ADENOCARCINOMA OF GLANDULE BARTHOLIN FOLLOW UP FOR FIFTEEN YEARS: A CASE REPORT

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Introduction/Background* Adenocarcinoma gland Bartholin’s is a very rare tumor and there is no agreement of optimal treatment for this type of carcinoma.

It accounting 2-7% of all cancers of the vulva and less than 1% of all female genital malignancies. Basic features are expanding locally, slow grow, and gives unexpected distant metastasis.

Methodology We will show our case and how we treated women with adenocarcinoma glandule Bartholin for fifteen years. 60-year old woman was admitted in our hospital because of tumor mass region glandule Bartholin on the left side and woman complained of the elevated tumor marker carcinoembryonic antigen, CEA (16, 2) detected random.

Result(s)* We did local wide removal of the tumor. Hystopathology confirmed that this is a Bartholin’s gland adenocarcinoma. The tumor was removed in its entirety with healthy edge. CT, MRI of the pelvis were normal and CEA dropped in 1,6. After seven years of primary treatment she had tumor mass on the same place and elevated tumor marker CEA again.

We did hemivulvectomy with lymph node dissection on the left side and radiotherapy with TD 50 Gy on the left part of vulva and in 25 session and TD 45 Gy in 22 session on regio inguini. After surgery tumor marker dropped in normal range.

After fifteen years of primary treatment patient had lung metastasis and brain metastasis and she lived for three months.

Conclusion* This case which we followed for fifteen years gives us many questions: was the first treatment with local wide excision optimal option, what was the best way to treat this patient and how to predict the way of spread of this malignancies and can we prevent metastasis ?

VULVAR CANCER OF RAPID PROGRESSION WITH EVOLUTION TO FAILURE TREATMENT IN PATIENT CARRYING FANCONI ANEMIA

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Introduction/Background* Fanconi Anemia is the most frequent cause of bone marrow failure genetically inherited. Patients may have short stature, microphthalmia, skeletal deformities, spots of coffee with milk and cardiac, renal and urinary malformations. One third of the cases are asymptomatic and the presence of pancytopenia is observed as an isolated manifestation. Carriers have 50 times greater predisposition for cancer of the head and neck, esophagus, gastrointestinal tract and vulva. Regarding to head and neck and gynecological squamous cell carcinoma, this incidence is up to 500 times higher than general population, and clinical presentation are more aggressive and disseminated at the time of diagnosis.

Abstract 439 Figure 1

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Molecular Landscape of Vulvar Squamous Cell Carcinoma: Review of the Literature

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