◇Case Report

〈本文p.877～880〉

A case of Bartholin gland cyst exhibiting an angioma-like appearance

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Abstract

A 63-year-old woman noticed a gray papule at the left labia majora a year and a half prior to visiting our department. Skin biopsy showed a cystic lesion in the dermis beneath the mucosal epithelium, with secretory-like materials in the lumen. In higher magnification, epithelium covering the cyst was histopathologically diverse, including squamous epithelium, transitional epithelium, and glandular epithelium. Some erythrocytes were also dispersed in the lumen of the cyst. A diagnosis of Bartholin gland cyst was made. No recurrence has since been observed.

〈本文p.881～884〉

A case of superficial angiomyxoma

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Abstract

Superficial angiomyxoma is a rare benign soft tissue tumor consisting of myxoid lobules with spindle-shaped cells and abundant small blood vessels. A 34-year-old Japanese woman presented with an elastic-soft tumor on the right external genitalia. Histological examination showed a multilobular myxoid lesion in the dermis and the subcutaneous tissue. The myxoid stroma contained spindle-shaped cells and thin-walled blood vessels. Immunohistochemically, the tumor cells were positive for vimentin and CD34, but negative for S-100, desmin, actin and estrogen receptor. Basically, three types of angiomyxomas have been identified：superficial angiomyxoma, aggressive angiomyxoma, and angiomyofibroblastoma. Based on the clinical and pathological findings, our case was diagnosed as superficial angiomyxoma.

〈本文p.885～888〉

Two cases of angiomyofibroblastoma

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Abstract

We experienced two cases of angiomyofibroblastoma which is a relatively rare vulvar mesenchymal tumor. Case 1 was a 48-year-old female, a tumor was found in the left major labia seven years ago. Case 2 was a 53-year-old female, a tumor was found in the right labia four years ago. Both tumor masses were resected surgically. Pathological findings showed proliferation of spindle shaped tumor cells, and collagen fibers and small blood vessels increased. Both cases had no heterotypic, and based on the results of immunostaining, we diagnosed as angiomyofibroblastoma. There are various types of vulva mesenchymal tumors, which have different prognosis, so differential diagnosis is required.

◇Case Report

〈本文p.889～892〉

Connective tissue nevus of the labium majus

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Abstract

Connective tissue nevus are benign hamartomatous lesions consisting predominantly of one extracellular matrix component, such as collagen, elastin or a mucopolysaccharide. Connective tissue nevus usually occur over the arms, thighs, back or trunk. We described 16-year-old woman with connective tissue nevus at the right labium majus, considered to be a rare site for this condition.

〈本文p.893～896〉

A case of Sjögren syndrome and systemic scleroderma with vulvar carcinoma

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Abstract

A 67-year-old female visited our hospital with unknown fever and arthralgia of her fingers in 2006. We diagnosed her Sjögren syndrome(SjS) and systemic scleroderma(SSc) and treated her with prednisolone(PSL). In 2013, she got condyloma acuminatum on her vulva and was treated with laser ablation. In 2016, she got vulvar carcinoma. We discussed about the relationship of vulvar carcinoma and autoimmune disease.

〈本文p.897～900〉

A case of gluteal granuloma

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Abstract

We reported an 88-year-old female with gluteal granuloma associated with vesicorectal fistula. She had been treated with panhysterectomy and radiation for uterine cancer 27 years ago. She had used diapers because of urinary incontinence for four years, but diaper changes were done only several times a day. When she visited our hospital with gluteal pain, there were multiple flatly elevated nodules and erosions around anus. Persistent urinary flow from anus was observed, and abdominal CT revealed vesicorectal fistula caused by previous radiation. Clinical and histological findings lead to the diagnosis of gluteal granuloma. Although she had not surgical indication of fistula, she was successfully treated by frequent diaper change accompanied with oral and topical antibiotics.

◇Case Report

〈本文p.901～904〉

A case of a girl with perianal nodules associated with Crohn's disease

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Abstract

We report a case of 10-year-old girl with a complaint of a 3-month history of perianal nodular lesions and defecation pain. Histological examination of the nodule showed non-caseating granulomatous inflammation characteristic of Crohn's disease. On further questioning, she disclosed a 3-weeks history of appetite loss, abdominal pain, blood in her stool, and weight loss of 2.2 kg. Laboratory examinations revealed elevated C-reactive protein and increased erythrocyte sedimentation rate. Longitudinal ulcers were found by colonoscopy. Taken together, we made a diagnosis of Crohn's disease. She was treated with 2mg/kg/day of oral steroids, which improved her general conditions and gave relief from the abdominal symptom.

〈本文p.905～908〉

A case of Bowen's disease of the vulva infected with human papillomavirus type 16

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Abstract

We describe a case of Bowen's disease (BD) of the vulva. The patient was an 86-year-old woman with a history of cervical carcinoma. On physical examination, an erythematous plaque 20 mm in diameter was apparent on the right side of the vulva. A biopsy specimen from the lesion showed irregular acanthosis, atypical keratinocytes distributed irregularly throughout the epidermis, and hyperchromatic nuclei. Human papillomavirus (HPV) type 16 was detected using polymerase chain reaction for the specimens of BD and cervical carcinoma.

