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Vulval Elephantiasis- A case report

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A case of huge Vulval elephantiasis is presented. The current etiological hypothesis and the updated literature regarding vulval elephantiasis is reviewed; Filarial lymphaedema is found worldwide being common in tropical and subtropical countries. Vulval Elephantiasis in an uncommon disorder compare to male. A 35 years single lady presented with huge Vulval growth measuring 16"x15"x12" of 12 years duration. This was a recurrent growth following surgery for similar but much smaller sized growth 12 years ago. The growth has regrown slowly over 12years to the present size. Diagnosis was reached by biopsy report of one of the warty growth. Treatment was by combined modality consisting of a cycle of high dose Mebendazole 6mg/kg/day and subsequent cycle of Diethyl Carbamizine 10mg/kg/day. In interval the growth was removed surgically. So far to my knowledge, such huge recurring Vulval Elephantiasis has not been reported in Nepal. The microsurgery- microlymphatico-venous anastomosis when performed early with good numbers of lymphatic trunks available, gives better result in the hands of the skill surgeons. Lymphatic Filariasis is a chronic disease with long term debilitating effects. Recurrence is the distressing problem. Mass treatment is necessary in endemic area. Adding Diethylcarbamizine 1-4 gm/ kg of common salt for long period has been found safe cheap and effective treatment in China and India.

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Changing Trends in Surgical Approaches of the Hysterectomy : Vaginal Hysterectomy - The University of Hallym Hospital's Experience in Korea (4659 cases)

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Hysterectomy is one of the most frequently performed in gynecologic surgical procedure . In the United States, Abdominal hysterectomy(AH) is performed more commonly than Vaginal hysterectomy(VH) for benign disease by a ratio of 3 : 1. and may be same rate in Korea. Several factors have been implicated less emphasis on vaginal surgery, physician practice style & habits, lack of patients knowledge about surgical option, the absence of clear guidelines for indication. Vaginal hysterectomy is quicker to perform than either laparoscopic or abdominal hysterectomy. It is cheaper, no scars, less complications. The purpose of our study report to assess the feasibility and safety of performing vaginal hysterectomy on our experience. Between 1980 yrs and 1997 yrs, 4659 women underwent vaginal hysterectomy without laparoscopic assistance at Hallym University Hospital in korea. All hysterectomies(abdominal & vaginal) were reviewed and these were compared with all hysterectomy cases from most recent year available for complete analysis. In 1980yrs - 1997yrs, Vaginal Hysterectomies comprised 17%(VH:24/AH:116;1980), 35%(VH:106/AH:196;1983) 51%(VH:159/AH:151;1986), 60%(VH:346/AH:227;1992), 72%(VH:434/AH:168;1994), 78%(VH:657/AH:190;1997). Indications for vaginal hysterectomies are most common uterine myoma(54%), prolapse of uteri(23%), CIS or microinvasive cervical cancer(7%). age distribution 30yrs - 60yrs(91%), nulliparity(0.7%), multiparity(99.3%), Previous pelvic operaton (without tubal ligation) history(5.7%), operation time less than 1hr(18%), 1hr - 2hrs(79%), morcellation cases(67%), uterus weight : mean 138g, less than 250g(82%), over than 250g(18%), estimated blood loss less than 400cc(85%) over than 400cc(15%), post-operative significant complications - during operation or post operation bleeding (including conversion AH) (0.26%-9cases), pelvic hematoma(0.32%-11cases), post operation fever(2.8%-94cases), mortality cases none. In our experience the following conclusions have been reached vaginal hysterectomy is usually well tolerated by most women, a safe operation with few complications, without notable blood loss. Vaginal hysterectomy has convinced us that many more hysterectomies should be carried out vaginally without resorting to abdominal or laparoscopic surgery.