avoid delay in diagnosis. [1,2]

CONCLUSION

Vulvar carcinoma is a rare malignancy and most cases remain asymptomatic at diagnosis. Vulvar mass or vulvar pruritus is the most common symptoms reported. Delay in diagnosis is a common problem in management. We reported a rare case where vulvar carcinoma presented as painful inguinal boil with fever. Careful clinical examination of the vulva and histopathology of vulvar lesion

confirmed biopsy, thereby emphasizing the importance of examination of vulva in any patient confronted with inguinal complaints.

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