"OUT OF SIGHT, OUT OF MIND: LESSER KNOWN LESIONS OF THE VULVOVAGINAL TRACT"

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ENTITY RECOGNITION FAILURE

IF YOU ARE UNAWARE OF THE ENTITY, YOU ARE UNLIKELY TO MAKE THE DIAGNOSIS

COROLLARY: IF THE TRUE DIAGNOSIS IS NOT IN YOUR DIFFERENTIAL DIAGNOSIS, YOU ARE UNLIKELY TO MAKE THE DIAGNOSIS

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MULLERIAN PAPILLOMA
Vaginal Polyp in a Newborn


Differential Diagnosis for Vaginal Bleeding in the Child

Trauma
Sexual abuse
Vulvovaginitis
Irritation
Lichen sclerosus
Sexually transmitted diseases (e.g., condylomata)
Endocrine/hormonal
Precocious puberty
Exogenous estrogen
Foreign body

Anatomic lesions
Urethral prolapse
Mesodermal (e.g., hemangioma, granulosa cell tumor, embryonal rhabdomyosarcoma, adenocarcinoma, yolk sac tumor, mullerian papilloma)

MULLERIAN PAPILLOMA: A MIMIC OF SARCOMA BOTRYOIDES
“PSEUDOSARCOMA” (WITH OR WITHOUT PREGNANCY)

“PSEUDOSARCS” OF PREGNANCY

ATYPICAL NITS

ADENOSARCOMATOID

CELLULAR PSEUDOSARCOMATOUS FEP OF PREGNANCY
NEVER MAKE ANY DIAGNOSIS OF MALIGNANCY IN A PREGNANT WOMAN OR ONE WHO MIGHT BE PREGNANT WITHOUT AT LEAST TALKING TO THE CLINICIAN

DON'T BE A COWBOY! CALL THE ATTENDING!

MAKING A DIAGNOSIS OF MALIGNANCY IN PREGNANCY

CAUTION

POST OP SPINDLE CELL NODULE
POSTOP SPINDLE CELL NODULE

BLADDER

EPISIOTOMY SITE

‘BUSIER’ POSTOP SPINDLE CELL NODULE
"ATYPICAL" POST OP SPINDLE CELL LESION?

"RECURRENCE?"

PROLAPSED FALLOPIAN TUBE

FALLOPIAN TUBE PROLAPSE POST VAGINAL HYSTERECTOMY: A MIMIC OF PAPILLARY CARCINOMA
ENTERIC NEOPLASMS OF THE INTROITUS AND HYMENAL AREA

Types of Adenocarcinoma Presenting in a Vaginal/Periurethral Location

I. Tumors of vaginal origin
   A. Mullerian origin (often associated with DES)
      - Clear cell adenocarcinoma
      - Endometrioid adenocarcinoma
      - Endocervical type adenocarcinoma (mucinous carcinoma of endocervical type)
      - Intestinal type adenocarcinoma (mucinous adenocarcinoma of intestinal type)
   B. Mesonephric adenocarcinoma

II. Tumors of urethral origin
   - Clear cell adenocarcinoma
   - Mucinous adenocarcinoma
   - Intestinal type histology
   - Endocervical type histology

III. Metastatic adenocarcinoma to vagina/urethra

INTROITAL/HYMENAL GI DIFFERENTIATION

INITIAL BX
CA
TVA
ALCIAN BLUE
CHROMO
RESECTION
“MIXED TUMOR” OF THE VAGINA
Spindle cell epithelioma, the so-called mixed tumor of the vagina. A clinicopathologic, immunohistochemical, and ultrastructural analysis of 28 cases
VAGINAL MIXED TUMOR
aka SUPERFICIAL CERVICOVAGINAL MYOFIBROBLASTOMA
aka SPINDLE CELL EPITHELIOMA

