

## Ulcerated inguinal lymph node metastases in vulvar cancer

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### Clinical Image

A 75-year-old patient presented with anorexia, weight loss, dyschezia and dysuria. She had fever for one week. Physical examination revealed an abscess draining from the left groin. Four days after admission, she developed a wound in the right inguinal region, draining pus.

Biopsy of a suspect lesion at the clitoris showed a invasive squamous cell carcinoma, non-HPV associated. PET-CT confirmed a locally advanced vulvar carcinoma with bilateral ulcerated lymph nodes.

Ulcerated inguinal lymph nodes are staged as N3 according to TNM 8th edition. N3 disease is classified as FIGO 2018 stage IVA and managed accordingly. The patient was treated with 3 cycles of neo-adjuvant carboplatin – paclitaxel.

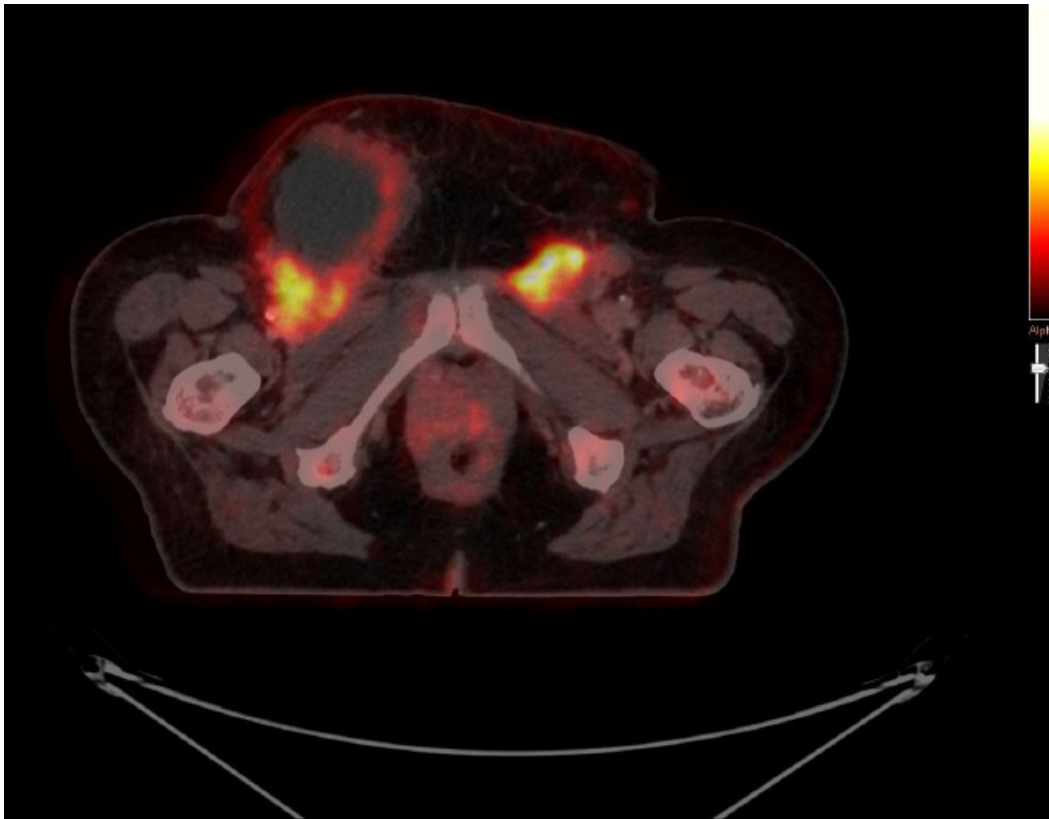
As neo-adjuvant chemotherapy resulted in a partial response, a partial vulvectomy with pelvic and bilateral inguinal lymphadenectomy was performed, followed by adjuvant radiotherapy.

Final pathological staging was ypT1a N0. This case illustrates the efficacy of neo-adjuvant chemotherapy in this clinical setting.



**Figure 1:** Photograph of inguinal region. Arrows indicate ulcers.

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**Figure 2:** 17-Fluorodeoxyglucose (FDG) Positron Emission Tomography PET– Computed Tomography (CT) axial fusion image of the inguinal region. The bilateral inguinal lymph nodes show increased FDG uptake. The right lymph node has a necrotic centre which has no FDG uptake.