SKIN MANIFESTATIONS OF INTERNAL DISEASE

# VULVA LYMPHANGIECTASIA: A RARE COMPLICATION OF CHRONIC LYMPHEDEMA

*Nanny Herwanto [1] - Afif Nurul Hidayati [2] - Cita Rosita Sigit Prakoeswa [1]*

*Department Of Dermatology And Venereology, Faculty Of Medicine, Universitas Airlangga, Dr. Soetomo Teaching Hospital, Surabaya, Indonesia [1] - Department Of Dermatology And Venereology, Faculty Of Medicine, Universitas Airlangga – Dr Soetomo General Hospital, Surabaya, Indonesia [2]*

Background: Vulva lymphangiectasia is a rare, benign proliferations of the lymphatic system. Underlying etiology is thought to be chronic lymphedema due to impaired lymph flow. Mostly asymptomatic but pruritus, burning or painful lesion and sometime foul smelling viscous discharge may also occur. It has to be differentiated from herpes genitalis, genital warts, or molluscum contagiosum.

Observation: A 55 years old female presented with complaints of multiple clusters of vesicles on her genitalia and slightly itchy, discomfort, and frequent fluid discharge when walking or heavy activities since 2 years ago. The lesions had slowly grown in number and size over the years without any treatment. She has lymphedema on both of her lower limbs that appeared since 21 years ago, after radical hysterectomy with adjuvant pelvic radiation therapy under the diagnosis of carcinoma cervix. In the mons pubis and vulva, multiple variety of small, translucent, thin-walled vesicles resembling frogsprawn. Routine blood examination, ultrasonography of the abdomen revealed no abnormality. Screening tests for human immunodeficiency virus, VDRL, TPHA, and filariasis serology were also non reactive. Biopsy showed acanthosis, elongated rete ridges, and multiple dilated lymph vessels contained eosinophilic lymph suggestive of lymphangiectasia. Patient refused definitive therapy for the lymphedema. Cryotherapy was performed once a week for 4months. Cryotherapy may have the potential to prevent recurrency and improve the quality of life as a less-invasive treatment for gynecological cancer survivors.

Key Message: Vulva lymphangiectasia may present to dermatologists; thus, it is beneficial for us to be aware of this entity to avoid misdiagnosis of this non-neoplastic lesion. Despite the clinical and microscopic findings of localized lymphedema, it continues in rare occasions to be a diagnostic challenge for clinicians, because of various clinical mimics. Thorough patient history-taking is essential to identify factors suggesting this rare condition and prevent delay in treatment also reduce recurrency.