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Invasive Cancer of the Vulva: Clinical and Therapeutic Aspects in the Gynecology and Obstetrics Service at Donka Hospital, Guinea- Conakry

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Abstract

It was a retrospective and descriptive study based on the calculation of the frequency, and to describe the clinical epidemiology, anatomopathologics and therapeutics aspects of the vulva cancers recorded between 1st of January 2005 to 31st of December 2014 at the service. We recorded 12 cases with Medium Age of 54 years, with extremity of 22 years and 84 years.

We noted 1% of vulva cancer among the 1234 cases of Gynecological cancers diagnosed in the service.

Two- third of the patients were elder than 55 years and the multiparous with 75%.

The prurition and the tumefaction were the principal motive of consultation among 41.66 %.

The tumor had epithelial origin in the clinical stage III in 50% of cases according to FIGO (2009).

3.6% of vulvectomy associated with lymphadenectomy in two-third and one case of radiotherapy.

The cancers cases recorded were invasive epithelium type in old age women. These were intended to allow precocious diagnose and adequate taking care of the disease.

Keywords: Vulva-cancer-histopathology; Treatment-Guinea

Introduction

The vulva cancer, a malign proliferation usually develop on all the external genital organs of the women [1,2], represents 3% of the Gynecological cancers [3]. It is an old age disease of the women, rare indeed in the young age women.

Most of the vulva tumors are associated with Human Papilloma Virus (HPV) 16 [4].

The young age women cancers appears at the age 40-50 years old with the first signs but sometimes pass an accountable. The general symptom is the prurition which is usually treated without notification.

The diagnostic process of the vulva cancer is based on clinical and histological methods.

The time required to diagnose is late in is always with a surgical remedy and a reserve prognosis.

The developing countries recorded 72% death in the world [5].

The objective of this study was to calculate the frequency of the vulva cancer, to describe the clinical, epidemiology and therapeutics aspects of vulva cancer.

Material and Method

It is retrospective and descriptive study of 10 years done from the 1st of January 2005 to the 31st of December 2014 in the service of Gynecology and obstetrics at Donka Hospital, in Conakry Guinea.

We included all the hospital cards of patients received and admitted for a purpose of vulva cancer proof clinically and histologically and those who were accepted by journal.

Variable studied were socio- demography, history of Gynecological, obstetrics and other factors influencing the cause of vulva cancer.

Our studies was Analysis by the help of word 2010, excel, Epi-info and SPSS.

Results

Epidemiological aspect

The frequency: The vulva cancer is rare with 12 cases among 1234 about 1%.

Medium age

The medium age during the diagnosis was 54 years with extreme of 22 and 84 years. 75% of women were olded than 55 years and menopause.

The socio-economic level

The women have low socio-economic level married women 5% housewife 67% and multiparous 75%.

Clinical aspects

Parity: 75% of vulva cancer was found in multiparous with a polygamy sexual regimen (Figure 1).

The deal line between the date of consultation and the time of the

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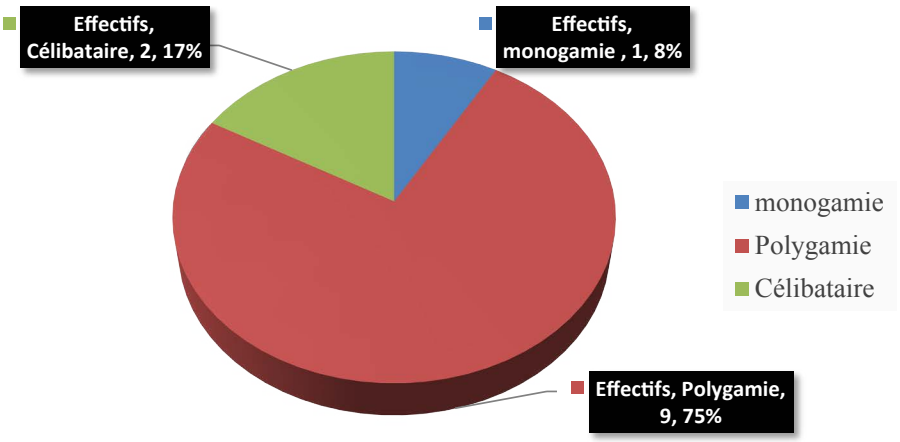

Figure 1: Distribution of the conjugal regimen (monogamy, polygamy, Bachelot).

