PIPADOR REVISION

MRCOG Part 1 Revision Notes

Paget's Disease of the Vulva

PATHOLOGY • LECTURE 358

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | PATHOLOGY

Paget's Disease of the Vulva

Pathology, classification, investigation and management of extramammary Paget's disease

Rare	Paget cells	≈ 10–20%	High
< 1% of vulval neoplasms	CK7+, CEA+	Underlying invasion	Recurrence rate

■ KEY FACTS: Learning objectives

- Describe the pathology of extramammary Paget's disease of the vulva.
- Distinguish primary and secondary Paget's disease.
- Describe investigation and management.

358.1 Pathology and classification

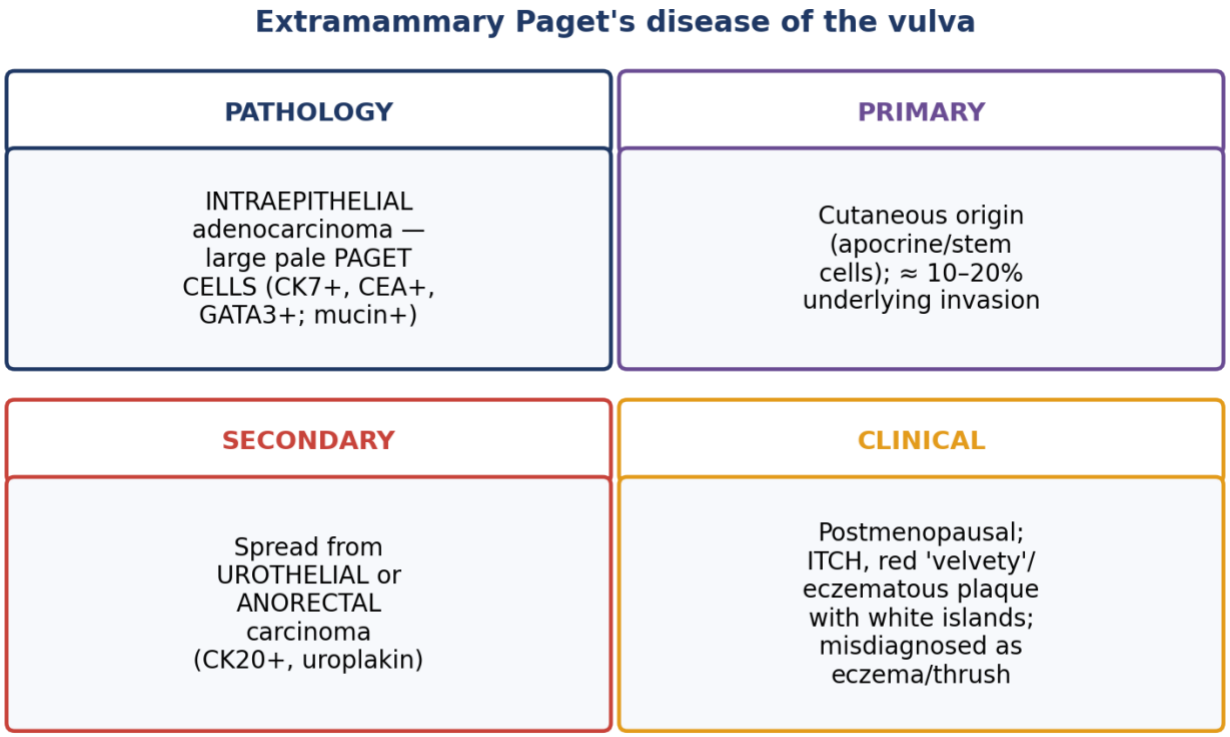


Figure 358.1 — Extramammary Paget's disease

- Large cells with pale, mucin-rich cytoplasm and vesicular nuclei spread singly and in nests throughout the epidermis and down adnexal structures — explaining **positive margins** after excision.
- Differential: melanoma in situ (S100/SOX10+, CK7−), pagetoid VIN/HSIL (p16+, CK7−), mammary Paget's (breast).

358.2 Management

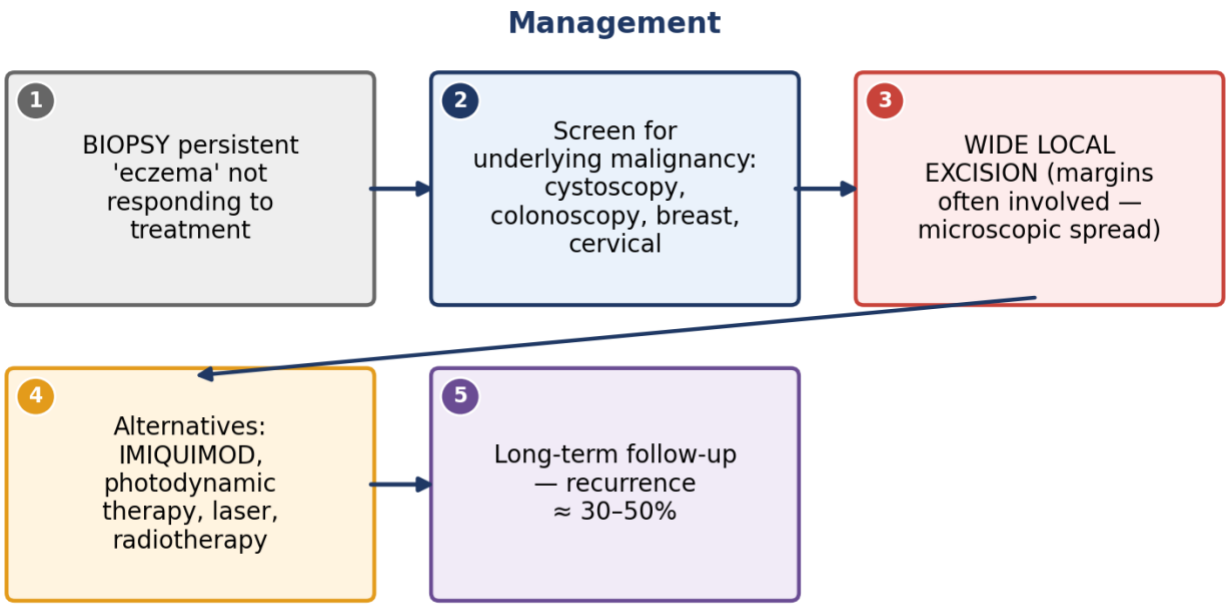


Figure 358.2 — Management

- Biopsy any persistent vulval 'eczema' or 'candida' not responding to treatment, especially in older women.
- Search for **associated malignancy**: urothelial (cystoscopy, urine cytology), anorectal (colonoscopy), breast, cervix/endometrium.
- Surgery: wide local excision with margins (frozen section/mapping biopsies may help)
  - Positive margins common
  - Non-surgical: imiquimod (good responses), photodynamic therapy, laser, radiotherapy.
- Invasive Paget's (> 1 mm) has nodal risk and worse prognosis.

358.3 Must-know summary

■ EXAM TIP

- Intraepithelial adenocarcinoma; Paget cells CK7+, CEA+, GATA3+.
- Primary (cutaneous) vs secondary (urothelial/anorectal — CK20+).
- Red velvety itchy plaque — biopsy non-responding 'eczema'.
- WLE/imiquimod; high recurrence; screen for associated cancers.

■ MNEMONIC / MEMORY AID

'Paget's Pretends to be eczema'.