

Vulvar Cancer at Srinagarind Hospital

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มะเร็งปากช่องคลอดในโรงพยาบาลศรีนครินทร์

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ภาควิชาสูติ-นรีเวชวิทยา คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่น

ตั้งแต่ มกราคม 2521 ถึง กันยายน 2528 มีผู้ป่วยมะเร็งปากช่องคลอดที่ได้รับการวินิจฉัยและรักษาในโรงพยาบาลศรีนครินทร์ ทั้งหมด 23 ราย ผู้ป่วยมีอายุตั้งแต่ 25 ถึง 78 ปี เฉลี่ย 52 ปี ส่วนใหญ่มีภูมิลำเนาอยู่ในจังหวัดขอนแก่น นอกนั้นมาจากส่วนอื่น ๆ ของภาคตะวันออกเฉียงเหนือ จำนวนครั้งของการตั้งครรภ์มีตั้งแต่ 0 ถึง 16 ครั้ง เฉลี่ย 7.35 ครั้ง อาการคันปากช่องคลอดเป็นอาการนำ ตามด้วยแผล ก้อน ตกขาว และแผ่นขาวที่ปากช่องคลอด ประมาณร้อยละ 40 ของผู้ป่วยเป็นระยะที่สอง มีระยะที่หนึ่งประมาณหนึ่งในสี่ของผู้ป่วย อีกร้อยละ 30 เป็นระยะที่สามและสี่ ผู้ป่วยร้อยละ 52 มีก้อนเนื้อออกปฐมนิยามอยู่ที่คลิทอริสและแคมทั้งสองข้าง ร้อยละ 90 เป็น squamous cell carcinoma.

ผู้ป่วยประมาณร้อยละ 75 ได้รับการรักษาโดยการผ่าตัด radical vulvectomy ร่วมกับ groin nodes และ/หรือ pelvic nodes dissection อัตราชีวิตอยู่รอดห้าปีของผู้ป่วยทั้งหมดเท่ากับร้อยละ 80.49 โดยกลุ่มที่ได้รับการผ่าตัดมีอัตราชีวิตอยู่รอดห้าปีร้อยละ 92.86 ส่วนกลุ่มที่ไม่ได้รับการผ่าตัดไม่มีผู้ป่วยมีชีวิตอยู่รอดถึงห้าปีเลย ผู้รายงานแนะนำให้ทำผ่าตัด radical vulvectomy ร่วมกับ bilateral groin nodes dissection เป็นวิธีการแรกในการรักษา ส่วนการรักษาอื่น ๆ ให้พิจารณาเป็นกรณีพิเศษ.
(ศรีนครินทร์เวชสาร 2529; 2 : 133 - 7)

From January 1978 through September 1985, 23 cases of vulvar cancer were diagnosed and treated at Srinagarind Hospital. The patients' age varied from 25 to 78 years with the mean of 52 years. Most of them came from Khon Kaen area, others from different parts of the northeast. Number of deliveries ranged from 0-16 with the mean of 7.35. Itching of the vulva was the predominant symptom followed by ulceration, vulvar mass, leukorrhea and leukoplakia. About

forty percent of the patients were in stage 2, one-fourth were in stage 1, whereas stage 3 and 4 comprised about 30%. Most patients (52%) had the primary at the clitoris and both labia with fungating masses. Ninety percent were squamous cell carcinoma.

About 75% had been treated by radical vulvectomy with groin nodes and/or pelvic nodes dissection. The five-year survival rate for the

whole series was 80.49%, for the surgical cases 92.86% and 0% for the non-surgical cases. The authors recommended radical vulvectomy with bilateral groin nodes dissection to be the first choice of treatment. Other adjuvant therapy should be considered for each special category. —X—

Vulvar cancer is an uncommon disease and comprises about 3% to 4% of the female primary genital malignancies. It ranks fourth incidence among female genital malignancies, being preceded by cervical, ovarian and endometrial cancer. The conventional therapy for vulvar cancer in the past 30 years has been radical vulvectomy with inguinal and pelvic lymphadenectomy. This radical surgery approach has resulted in well-documented improved patient survival.⁽¹⁾ In the last two decades, this procedure has been applied to patients with great skill and unprecedented support, resulted in markedly diminished morbidity. Frequently this procedure has been carried out in the ninth and tenth decades of life with surprising safety. However, one aspect of the morbidity has remain unaltered, this relates to the serious impact this procedure has on both sexual function and body image.

Srinagarind Hospital has been opened as a teaching hospital in the faculty of medicine at Khon Kaen University since 1976, but the first case of vulvar cancer entered at 1978. This study was undertaken to review the epidemiology, treatment and the follow up profile of the patients with vulvar cancer in this hospital from the beginning upto the end of September 1985.

