Vaginal Cancer

Vaginal cancer often occurs within the upper third of the posterior wall of the vagina. It is associated with HPV subtypes 16 and 18, and squamous cell carcinoma is the most common type. It presents with vaginal bleeding and leukoplakia. Diagnosis is made via colposcopy with biopsy. Management is achieved with radiation therapy or surgery.

PLAY PICMONIC

Characteristics

HPV 16, 18
Human Puppet-virus with Sweet (16) Cake and (18) ID
Human papillomaviruses (HPV) cause several types of diseases, most notably sexual transmitted infections, warts, and some cancers. The high grade strains, HPV-16 and HPV-18, are associated with the pathogenesis of vaginal cancer.

Squamous Cell Carcinoma is Most Common Subtype
Square-mouse Car-gnome with #1 Foam-finger
The most common subtype of vaginal cancer is squamous cell carcinoma. Primary SCC is rare, thus it often occurs secondary to cervical SCC. Other types include clear cell adenocarcinoma and sarcoma botryoides. Please refer to the Picmonic on Vaginal Cancer Subtypes for more information.

Clinical Features

Vaginal Bleeding
Vagina-violets Bleeding
Vaginal bleeding can occur in vaginal cancer. It typically presents as vaginal ulcerations with contact bleeding. Other symptoms include urinary frequency and malodorous discharge.

Leukoplakia
White Plaque
Leukoplakia can be seen in vaginal cancer. It presents as a firmly adhered, well demarcated white plaque on the vaginal mucosa.

Diagnosis

Colposcopy with Biopsy
Scope looking at Vagina-violet with Biopsy-needle
A colposcopy involves direct visualization of the cervix and vagina. This is performed if cytology results from a Pap smear are abnormal with a clearly visible lesion during the pelvic exam. A biopsy can then be performed in order to determine the histopathology.

Management

Radiation Therapy
Radiation-radio
Radiotherapy, particularly via brachytherapy, can be sufficient in patients with stage I vaginal cancer. Radiotherapy also has a role in Stage II-IV but outcomes are not as favorable. Early induction of menopause is a considerable risk for reproductive age women undergoing radiotherapy.

Surgery

Surgeon

For stage I disease, several surgical approaches are available from pelvic lymphadenectomy to radical hysterectomy. For advanced and metastatic disease, surgery may not lead to any significant improvements in survival outcomes over chemoradiation.