

Vulvar and Vaginal Cancers Clinical Characteristics Treatment Options and Prognosis

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DESCRIPTION

Vulvar and vaginal cancers are relatively rare gynecological malignancies, accounting for a small proportion of cancers affecting the female reproductive system. Despite their low incidence, these cancers pose significant clinical challenges due to delayed diagnosis, anatomical complexity and the impact of treatment on quality of life. Vulvar cancer primarily affects the external genitalia, while vaginal cancer arises from the vaginal epithelium. Both malignancies are more commonly diagnosed in older women, although increasing rates in younger populations have been observed, particularly in association with human papillomavirus infection.

The clinical characteristics of vulvar cancer often include persistent vulvar itching, pain, or burning sensations, which may be mistakenly attributed to benign dermatological conditions. Visible lesions such as ulcers, nodules, or areas of discoloration may develop over time. Bleeding or discharge can occur in advanced stages. Squamous cell carcinoma is the most common histological type, accounting for the majority of cases. Risk factors include chronic inflammatory conditions, smoking, immunosuppression and infection with high risk human papillomavirus strains. Because early symptoms are often nonspecific, diagnosis is frequently delayed, leading to more advanced disease at presentation.

Vaginal cancer is even less common and is frequently secondary to malignancies originating in the cervix, uterus, or vulva. Primary vaginal cancer typically presents with abnormal vaginal bleeding, discharge, or pain during intercourse. Advanced disease may cause pelvic pain, urinary symptoms, or bowel dysfunction due to local invasion. Squamous cell carcinoma is the predominant histological subtype, followed by adenocarcinoma. Prior cervical cancer, previous radiotherapy and human papillomavirus infection are important risk factors. The rarity of vaginal cancer often limits awareness and contributes to late stage diagnosis.

Treatment options for vulvar and vaginal cancers depend on tumor stage, size, location, histological type and patient related factors. Surgery remains the mainstay of treatment for early stage

vulvar cancer, with the goal of complete tumor removal while preserving anatomical function as much as possible. Modern surgical approaches emphasize conservative excision techniques and sentinel lymph node evaluation to reduce morbidity. For more advanced disease, a combination of surgery, radiotherapy and chemotherapy may be required to achieve local control.

Radiotherapy plays a central role in the management of vaginal cancer and is often the primary treatment modality. External beam radiotherapy combined with brachytherapy allows targeted radiation delivery while minimizing damage to surrounding organs. Chemotherapy may be used concurrently with radiotherapy to enhance treatment effectiveness, particularly in advanced stages. In vulvar cancer, radiotherapy is commonly used as an adjuvant treatment or as a definitive option when surgery is not feasible. These multimodal approaches have improved disease control and survival outcomes.

The prognosis of vulvar and vaginal cancers varies widely depending on the stage at diagnosis and response to treatment. Early stage vulvar cancer has a relatively favorable prognosis, with high survival rates when treated promptly and effectively. In contrast, advanced stage disease involving lymph nodes or distant spread is associated with significantly poorer outcomes. Vaginal cancer generally carries a less favorable prognosis due to its tendency to be diagnosed at later stages. Factors such as tumor size, lymph node involvement and patient comorbidities play a major role in determining survival.

Quality of life considerations are particularly important in the management of vulvar and vaginal cancers. Treatments can affect sexual function, body image and psychological well being. Advances in surgical techniques, radiotherapy planning and supportive care have helped reduce treatment related morbidity. Long term follow up and multidisciplinary care are essential to address physical and emotional challenges faced by survivors.

CONCLUSION

In conclusion, vulvar and vaginal cancers are uncommon but clinically significant gynecological malignancies that require early recognition and individualized treatment strategies. Awareness

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Received: 28-Mar-2025, Manuscript No. CMT-25-40391; **Editor assigned:** 31-Mar-2025, PreQC No. CMT-25-40391 (PQ); **Reviewed:** 15-Apr-2025, QC No. CMT-25-40391; **Revised:** 23-Apr-2025, Manuscript No. CMT-25-40391 (R); **Published:** 01-May-2025, DOI: 10.35248/2167-770.25.12.218

Citation: Martin I (2025) Vulvar and Vaginal Cancers Clinical Characteristics Treatment Options and Prognosis. Chemo Open Access. 12:218.

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of clinical characteristics, timely diagnosis and appropriate use of surgery and radiotherapy are key to improving outcomes. Continued research, preventive strategies such as human papillomavirus vaccination and improved access to specialized

care are essential for enhancing prognosis and quality of life for affected women.