

Malignant tumors of the vulva and vagina

'Vulvar and vaginal cancer'^{[1] [2]} are invasive tumors developing from '[[Gynecological precancerous lesions |]]' '. With cervical cancer and cancer, they are part of the neoplastic syndrome of the lower genital tract. It is most often a squamous cell carcinoma with the same cause as precancerous lesions, ie chronic infection with oncogenic strains HPV 'in combination with insufficient intervention of the immune system. Risk factors are indicators of risky sexual life (promiscuity - more than 6 sexual partners in life, early coitarché, sexually transmitted infections - especially chlamydia and HSV-2, hormonal contraception, high number of children) and the influence of the immune system (smoking, immunosuppression, immunoincompetence).

The diagnosis is based on gynecological examination with colposcopy and cytology and after histology.

 For more information see *Prevention of gynecological tumors*.

Vulvar cancers

The annual incidence is around 4/100 000 women^[3]. The most common is 'squamous cell carcinoma' (approx. 90%), the second most common type is 'malignant melanoma' (approx. 6%), adenocarcinomas are rare (units 1%), even more so malignant mesenchymal tumors.

Squamous cell carcinoma

It has two peaks, the first of which is in women aged 35-55, who develop from a classic type of VIN (HPV positive)^[1]. In postmenopausal women, the second peak is carcinoma developing from a differentiated VIN (HPV negative)^[1]. These cancers are more aggressive, they metastasize earlier. Staging is according to TMN or FIGO classification (T1, FIGO I only vulva area, perineum <4 cm; T2, FIGO II only vulva area, perineum > 4 cm; T3, FIGO III lower urethra / lower vagina / anus; T4 urinary bladder / upper urethra / upper vagina / rectum). The treatment is surgical according to the stage: wide excision / simple vulvectomy (up to 1 mm), radical vulvectomy with bilateral inguinal femoral lymphadenectomy (over 1 mm, three-section technique) with sentinel node detection. Radiotherapy is used as a stand-alone modality or adjuvant.

Melanoma

The maximum occurrence is in the sixth and seventh decades of life^[1]. Staging is by depth of invasion (Breslow and Clark). The treatment is surgical (according to the stage wide excision, radical excision, radical excision with inguinophemoral lymphadenectomy, radical vulvectomy with inguinofemoral lymphadenectomy) with sentinel node search.

Vaginal cancer

Vaginal cancers have an annual incidence of about 0.9 / 100,000 women^[4]. The most common are 'metastatic tumors', followed by 'squamous cell carcinoma'^[1]. Clear cell carcinoma is the result of exposure to diethylstilbestrol (DES) previously used to maintain pregnancy^[1].

Metastases

It is an overgrowth of tumors: cervix, vulva, rectum, bladder^[1]. May metastasize: endometrial cancer, choriocarcinoma, Grawitz kidney cancer^[1]. The treatment is according to the primary site.

Squamous cell carcinoma

These are mainly postmenopausal women. Tumors spread invasively, metastasizing lymphogenically in the lower part to the inguinal femoral nodes, in the upper part to the pelvic nodes. Staging is according to FIGO or TMN classification: (FIGO I, T1 vaginal wall; FIGO II, T2 paravaginal tissue; FIGO II, T3 pelvic wall; FIGO IVA, T4 bladder / rectum / out of pelvis; FIGO III, N1 regional nodes; FIGO IVB , M1 distant metastases). Treatment is by stage, in the lower stages (T1, T2) the treatment is surgical (partial or total colectectomy or radical hysterectomy according to the type of disability), in higher radiotherapy (brachytherapy with telotherapy).

Links

Source

- ws:Zhoubné nádory vulvy a pochvy

Related Articles

- Gynecological malignancies
- Precancerous diseases in gynecology
- Cervical tumors

External links

- www.onkogyn.cz (<http://www.onkogyn.cz/>) (eg current '*TNM classification*', this is the *Oncogynecological Center of the General Hospital* website)

Reference

1. ROB, Luke – MARTAN, Alois – CITTERBART, Karel. *Gynecology*. 2. edition. Galen, 2008. 390 pp. pp. 181-188. ISBN 978-80-7262-501-7.
2. STRAW, Jiří. *Precancerous lesions* [lecture for subject Gynecology and obstetrics pre-state internship, specialization General medicine, 1st Faculty of Medicine Charles University in Prague]. Prague. 13.2.2014.
3. Web portal - Epidemiology of cancer in the Czech Republic. *Diagnosis report: C51 - ZN vulva* [online]. ©2013 (data for 2010). [cit. 2014-02-19]. <<http://www.svod.cz/report.php?diag=C51>>.
4. Web portal - Epidemiology of cancer in the Czech Republic. *Diagnosis report: C52 - ZN of vagina, vagina* [online]. ©2013 (data for 2010). [cit. 2014-02-19]. <<http://www.svod.cz/report.php?diag=C52>>.