PIPADOR REVISION

MRCOG Part 1 Revision Notes

Vulval Cancer

PATHOLOGY • LECTURE 361

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | PATHOLOGY

Vulval Cancer

Aetiology, pathology, spread, staging and management of vulval cancer

≈ 1,300	SCC ≈ 90%	Inguinal nodes	Sentinel node
UK cases/year	Two pathways	First spread	Unifocal < 4 cm

■ KEY FACTS: Learning objectives

- Describe the aetiology, pathology and spread of vulval cancer.
- Describe FIGO staging principles and prognostic factors.
- Describe management including sentinel node biopsy.

361.1 Pathology

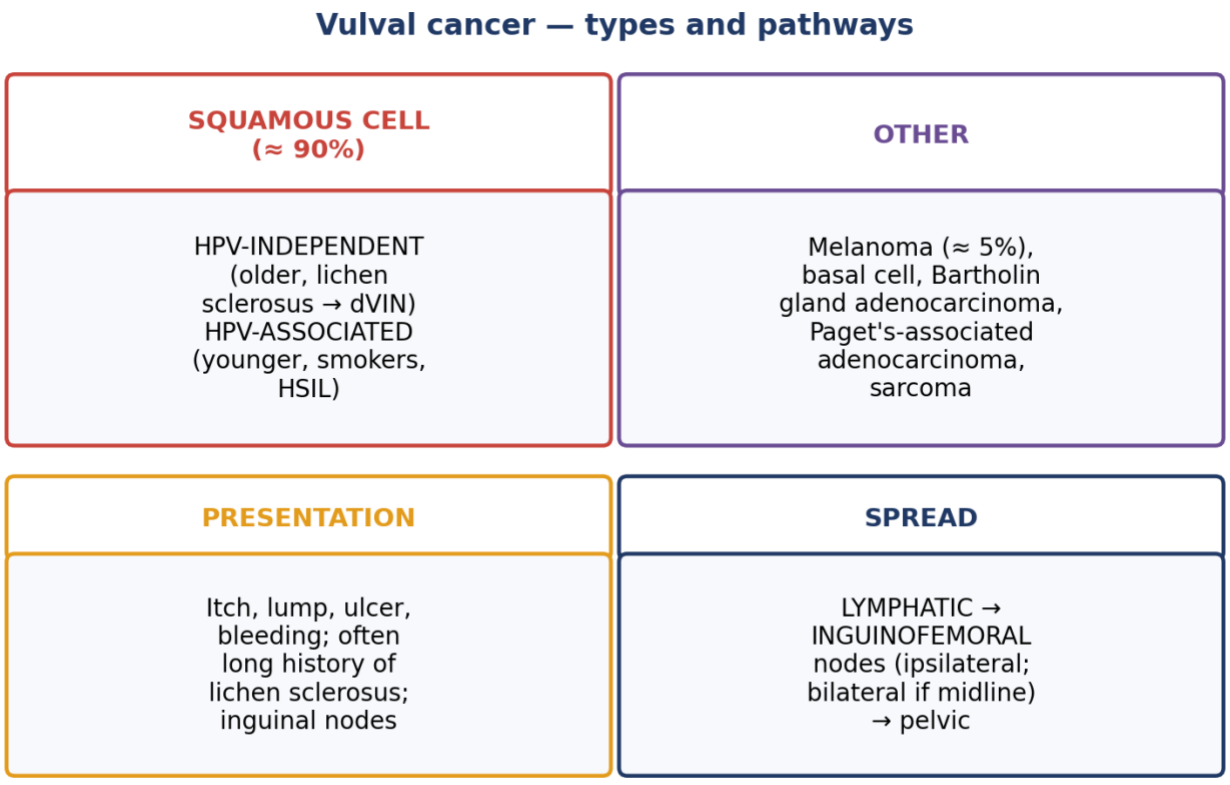


Figure 361.1 — Types and pathways

Feature	HPV-independent SCC	HPV-associated SCC
Age	Older (> 60)	Younger (40s–50s)
Precursor	Lichen sclerosus → dVIN	Vulvar HSIL
Histology	Keratinising	Basaloid/warty
Markers	p53 mutant	p16 block
Prognosis	Worse	Better

