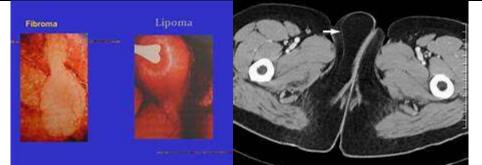
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XXI. Diseases of the Female Genital System

Fibrolipoma (with malignant change)			
Vulva:	• Is enlarged		
	Shows a tumour		
	The tumour:	Moderately-large	
		Pedunculated	
		Ovoid	
		Areas intersecting with each other	
		• Yellow and lobulated	
		Pale greyish-white Soft-firm in consistence	
		• With areas of necrosis, haemorrhage and destruction (slight)	

N.B.1:

• *Histologically it proved to be a benign tumour made up of fibrous and adipose fatty tissue with evidences of malignant change (sarcomatous).*



N.B. 2:

Diseases of the vulva I. Inflammatory:

1. Non-specific:

- (a) Part of pelvic inflammatory disease.
- (b) Association with pruritis and vaginitis.
- (c) Following pregnancy and post-operative interference.
- (d) Infection by pyogenic cocci, Cl. welchii and B. coli.

2. Gonorrheal:

(a) **In children** by contaminated articles and clothes helped **by lack of local defence due to non-cornification** of the epithelium of the vulva and vagina.

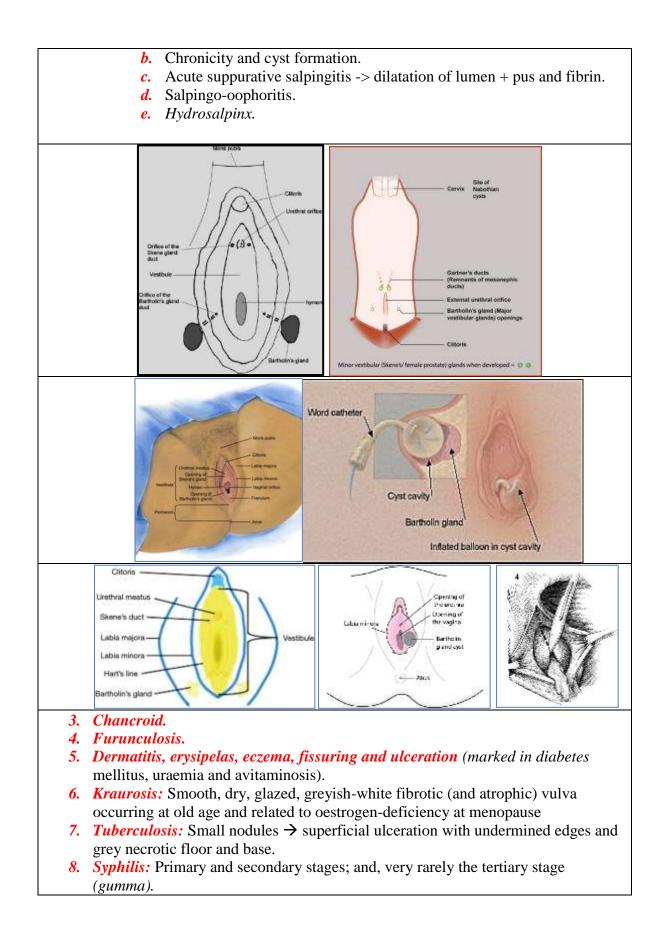
(b) In adults by sexual contact and dissemination of gonococci.

Sequences:

• Within a week from inoculation → acute suppurative inflammation → redness and oedema of orifices of Skene's ducts, Bartholin's glands, anterior urethra and/or endocervical glands without (or only with very slight) endometritis.

Sequels:

a. Sealed duct \rightarrow abscess.



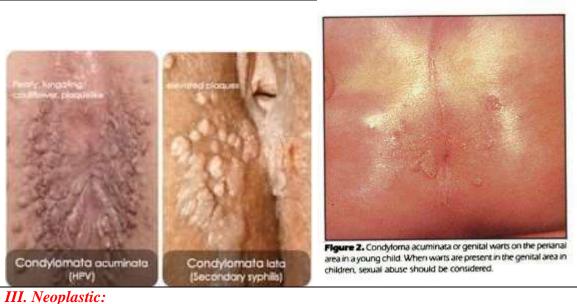
9. Lymphopathia venereum: Scarring; in case of females → drainage into the deep lymph nodes at the Ano-rectal region → rectal stricture,
10. Granuloma inguinale: Local destruction and deformity.



II. Proliferative:

1. Leucoplakia: Affection of vulva (totally or in a patchy manner) \rightarrow redness and swelling, then \rightarrow opaque, greyish-white, plaque-like thickening of the mucosa and skin \rightarrow wrinkling and retraction \rightarrow scaly deep fissures \rightarrow possible predisposition to carcinomatous formation.

2. *Warts (condyloma acuminata):* Viral, non-venereal lesion in the form of multiple, small (or large), fungating (cauliflower-like) masses -> superficial ulceration and infection.



1. Benign:

- (a) Papilloma; sebaceous and sweat gland adenomas.
- (b) Fibroma; neurofibroma; angioma.
- 2. Malignant:

(a) Carcinoma:

i. Squamous cell carcinoma \rightarrow an elevated, firm thickening \rightarrow malignant ulcer with heaped up margins and necrotic inducated base \rightarrow infection and

destruction \rightarrow rapid infiltration and metastases (early by lymphatics to regional lymph nodes, then haematogenous dissemination).

- (a) May be preceded by leucoplakia or papilloma.
 - a. Clinically, pain, itching and exudation.
- *ii.* Basal cell carcinoma (rodent ulcer).
- *iii. Malignant melanoma.*
- *iv.* Sweat-gland tumours and extra-mammary Paget's carcinoma of vulva (or sebaceous gland tumours).

(b) Sarcoma.

IV. Congenital:

- 1. Absence or-hypoplasia (from disordered ovarian and pituitary hormones).
- 2. Duplication (with or without double uterus).
- Imperforate hymen → accumulation of menstrual blood at adolescence → haematocolpos → haematometria → haematosalpinx → pelvic peritonitis or/and sterility.

V. Cystic:

- 1. **Bartholin's cyst:** A retention cyst (containing clear mucous secretion) appearing as a hemispheric mass (4 cm. in diameter) in the labia minora due to obstruction (by inspissated secretion) or inflammatory scarring of the excretory duct of Bartholin's glands.
- 2. *Bartholin's abscess:* A retention cyst + infection.