VULVAR ANGIOMYOFIBROBLASTOMA
AMFB

VLV LM MIMICKING AGG ANGIOMYXOMA
AGGRESSIVE ANGIOMYXOMA
STALK
INTERNAL

AMFB VS AGG AGMYX

VULVAR VESTIBULAR PAPILLOMATOSIS
VULVAR VESTIBULAR PAPILLOMATOSIS

34 YOF

VULVAR VESTIBULAR PAPILLOMATOSIS

24 YOF

VAGINAL CONDYLOMA
PAGETS DISEASE ARISING FROM A LOCO-REGIONAL CANCER (COLONIC)

PAGETS DZ FROM COLON CA

TOKER vs PAGET vs BOWEN
PAGETOID VIN 3

PIGMENTED LESIONS OF THE VULVA AND VAGINA

ASYMMETRICALLY PIGMENTED PATCH ON THE VULVO-PERINEAL AREA: ? MALIGNANT MELANOMA

Pigmented Extra-mammary Paget’s Disease,
Acta Derm Venereol 2011; 91: 380-383
Two cases of vulval pigmented extramammary Paget’s disease: histochemical and immunohistochemical studies.

British Journal of Dermatology 2000; 142: 1190-1194

ATYPICAL GENITAL NEVI

THE “SET UP” ‘REQ’ FORM
CAVEATS ABOUT PREGNANCY AND HORMONE RELATED LESIONS

GENITAL NEVI CAN BE ATYPICAL...REALLY ATYPICAL

ATYPICAL GENITAL NEVI IN YOUNG WOMEN
VULVOVAGINAL MELANOSIS

VULVAR MELANOSIS

VULVOVAGINAL MUCOSAL LENTIGINOSIS vs VULVOVAGINAL MELANOMA

42 YOF

61 YOF

PERINEUM
VULVOVAGINAL MELANOMA

VULVOVAGINAL MUCOSAL MELANOSIS (L)
VULVAR MELANOMA (R)

29 YOF 43 YOF

THE MANY FACES OF PIGMENTED VIN
PIGMENTED HIGH GRADE VIN

DEEPER MELANIN PIGMENT APPEARS BLUE AS IN A BLUE NEVUS

SUPERFICIAL MELANIN PIGMENT APPEARS DARK BROWN

THE MANY COLORS OF VULVAR VIN

OTHER SQUAMOUS LESIONS OF THE VULVA
BOWENOID PAPULOSIS: A TERM WHOSE TIME HAS COME...AND GONE

JUST ANOTHER PERINEAL FIBROEPITHELIAL POLYP?

VULVAR WHITE LESION
INVERTED FOLLICULAR KERATOSIS

VULVAR SCC MIMICKING ANGIOSARCOMA

82 YOF WITH PRIOR VLV CA AND RADIATION RX: NEW TUMOR OF VLV
82 YOF WITH PRIOR VLV CA AND RADIATION RX: NEW TUMOR VLV

A 43 YOF WITH A 3.5 CM VULVAR MASS: VULVAR SARCOMATOID SQUAMOUS CELL CA

“SIMPLEX” VIN 3 (d VIN 3) AND INVASIVE SQUAMOUS CARCINOMA
SIMPLEX
(DIFFERENTIATED) VIN 3

SIMPLEX ATYPICAL
HYPERPLASIA?

SIMPLEX VIN 3 WITH
EARLY INVASION
NON-VIN ASSOCIATED EARLY INVASION

SQUAMOUS HYPERPLASIA WITH HYPERKERATOSIS

‘NON-SIMPLEX VIN’ → SIVC

NON-SIMPLEX VIN → SIVC
SIMPLEX VIN MOST COMMON PRECURSOR TO INVASIVE WD SCC

SIMPLEX (DIFFERENTIATED) VIN 3

SQUAMOUS HYPERPLASIA

WHAT IS THE DIAGNOSIS?

CAN YOU TRUST ANY “WHITE LESION” OF THE LOWER FEMALE GENITAL TRACT?