361.2 Staging and spread

- FIGO 2021 (simplified): **I** confined to vulva/perineum (IA ≤ 2 cm and stromal invasion ≤ 1 mm; IB larger/deeper)
  - **II** lower third of urethra/vagina/anus
  - **III** upper urethra/vagina
  - Bladder/rectal mucosa or **regional node involvement** (by size/number/extranodal)
  - **IV** fixed/ulcerated nodes
  - Pelvic bone or distant spread.
- Depth of invasion ≤ 1 mm → nodal metastasis rare → groin assessment not needed.
- Prognosis depends mostly on **groin node status**.

361.3 Management

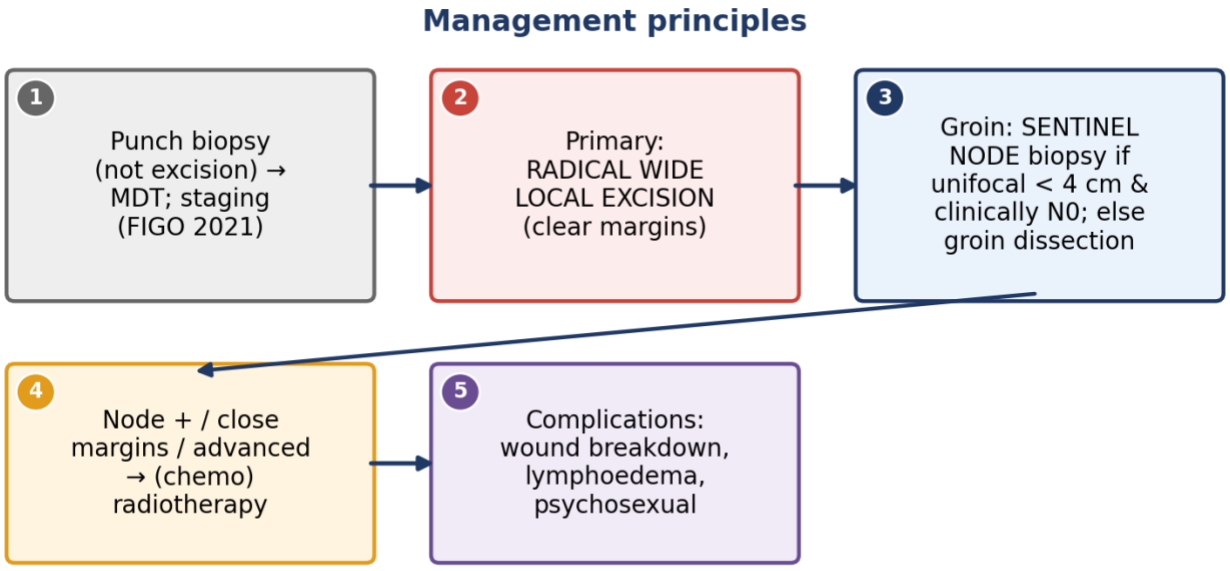


Figure 361.2 — Management principles

- Diagnosis by **punch biopsy** (keep lesion for planning), not excision; MDT at specialist centre; imaging (MRI/CT, groin ultrasound).
- **Sentinel lymph node biopsy** (technetium ± blue dye) for unifocal tumours < 4 cm with clinically/radiologically negative groins (GROINSS-V)
  - Positive → inguinofemoral lymphadenectomy and/or radiotherapy.
- Melanoma: wide excision, sentinel node, immunotherapy; Bartholin's gland carcinoma — consider in women > 40 with a new Bartholin's mass (biopsy).

361.4 Must-know summary

■ EXAM TIP

- SCC ≈ 90%: HPV-independent (older, LS → dVIN, p53) vs HPV-associated (younger, HSIL, p16).
- Spread to inguinofemoral nodes (ipsilateral; bilateral if midline).
- Punch biopsy → MDT; radical WLE + SLNB (unifocal < 4 cm, N0).
- Prognosis driven by nodal status; biopsy new Bartholin's masses > 40.

■ **MNEMONIC / MEMORY AID**

Vulval SCC pathways — 'Lichen in the old, HPV in the young'.