Materials and Methods

From January 1978 to September 1985, 23 patients with primary invasive carcinoma of the vulva were diagnosed and treated at Srinagarind Hospital, Faculty of Medicine, Khon Kaen University. The hospital is a tertiary care referral center responsible for all the northeastern area.

The patient records were reviewed. The follow up informations were obtained from the gynecological tumor clinic, the hospital-based cancer registry and mailing to the patients relatives and head of the villages (phu-yai-ban). The life-table was used for computations of the survival rates.⁽²⁾

Results

From January 1978 to September 1985, 23 cases of vulvar cancers were admitted and treated at Srinagarind Hospital (Table I). The age of the patients varied from 25 to 78 years with the mean age of 52 years (Table II).

Table I Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Year	No. of cases	Percentage
1978	1	4.35
1979	2	8.69
1980	2	8.69
1981	1	4.35
1982	2	8.69
1983	3	13.04
1984	8	34.78
1985	4	17.39
Total	23	100.00

The patients came from different parts of the north-eastern provinces, mostly from Khon Kaen. All patients were Thai and Bhuddhist. Twenty-two (95.65%) cases were farmers, only one (4.35%) was a house-wife. All were married with 19 (82.61%) couple, 3(13.04%) widow and one (4.43%) divorced.

The mean age of menarche was 15.73 (S.D. 0.88) with mean age at first pregnancy 19.45 years (S.D. 2.22). Twenty-two cases (95.65%) had only one sexual partner, only one case (4.35%) had two. The parity ranged from 0 to 16, with the mean of 7.35 (S.D. 3.69).

The symptoms and signs with duration were shown in Table III. The most common

symptom was itching of the lesion, ulcer and mass were also common. The duration ranged from one month to 20 years.

According to FIGO staging, the patients were clinically stage 1 to 4. Most patients were in stage 2 (43.48%) as show in Table IV. The location of the primary tumor were shown in Table V. Most cases had the primary lesion at the clitoris and both labia with fungating and ulcerative lesion (Table VI). Twenty-one cases (91.35%) were squamous cell carcinoma, one was malignant mixed mullerian tumor and one was basal cell carcinoma (Table VII).

Table II Age Distribution of Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Age	No. of cases	Percentage
25-29	1	4.35
30-34	2	8.69
35-39	1	4.35
40-44	3	13.04
45-49	4	17.39
50-54	2	8.69
55-59	2	8.69
60-64	3	13.64
65-69	4	17.39
70-74	0	0
75-80	1	4.35
Total	23	100.00

Mean age = 51.69 S.D. = 13.54

Range = 25.78

Table III Signs and Symptoms and Durations for Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Signs/Symptoms	No. of patients	percentage	Duration
Itching at the vulva	17	73.91	2 mos. - 20 yrs.
Ulceration	15	65.22	1 mos. - 2 yrs.
Mass of the vulva	8	34.78	2 mos. - 10 yrs.
Leukorrhea	4	17.39	2 mos. - 1 yrs.
Leukoplakia	3	13.04	1 yrs. - 10 yrs.
Bleeding	1	4.35	1 mo.
Abdominal pain	1	4.35	2 mos.

Table IV Stage of Vulvar Cancer at Srinagarind Hospital, 1978-1985.

Stage	No. of patients	Percentage
1	6	26.09
2	10	43.48
3	6	26.09
4	1	4.35

Table V Location of the Primary Sites of Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Locations	No. of patients	Percentage
Clitoris & both labia	12	52.17
Right labia	4	17.39
Fourchette - both labia	3	13.04
Left labia	2	8.69
Clitoris only	2	8.69
Total	23	100.00

Table VI Gross Lesions of Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Lesions	No. of patients	Percentage
Fungating mass	12	52.17
Ulcerative lesion	10	43.48
Infiltrative lesion	1	4.35
Total	23	100.00

Table VII Cell Type of Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Cell type	No. of patients	Percentage
Squamous cell carcinoma	21	91.35
Malignant mixed mullerian tumor	1	4.35
Basal cell carcinoma	1	4.35
Total	23	100.00

Different modalities of treatment had been performed in this hospital during the past 6 years (Table VIII). Seventeen patients had been operated, radical vulvectomy with inguinal with or without pelvic node dissection (73.92%). There were four patients without treatment, these were due to either refused to treatment or unsuitable for operation. One had been treated by radiotherapy, one had electrical cauterization only.

The follow up profile was shown in Table IX. Fourteen cases were still alive upto the end of September, 1985 (absolute survival rate 60.87%). The survival curve was depicted in Figure 1. The 5-year survival rate for the whole series was 80.49%, 92.86% for the surgical cases and 0% for those of untreated cases.