〈本文p.909～912〉

Two cases of human papillomavirus (HPV)-positive bowenoid papulosis

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Abstract

Case 1 is a 73-year-old woman with a history of malignant lymphoma developed a lot of red papules and nodules on the vulva. Case 2 is a 68-year-old woman with a history of cervical carcinoma had pigment spots on the perianal area. We diagnosed these patients as bowenoid papulosis (BP) with high risk types of HPVs. Although case 1 was treated by resection, CO_2 laser therapy, and topical 5% imiquimod cream, BP recurred after 2 years. Case 2 was treated with resection with 5 mm margin, resulting in no recurrence at least for 8 months. Thus, resection with wide margin is recommended for BP treatment.

◇Case Report

〈本文p.913～916〉

A case report of linear basal cell carcinoma at labia majora

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Abstract

A 59-year-old woman presented with linear black nodule at external genitalia that she had first noticed about 6 months prior to her first visit to our hospital. Clinical examination revealed linear ulcerative black nodule along right labia majora that measured 2×20 mm in size. Dermoscopy showed linear ulceration with peripheral leaf-like areas. Histopathological examination showed basaloid proliferation of tumor nests, with showing peripheral palisading and increase of fibrous tissue. This case was diagnosed as nodular type of linear basal cell carcinoma by clinical and histopathological examination,

〈本文p.917～920〉

A case of linear basal carcinoma occurring on the external genitalia

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Abstract

81-year-old woman presented with a linear pigment spot in the right external genitalia. On physical examination, a linear black macular of 40×13 mm was observed on her right external genitalia. Dermoscopic examination levealed a blue gray globule structure. Histological examination from the lesion showed a basaloid epithelial tumor arising from the epidermis forming a palisade with a cleft forming from the adjacent tumor stroma. The confirmed diagnosis of linear basal cell carcinoma (BCC)was made. Linear BCC has been reported to be located along the relaxed skin tension line (RSTL). In our case, the tumor was also extended through the direction of wrinkles of external genitalia.

〈本文p.921～924〉

A case of vulval basal cell carcinoma

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Abstract

A 77-year-old woman presented with a black tumor on the vulva. Histological examination of a biopsy specimen revealed the typical features of basal cell carcinoma (BCC). The tumor was resected with a 5-mm margin, and thereafter no recurrence was evident for 20 months. Although vulval basal cell carcinoma is rare, it shows a higher rate of metastasis than BCC at other sites, for example the head, neck, trunk and extremities. Therefore, it is necessary to consider BCC in differential diagnosis whenever a black tumor on the vulva is encountered, and vulval BCC requires careful observation after surgery.

◇Case Report

〈本文p.925～928〉

A case of pedunculated squamous cell carcinoma arising from a chronic eczema in the vulvar mucosal transition

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Abstract

An 80-year-old woman had been aware of pruritis on the genital area from 2008 and noticed a white plaque on 2013. The plaque was histologically diagnosed as lichen simplex chronicus in our hospital. In 2015, a part of plaque elevated rapidly was diagnosed as squamous cell carcinoma of the skin. After complete resection of the tumor, lymph node metastases on the left inguinal to pelvic region were detected. Although lymph node dissection followed by adjuvant radiation therapy was performed, the patient was deceased due to multiple lung metastases and peritoneal dissemination of the squamous cell carcinoma in 2017. Because of elevated G-CSF level, we suspected G-CSF-producing squamous cell carcinoma and expected its usefulness as a progression marker in this case. In addition, we found histological and immunohistochemical differences between primary and metastatic lesions tumor. We report here a case of G-CSF-producing squamous cell carcinoma on the genital lesion and discuss about cytokeratin switching from primary to metastatic lesions.

〈本文p.929～932〉

A case of squamous cell carcinoma deriving from vulvar lichen sclerosus

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Abstract

A 71-year-old female presented with a tumor with ulceration and focal grey-white discolorations on the vulvar lesion. Clinical and histological findings revealed squamous cell carcinoma deriving from vulvar lichen sclerosus. A resection was performed 10 mm away from the mass. Additional resection of LSA was performed at the same time. The patient developed right inguinal lymph node metastasis and dissection was performed. Subsequently, the patient received chemotherapy with pepleomycin. Six months after surgery, left inguinal lymph node metastasis was detected and dissection was performed. The patient has been recurrence- and metastasis-free for 3.5 years.

◇Case Report

〈本文p.933～936〉

A case of malignant melanoma of the vagina for which bleeding and prolapse were controlled by Mohs' paste therapy

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Abstract

A 66-year-old woman presented with an intravaginal node. She had a history of vaginal bleeding from 2 months before. She was diagnosed with an inoperable malignant melanoma by a lesional biopsy. She started treatment with nivolumab but the tumor enlarged to 6×5 cm with prolapse from the vagina. Six months after the initial visit, she received Mohs' Paste therapy. Since the tumor prolapsed through the vagina, the vulval skin was not exposed to Mohs' paste. After the 5th treatment, she got free of bleeding and prolapse without any adverse events including pain.

〈本文p.937～940〉

A case of malignant melanoma of pudendum

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Abstract

A 67-year-old female had a walnut-sized black nodule on her pudendum. It had become bigger for fifteen years. Histological examination showed that it was malignant melanoma (MM). PET-CT revealed metastasis in her right inguinal lymph nodes. We resected the nodule and added dissection of the lymph nodes of right inguinal and pelvis lymph nodes. In spite of the surgery and chemo-therapy after the operation, she died 6 months posterior to visiting our department.