

F. Tellier^{1,3}, C. Gay^{1,2,3}

¹ Department of Obstetrics and Gynecology, University Medical Center of Besançon, University of Franche-Comte, 25000 Besançon, France

² Nanomedicine Laboratory, INSERM EA4662, University of Franche-Comte, 25000, Besançon, France

³ Nord Franche Comté Hospital, 90400 Trévenans

INTRODUCTION

Extramammary Paget disease (EMPD) :

- rare intraepithelial cutaneous neoplasm
- develops mainly in apocrine gland-bearing areas (the axillary and anogenital regions)

Paget disease of the Vulva (PDV) :

- represents less than 10% of all Paget disease
- particularly affects postmenopausal Caucasian women
- prognosis is favorable
- high recurrence rate ranging from 12% to 61%, whether the surgical resection margins are clear or involved
- standard treatment is surgical excision

We present the case of a patient with Paget disease.

CASE REPORT

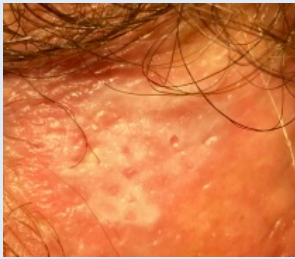


Figure 1 : vulvar lesion

- A 58-year-old woman who is a smoker, without gynecological follow-up
- Occupation : Nurse
- No past medical history and no allergies
- Presented to the gynecological emergency department
- She reports a non-itchy whitish vulvar lesion that has been present over the past three months

- Clinically, the vulva is atrophic and the lesion is white, non-infiltrative and isolated to the cephalic part of the labia minora (Figure 1)
- A biopsy confirmed the diagnosis of intraepithelial Paget disease
- No staging work-up was indicated, given that this is intraepithelial disease
- Surgical excision of the lesion in February 2026 : **excision of the right labia minora**
- Histopathology results : **Intraepithelial Paget disease measuring 28 mm**
- Re-excision due to positive deep margins in March 2026 : negative for tumor
- Postoperative complications : subcutaneous abscess on postoperative day 2, managed with antibiotics and local wound care
- 2 weeks of healing by secondary intention
- Persistent vulvar discomfort 6 weeks postoperatively, treated with analgesics and locally applied soothing and anesthetic cream to improve scar pliability
- Psychological distress requiring psychological support and she returns to work on a part-time schedule
- Annual clinical follow-up was recommended

DISCUSSION

- PDV has a heterogeneous clinical presentation, which can mimic pruritic and extensive eczema or a single hypo- or hyperpigmented lesion
- **In the presence of the slightest clinical doubt, a biopsy should be performed**
- It is the histological and particularly immunohistochemical analysis that will confirm the diagnosis
- Even though surgery remains the gold standard, other less invasive alternatives are being evaluated : imiquimod, Silver Sulfadiazine, photodynamic therapy, laser therapy, radiotherapy or chemotherapy

CONCLUSION

PDV is a complex disease requiring appropriate diagnosis, management, and follow-up.