Delay of consultation	Strengths	Percentage
1 year	3	25
2-3 years	3	25
4-6 years	5	42
≥ 7 years	1	8
Total	12	100

Note: Middle delay: 32 months Extreme: 6 months and 8 years

Table 1: Distribution according to the delay of consultation.

clinical sign: was at least 32 months with the extreme of 2 months and 8 years (Table 1).

The stage of discovery: 50% of our patients were only diagnosed at the step III A (Figure 2).

Anatomopathologic aspect: 75% of cases were squamous cell carcinoma (Figure 3).

Prognosis: The post-operative complications in 12% of cases were marked by lymphoedem. The survived age was not calculated because of unavailability due to lower social-economic, loss of link for the continuation of care.

Discussion

Epidemiological aspect

The frequency of cancer of vulva in our series is the same as reported by all studies on Gynecologic cancer in black Africa. The 1.5-1.8% in Benin in 2013 during 9 years period [6] for Crosble and collaborator [7], the vulva cancers represents almost 1% of women cancers and 5% of Gynecologic causes. It is a rare pathology, essentially found in old age women.

The Medium age 54 years is inferior to 61 years with the extreme ages 32 and 90 years which was mentioned by Zaidi and collaborator at the national institute of oncology in Rabat Morocco [8] in 2012. In France, the Medium age is 70 years [7].

The vulva cancer HPV negative (60%), appear lately at age 70-80 years [8]. the augmentation of life experience of women in this country would explain this difference of age with our study.

The frequency raised of housewives and brides in our set, distinctly

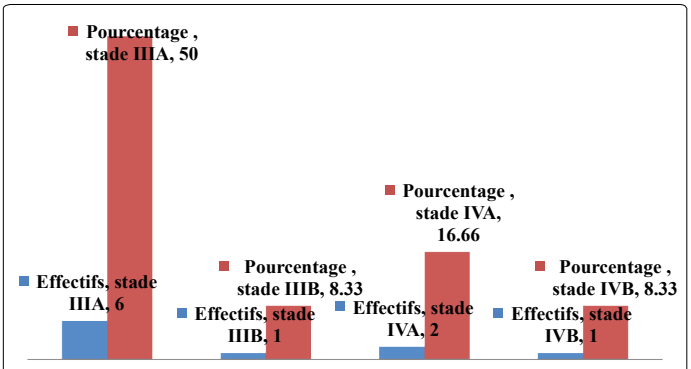

Figure 2: Repartition of the stade of FIGO (2009).

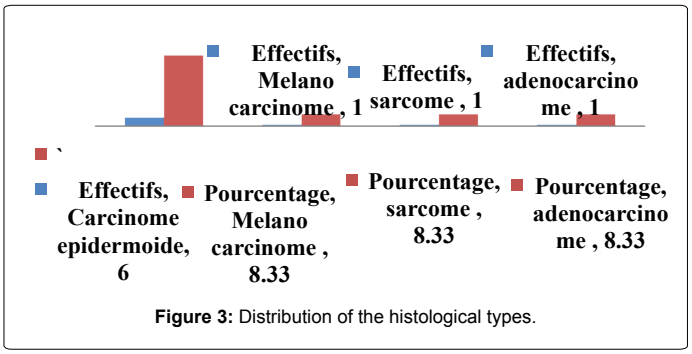

Figure 3: Distribution of the histological types.

lower to the one of 90% brought back in 2012 to Morocco [9], would be in report to the low socioeconomic level of the patient.

The multipartite appeared like a factor of risk of cancer of the vulva is brought in other sets Moroccans [9,10]. The regime conjugal polygamy Figure 1 of our patient was brought back to a least proportion of 35% by Tonato Bagna in 2012 to Benin [6] women whose husband was several times bridegroom or that have partners extra conjugal could be exposed besides.

The middle delay of admission of 32 months with extremes of 2 months and 8 years (Table 1), would be bound to the ignorance of the patient too often disregarding the apparition of the first painless signs

of which the prurition that is not explored by practitioners. The rate of cancers vulvaires occurring on one classic WINE varies in the literature of 3-7% and increase in the absence of treatment. The delay of cancer apparition in this context is of less than eight years and can reach until 212 months in case of treatment [9].

