

# Vulvar adenocarcinoma: visual resemblance to a vulvar abscess

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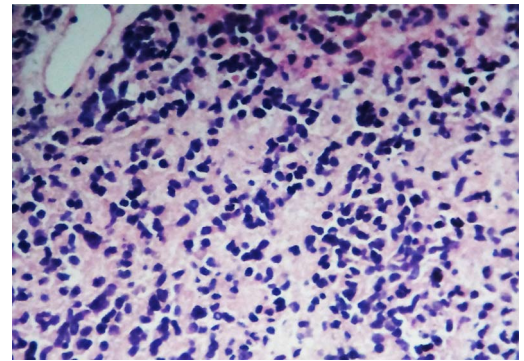
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## DESCRIPTION

Abscesses of the vulvar and perineal regions are fairly common and very painful clinical entities warranting urgent surgical drainage. Here we describe the case of a woman who visited her primary care physician with symptoms of redness, swelling and severe pain over the right vulva (figure 1). As the patient had first noticed these symptoms less than a week previously, their



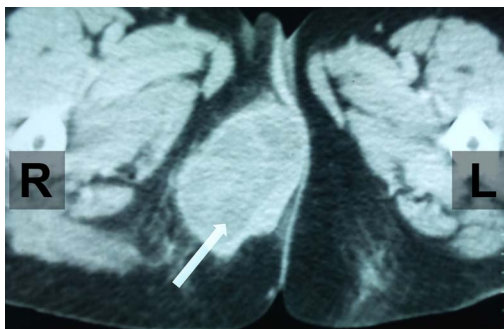
**Figure 1** Clinical appearance at presentation. Features of acute inflammation, such as swelling and redness can be seen. The right vulva and the perineum were exquisitely tender.



**Figure 3** Histopathology demonstrating an adenocarcinoma with brisk mitotic activity.

apparently acute onset suggested a clinical diagnosis of vulvar abscess. However, this diagnosis was quickly shown to be incorrect when imaging (with ultrasonography and CT) demonstrated the presence of a mass within the vulva (figure 2). A biopsy of the lesion yielded a histopathological diagnosis of adenocarcinoma (figure 3). Most vulvar cancers are squamous cell carcinomas, with the remaining being adenocarcinomas, basal cell carcinomas, melanomas and sarcomas.<sup>1 2</sup>

The patient was also found to have multiple retroperitoneal lymph node deposits, as well as bilateral pulmonary metastases. Systemic chemotherapy with paclitaxel and carboplatin was initiated but the patient died 32 weeks after diagnosis. The presence of malignancy may not have been noticed by the patient earlier because the condition was not painful in the initial stages. The acute onset of pain in this case could possibly be due to abrupt enlargement or superadded infection.



**Figure 2** CT section demonstrating the presence of a solid mass lesion beneath the superficial inflammation.

## Learning points

- ▶ Vulvar cancers are rare, comprising less than 4% of all gynaecological malignancies.
- ▶ Up to 90% of vulvar cancers are squamous cell carcinomas, with the remaining 10% comprising adenocarcinomas, basal cell carcinomas, melanomas and sarcomas.
- ▶ Given the rarity of vulvar malignancies, clinical suspicion remains low and they are very commonly mistaken for abscesses.

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## REFERENCES

- 1 Hacker NF. Vulvar cancer. In: Berek JS, Hacker NF, eds. *Practical gynecologic oncology*. 3rd edn. Philadelphia: Williams and Wilkins, 2000:553–96.
- 2 Nayak AU, Sundari N, Nandini G. Wolf in lamb's skin: vulval carcinoma mimicking Bartholin gland abscess. *Indian J Sex Transm Dis* 2009;30:46–7.

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