Case Report on Vulval Leukoplakia in Postmenopausal Woman

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ABSTRACT

The term vulvar leukoplakia is not a histological but a descriptive diagnosis meaning "white spot".[1] It is used for non-inflammatory diseases characterized by pathological modification of external genitalia multilayered flat epithelium that is accompanied by skin and mucosa cornification [1]. white lesions of the vulva, primarily occur due to secondary degeneration in the epidermis caused by microvascular lesions in the dermis [2], or as a result of growth disorders and epidermal cell degeneration caused by insufficient nutrient supply after nerves and blood vessels degenerate locally. [3] here we report a case of 60 year old postmenopausal woman presenting with pruritis vulva which was later diagnosed with squamous cell hyperplasia of vulva.

Keywords: postmenopausal, pruritis vulva, leukoplakia, clobetasol

CASE REPORT

A 60 year old female reported to OPD at Civil Hospital, Bhawarna with chief complaint of itching in vulval region for past 6 months. Patient was menopausal for 15 years. There is no history of postmenopausal bleeding. There was no history of diabetes mellitus, hypertension, thyroid disorder or family history of cancer. Itching was not accompanied by discharge per vaginum or dysuria. She was getting treatment for the same from local practitioner but not getting relieved of her symptoms. On local examination, there were white lesions over the prepuce and labia majora as shown in figure 1. On per-speculum examination, cervix and vagina was healthy. On per vaginal examination, uterus was postmenopausal size, firm, mobile, nontender and fornices clear.

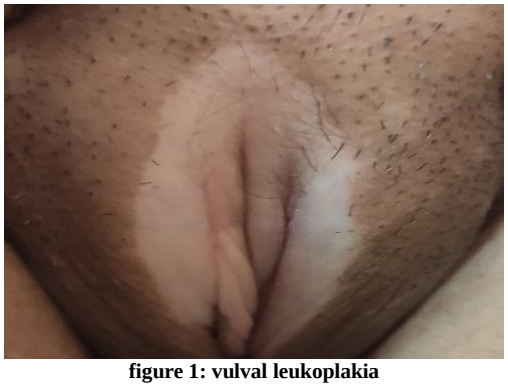

figure 1: vulval leukoplakia

After informed consent given by patient, lesional wedge biopsy was taken under local anesthesia and sent for histo- pathological examination. Patient was prescribed oral capsule itraconazole for 5 days and topical clobetasol propionate 0.05% at night time for 1 month. Patient reported with biopsy report after 1 week in which tissue showed epithelial hyperplasia with hyperkeratosis and bulbous rete ridges with subepithelial chronic inflammatory infiltrate. Patient was symptomatically relieved. Patient advised 6 monthly follow up.

DISCUSSION

Two non-neoplastic epithelial disorders of the vulva – vulvar LS (VLS) and squamous

cell hyperplasia of the vulva (SCHV) – are generally referred to as vulvar leukoplakia. They have different anatomical and pathological features, but similar clinical manifestations. The frequency is 1 in 300 to 1,000 [4]. Macroscopically, the vulva is shiny and dry, with no creases. Lesions are often symmetrical. The disease is more common in postmenopausal women [5]. It affects mostly women aged 50-59 [4]. Usual symptoms are pruritus, burning, or stinging of the vulva, white or grey patches of thickening or thinning on the vulvar skin. They have a malignant potential: 3 to 6% for VLS and 2 to 4% for SCHV [6]. It has been established that VLS patients can develop vulvar squamous cell carcinoma for several years – from 3.3 to 8.8 years [7]. About 80% of the cases of invasive squamous cell carcinoma (SCC) of the vulva in elderly patients are associated with untreated, long-term VLS conditions. [4] Treatment involves different approaches such as topical medications, platelet-rich plasma (PRP) therapy, various destructive techniques, e.g. ablative and non-ablative laser treatments, alcohol-mediated denervation and, in the last instance, surgical removal of the affected tissues.[8]

CONCLUSION

In our conclusion, Whitish vulval lesion can have malignant potential 2-6%. Therefore, these lesions need to be biopsied to rule out malignancy.

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Conflict of Interest: None

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