

## Case Report

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## Carcinoma-in-situ of the vagina in a developing community

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### Abstract

Concerning the Igbos of South-Eastern Nigeria, a series 6 cases was published with reference to vulval carcinoma-in-situ. Therefore, it is of interest that only one case of this type occurred in the vagina during the same period. The relevant epidemiological matters were discussed including the mean age of about 55 years.

**Keywords:** Carcinoma-in-situ, Vulva, Igbos, Developing Community.

### Introduction

Carcinoma-in-situ is a well known lesion in gynecological circles, especially with regards to the cervix<sup>(1)</sup>. Less well known is its occurrence in the vulva<sup>(2)</sup> as was reported recently in the vulva among the Igbos, an ethnic group in South Eastern Nigeria<sup>(3)</sup>. Since there were up to 6 cases of them, it was of interest that only one case of it occurred in the vagina. It deserves reportage.

### Case Report

NM, a 58-year-old, para 4, woman of the Igbo ethnic group, presented to the junior author (DT) with bleeding per vaginam intermittently for 5 months. On examination, she was very fatty. There were a few inguinal lymph nodes. The urethral office was tiny. The vagina showed hard areas, which bled on touch. It was biopsied.

The senior author (WO) received the 0.8 cm irregular whitish mass. On microscopy, there was an eroded area and another with epidermal thickening. The latter showed evidence of cellular atypia. As the basement membrane appeared intact, carcinoma in situ was diagnosed.

### Discussion

According to Evans<sup>(4)</sup>, "Sometimes a vaginal carcinoma in situ is associated with an epidermoid carcinoma of the cervix." It was not so in our patient.

In a wide ranging review of vaginal carcinoma in situ, Benedet and Sanders<sup>(5)</sup> stated that the age range was from 17 to 77, with a mean age of 55 years. Incidentally, our own patient was aged 58 years.

Lenehan's group<sup>(6)</sup> dealt with 59 consecutive cases of intraepithelial neoplasia. They noted that all the patients presented with abnormal Papanicolaou smear. This was not carried out in our patient.

Concerning treatment, Hoffman and associates<sup>(7)</sup> recommended upper vaginectomy for in situ carcinoma of the vagina. In our patient, this was not done as the patient was lost to follow up.

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