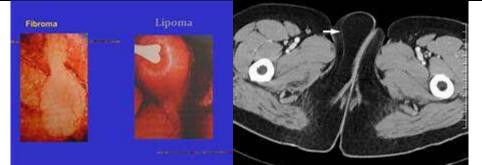
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XXI. Diseases of the Female Genital System

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.

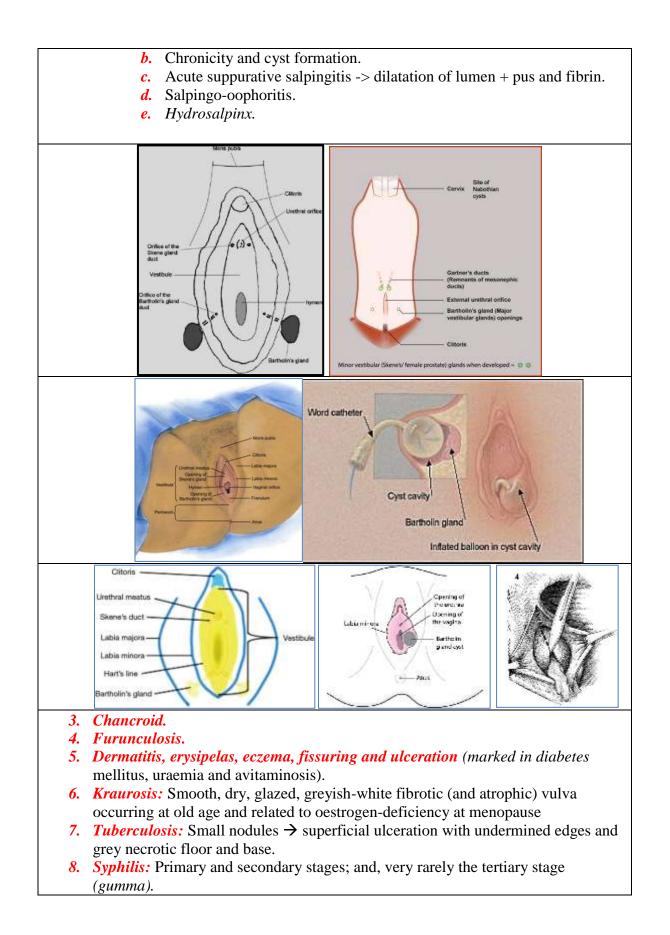
(b) In adults by sexual contact and dissemination of gonococci.

## 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.



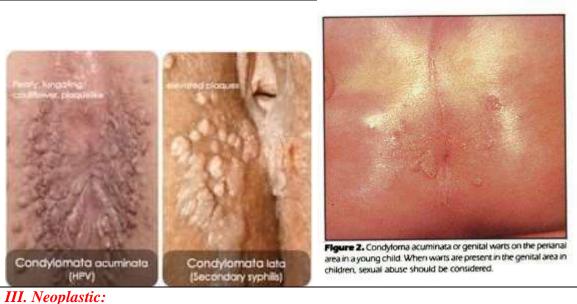
9. Lymphopathia venereum: Scarring; in case of females → drainage into the deep lymph nodes at the Ano-rectal region → rectal stricture,
10. Granuloma inguinale: Local destruction and deformity.



### 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.