Table VIII Treatment of Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Treatment	No. of patients	Percentage
No treatment	4	17.39
Electric cauterization	1	4.35
Radiotherapy only	1	4.35
Radical vulvectomy & groin nodes dissection	11	47.83
Radical vulvectomy & groin & pelvic nodes dissection	6	26.09
Total	23	100.00

Table IX Follow-up Profile of Vulvar Cancers at Srinagarind Hospital, 1978-1985.

Patient status	No. of patients	Percentage
Recurrence	1*	4.35
Dead from cancer	4	17.39
Loss to follow-up	5	21.74
Alive & well	14	60.84

* Recurrence and dead

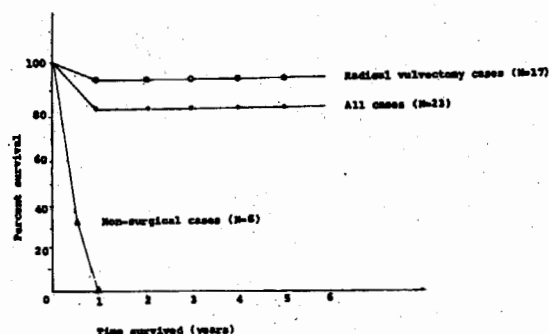


Figure 1 Survival curve of the patients with carcinoma of the vulva at Srinagarind Hospital, 1978-1985.

Discussion

Historically, cancer of the vulva has accounted for 3% to 5% of all female genital malignancies. This was the preliminary review of vulvar cancer in this hospital since 1975. Comparing to cervical cancer in the same period, vulvar cancer was rare. Green reported that in his experience, carcinoma of the vulva accounted for 5% of all the patients with gynecologic malignancies seen from 1952 through 1961. But in the next 12 years it increased to 8% which appeared that the incidence was increased.⁽³⁾ Despite marked increased in numbers of cervical cancer, vulvar cancers were steady.⁽⁴⁾

Vulvar cancer, with exception of the rare sarcomas, appears most frequently in women at the age of sixties, and in some reports nearly half at seventy or older.⁽⁵⁾ The mean age of the patients in our series was about 52 years old which was a little bit young. The youngest patient was only 25 years. Rutledge and associates at the M.D. Anderson Hospital and Tumor Institute noted that about 15% of all vulvar cancers occur in the women under the age of 40.⁽⁶⁾

The patients came from nearly all provinces of north-eastern part of Thailand, mostly from Khon Kaen which is the normal pattern of all diseases at Srinagarind Hospital. This is not because of higher incidence of vulvar cancer in Khon Kaen, but better communication.

Many of the associated features seen in patients with vulvar cancer, such as diabetes, obesity, hypertension, and arteriosclerosis, may just reflect the increased incidence as one gets older. The clinical profile of the patients in our series was in consistent with the previous reports, itching, ulcer, and masses of the vulva were the common symptoms and signs.

According to FIGO staging system, most patients had stage 2 and 3 diseases, the lesions were likely to extend to clitoris and both labias. It indicated that long duration had been delayed or neglected. The pathological feature of vulvar cancer was similar to that of cervical cancer, the rare cases of malignant mixed mullerian tumor and basal cell carcinoma are interesting.

Radical vulvectomy with inguinal lymphadenectomy is the standard treatment for all stage of vulvar cancer in our hospital. Pelvic lymphadenectomy should be done in selected cases of palpable groin nodes. Adjuvant radiotherapy or chemotherapy should follow after positive inguinal or pelvic nodes. There were four patients with no treatment. Three of them refused further treatment, while another one was an old and cachectic stage 4-patient who was unsuitable for radiotherapy or surgery. One had been treated only by electrical cauterization but missed the next step of appointed treatment. Primary radiotherapy was given in one case but she died two months after completion of the last radiation course. For the seventeen cases of surgery, there was only one recurrent case detected on the last follow up.

The five-year survival rate for surgical cases was 92.86% compared to 80.49% of total cases and no single case of non-surgical patients alive up to one year. They died within one to seven months after treatment. Using the life-table method^(2,7) Iversen reported the five-year survival rate of 67% for the total 424 patients with 93% for stage 1, 75% for stage 2 and 50% for stage 3. For the surgical treatment, the five-year survival rate was 85% for stage 2 and 65% for stage 3. Podratz et al⁽⁸⁾ reported the overall five-year survival rate for 224 patients with invasive squamous cell carcinoma was 75%. The changes in the slope of the survival curve in our series occurred at the first year, with its subsequent nearly parallel course. This suggested that most untreated cases died within one year. The detail of surgical complications and follow up profile should be presented in the next report after collecting more cases.

By the short period of experience and limited amount of patients, surgery is still the most appropriate first choice of treatment of vulvar cancers. Chemotherapy should be considered as an adjuvant therapy in the future in those who had recurrence after surgery.

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