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A rare case of primary vulvar malignant melanoma: pathogenesis, investigations, and management.

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Key words

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Introduction

Vulval cancer is a rare type of malignancy which accounts for 6% of gynaecological malignancies and 1% of all cancers in women with an incidence rate of 1.7/100,000. The majority of the Vulval cancers are squamous in origin. Non-squamous cancers of the vulva account for 10% of all vulvar cancers. They include Bartholin's gland cancer, malignant melanoma, Paget's disease, sarcomas, dermato-fibrosarcoma protuberans, Kaposi's sarcoma, metastatic malignant disease, and lymphomas. Among them vulval melanoma is the commonest. Primary malignant melanoma of the vulva is an aggressive and a rare gynaecological malignancy. Three patterns of vulval melanoma are identified, namely mucosal lentinginous (commonest), superficial spreading and nodular. Breslow's thickness of invasion (invasion greater than 1.75 mm has a high risk of recurrence), ulceration and amelanosis are significant prognostic factors. Surgical excision of the lesion with wide margins remains the mainstay of the treatment.

Case Report

A 63-year-old mother of two, initially presented to local hospital with a history of hyperpigmented nodular growth located on the inner side of the right labia majora, 10 mm from the clitoris. This lesion was biopsied and reported by an outside institution as a nodular malignant melanoma of the vulva, Breslow thickness – 10mm, Clerk level 5 and pTNM stage – pT4BNxMx. Immunohistochemical stains are strongly positive for HMB-45 & negative for CK(AE1/AE3). The patient was then referred to the gynaecological oncology institute. At the time of her presentation, the patient had no significant past medical or surgical history. On physical examination, she had multiple hyperpigmented lesions in the vulva but there were no similar lesions elsewhere in the body. Palpation of the inguinal lymph nodes did not reveal any disease. A computed tomography (CT) scan of the head, chest, abdomen and pelvis reported no local recurrence or evidence of distant metastasis. A hysteron-colpectomy with vulvectomy was carried out. Histological examination showed residual malignant melanoma confined to epidermis. It is situated 1.5cm from the deep resection margin. Then the patient was referred to the Oncology team for further management.

Conclusion

Breslow's thickness of invasion (invasion greater than 1.75 mm has a high risk of recurrence), ulceration and amelanosis are significant prognostic factors. Surgical excision of the lesion with wide margins remains the mainstay of the treatment.