The prurition and the swelling were the main motives of consultation in 41.66% each. To Morocco the prurition was recovered like motive of consultation to 90.5% in 2012 [10], and on the contrary in 2014, the swelling was there to 95% [11].

The prurition and the tumefaction represent equally with same proportion of motive of consultation. And were differently reported in Morocco with 90.5% in 2012 for the prurition [10] and the tumefaction 95% in 2014 [11].

Pain was associated with one of the principal motive of consultation and was the sign of delay stage with ulceration and infiltration in 41.66%.

The patients consulted at the stage III of figo 2009 (Figure 2) level in our study and that of which done Benin [6]. But on the contrary, at stage I and II in Mali in 2004 [12]; the vulva been an organ of surface facilitate the clinical and Para clinical investigation.

Judson and collaborators published in 2006 the biggest series of 13176 patients in USA for 74% of VIN and 26% of invasive cancers [13].

The histological type (Figure 3) of squamous cell carcinoma is reported in the literature [6,12,14,15], the last volume of the study is between 3.8 cm in Tunisia and 5.1 cm in Spain [16,17] were located on the external labial of the vulva with a cutanious covering, the first defense of the genital organ in terus of aggressively.

The absence of record of matastic in our study and that of the 82 patients in Moroco [9], could be the lack of extensibility of metastatic in vulva cancer and also insufficiency of materials for the direction of isolated cells and micro metastases for ultra-stratifications by the help of multiple mini cells analysis and immuno-histochemistry activity.

The total vulvectomy, with healing of gangliona and lymphodema in post-operative period was reported by Zaidi [8] and a radiotherapy post-operative amount to 32% and with 12% lymphodem cases for Garenstroom. And vulva surgery presented total of 20% complication [18]. The efficiency of the surgical method of care is satisfactory for the located stage, with a total recidivating of 1-10% [7].

The elevation of the number of house wife and married women in our studies is inferior to 90% as was reported in 2012 in Morocco [9], could be related to the low socio-economic level of our patients. The multiparous reported in the Morocain study [9,10] and our study, known as risk factor of vulva cancer, was associated to the polygamy with a bit proportion of 35% in Benin in 2013 [6]. The women whose husbands were polygamy or who had extra sexual partner were the most exposed (Figure 4).

The last duration of admission in our study, or less than 8years can reach as much as 212 months [9]. This long duration could be associated with ignorance of our patients of 1st clinical signs that is the prurition. The number of vulva cancer from 3-7% and the augmentation absence of treatment.

The adjuvant treatment destinated by radiotherapy are reserved in case of metastasis ganglion [19,20].

Conclusion

The vulva cancer is histo-morphological variation with a more epithelial type and often discovers lately in advance stage. It is supposed to be movement geared towards precocious diagnostic and care with the help of surgical expertise.

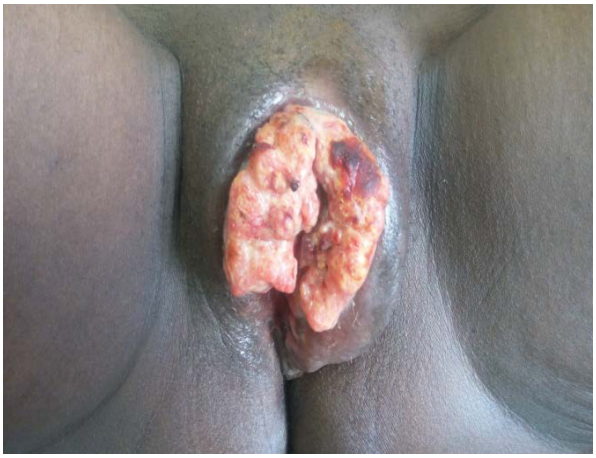

Figure 4: cancer invasif of the vulva (N KEITA).

Conflicts of Interests

There is no conflict of interests bound to this article.

Contributions of Authors

The Dr Camara conceived the protocol, supervised the collection of data and written the article. Dr Kéita D harvested data. Dr Léno, Magassouba and Baldés reread and corrected the article. Pr Kéita assured the coordination of all the team's work.

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