



CANCER OF THE VAGINA

Cancer of the vagina is rare. It is almost always a squamous cell cancer. The exception is adenocarcinoma which occurs in women who were exposed to DES (diethylstilbestrol) in-utero. Cancers of the vagina that also involve the vulva are considered to be vulvar cancers; if it involves the cervix it is considered to be a cervical cancer. Vaginal cancer may cause symptoms of abnormal bleeding and foul discharge. Bleeding after intercourse is a symptom of cancer of the vagina as well as cancer of the cervix.

There is a pre-malignant phase for squamous cell cancer of the vagina similar to the squamous cell cancers of the vulva and cervix. Vaginal intraepithelial neoplasia grade III (VAIN III) is the pre-malignant stage-- also called carcinoma-in-situ. The pre-malignant phase is usually asymptomatic, but can be detected by a routine Pap test. It can be treated by excision, laser evaporation, or occasionally by a vaginal cream. There is no recognized cause for vaginal squamous dysplasias or cancer, although it is similar to the squamous dysplasias of the cervix.

Invasive squamous cell cancer of the vagina is usually treated by radiation. Although the cancer can be removed surgically, the bladder or rectum or both would have to be removed with it in order to get a good margin around the cancer. As a general rule, squamous cell cancers of the vagina do not spread early, so they are usually localized to the pelvic area on diagnosis. This is a good situation for radiation since that area can easily be irradiated and radioactive material can easily be placed into the vagina next to the cancer. The prognosis for localized disease is good.

Adenocarcinomas of the vagina associated with DES exposure were more frequent in the 1970s and 1980s. DES, diethylstilbestrol, is a synthetic estrogen hormone that was given to pregnant women in the 1950s to try to prevent miscarriages. It was not effective and its use discontinued. The female infants of the women who took the DES had some developmental abnormalities of their vaginas and cervixes that put them at risk for developing a particular type of adenocarcinoma called a clear cell carcinoma. This particular problem has mostly run its course as time has elapsed. There is some suggestion that they may be at risk for squamous cell cancer of the vagina or cervix and possibly even at an increased risk for breast cancer.

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