

Actinic dark pigmentation of the vagina mimicking melanoma Pigmentação escura actínica da vagina imitando melanoma

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Abstract

A puerperal vulvovaginal hematoma is not an unusual finding after vaginal deliveries. However, most of them are small and self-limited. Even though there are multiple risk factors identified, the majority of cases happen in low risk settings. We here report a case of a nulliparous young woman who developed a massive pararretal hematoma after an uncomplicated vaginal delivery. Surgical intervention was useful but selective embolization was required. Our goal is to highlight the importance of being aware of this potential complication of a vaginal delivery and the need of an early diagnosis in order to offer the most suitable treatment and prevent severe damages.

Keywords: Hematoma; Postpartum period; Therapeutic embolization.

A 58 year-old woman had her first appointment at our department complaining about vaginal dryness and dyspareunia. She reported a total hysterectomy at age 42 due to uterine fibromyoma and also a rectal cancer at age 56 treated with chemo-radiotherapy. There were no other symptoms and the patient was not using any medication. During her gynaecological examination, a painless flat dark and soft lesion with a maximum diameter of 2 cm was found, located at the middle 1/3 of the posterior wall of the vagina (Fig. 1). On the other hand, the vaginal vault had no macroscopic lesions, the bimanual examination was pain free and no other abnormality was registered. At digital rectal examination, no rectal tumours were found and the posterior wall of the vagina was easily and painlessly depressed and not thickened. A diagnosis of vaginal melanoma was considered and a biopsy was taken, after a local Xylocaine anesthesia. The choice of performing a biopsy over a lesion excision was determined by its size and the difference between treatments in case of malignancy or not. Histology (fig.2) revealed dermic

deposits of melanin, suggesting actinic etiology, and a light melanin deposition at basal cells of squamous epithelium, compatible with associated melanosis. Vaginal actinic melanocytic pigmentation and melanosis stands as the final diagnosis, presumably related to the previous exposure to radiotherapy for rec-

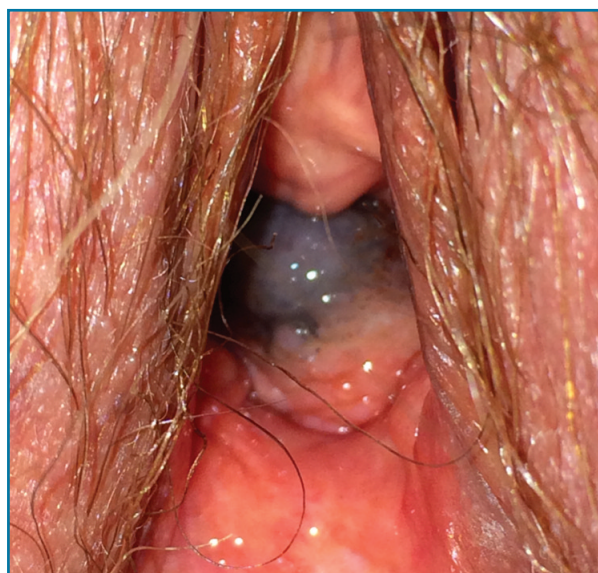


FIGURE 1. Lesion in the posterior wall of the vagina

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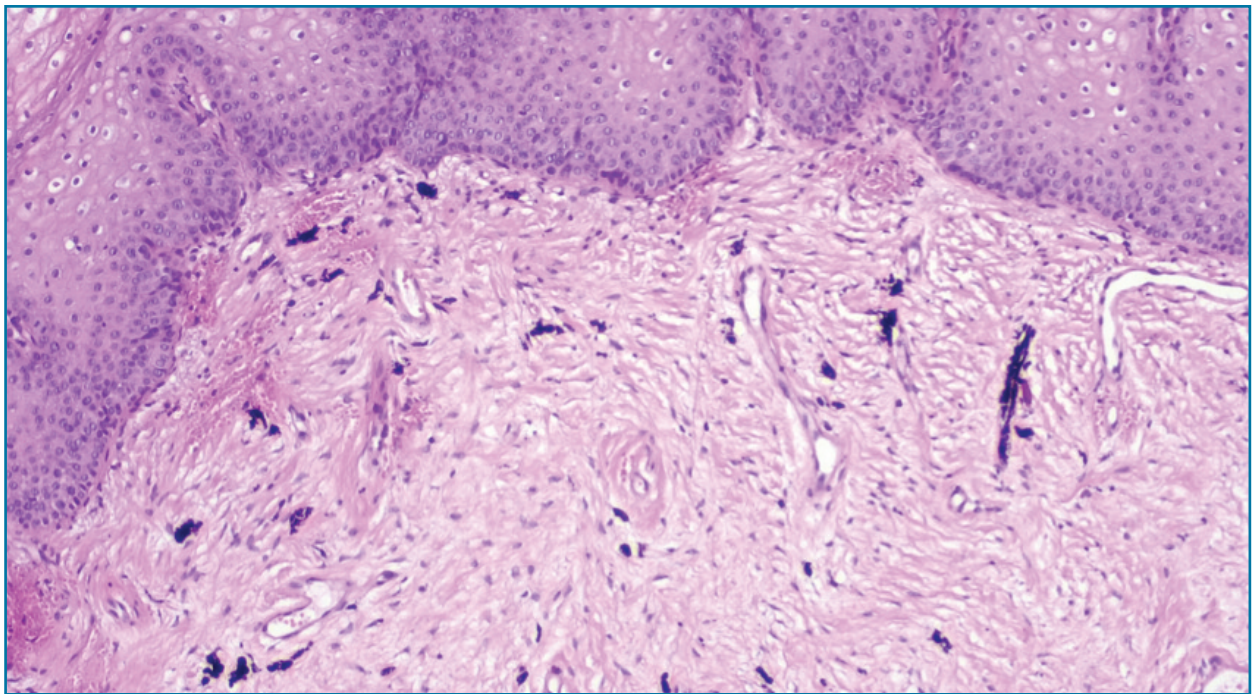


FIGURE 2. Histological aspect of the lesion (40X).

tal carcinoma treatment, since it was the only traumatic event identified in the patient's history. The patient was conservatively followed and no progression of the lesion was reported in the last 2 years of regular follow-up.

Vaginal actinic lesions after radiotherapy are uncommon¹ and the doctor needs to be enabled to differentiate it from others pigmented skin lesions in the genital area, such as nevi, melanoma, angiokeratomas, seborrheic keratosis, squamous cell carcinoma, basal cell carcinoma². In our literature research, we only found one case report of melanosis of the vagina that also mimics vaginal melanoma³, as in our case. In conclusion, as actinic lesions are rare, all the pigmented lesions of the vagina must be biopsied in order to exclude malignancy.

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ENDEREÇO PARA CORRESPONDÊNCIA

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