
Preface to the Series

Gynecological pathology forms a large proportion of the diagnostic workload of most histopathology laboratories. There are frequent changes in diagnostic criteria, ancillary techniques, and staging systems, as well as descriptions of new entities that the diagnostic pathologist needs to keep up to date with, particularly in view of the ever increasing pressure from government, the public, and clinicians for accurate and timely diagnosis. This updating needs to be an individual and continuous exercise of professional development, through reading papers and attending conferences and courses as well as through self-study using published texts.

The female genital tract is a complex system with several different organs. In-depth knowledge of all areas is not necessarily the requirement of all pathologists. Many pathologists have more limited needs; for example, the bulk of the diagnostic work in a United Kingdom district general hospital is formed by cervical screening program-related biopsies, endometrial biopsies, benign uterine pathologies, and miscarriage-related as well as placental pathology, while due to current cancer treatment guidelines, most complex surgical specimens, particularly ovarian, cervical, and vulval cancers, are dealt with in cancer centers. Dermatopathologists may have an interest in vulval pathology but not in other areas of gynecological pathology. Pathology texts are also of interest to researchers and clinicians in particular specialties, for example, dermatologists and oncologists, and their interest will often be restricted to one particular area.

The British Association of Gynecological Pathologists (BAGP) aims to support the development and maintenance of the highest standards of clinical diagnostic practice in gynecological pathology. This aim is achieved through various educational activities, including courses, meetings, and cases of interest on its website, www.thebagp.org. The idea for a series of textbooks, each covering a specific area in gynecological pathology, was conceived while serving within the council of the BAGP. The series is intended for consultant pathologists and trainees who may have a requirement or interest in one or more areas of gynecological pathology due to their particular work situation. These books are intended to provide clear updated information on currently accepted classifications, nomenclature, diagnostic criteria, management implications, staging, and the role of ancillary techniques for neoplastic and nonneoplastic gynecological pathologies. For those interested in all areas of gynecological pathology, this series of smaller individual books holds greater

potential for timely responsiveness to major changes in the field in subsequent editions, by virtue of having multiple contributors and a more limited scope in comparison to larger available texts. Dividing up the field also makes individual volumes more affordable for those in need of access to detailed information in a specific area in gynecological pathology.

We hope that the successive volumes in this series will present the essentials of current diagnostic gynecological pathology comprehensively and in a compact format for practicing and trainee pathologists as well as others.

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Preface to This Volume

The vulva has featured in ritual and Palaeolithic art since the dawn of humanity. Starting with simple line drawings scratched on rock, then evolving into three-dimensional carvings, the vulva is prominent in that apotheosis of the fertility symbol, the Venus of Willendorf [1, 2].

In later history, Sheela-na-gig stylized vulvas, disembodied or not, were a common sight in medieval Europe, placed above the lintels of simple country churches [3]. However, women growing up in most modern societies rarely uncover their vulvas in public, and perhaps because of this, vulval disease tends to be neglected. Groups such as the International Society for the Study of Vulvovaginal Disease (<http://www.issvd.org>) and the affiliated British Society for the Study of Vulval Disease (<http://www.bssvd.org>) have been raising awareness of the medical and psychosocial aspects of conditions affecting these sites and are now increasing their attention to the pathological understanding of those diseases.

Yet, of the many gynecological histology specimens received in a routine laboratory, those derived from the vulva or vagina constitute only a small fraction. Vulval diseases are relatively rare and vaginal lesions almost vanishingly so. Though this is possibly one of the factors that make their histological diagnosis problematic—even for specialist gynecological pathologists—this is by no means the only factor. While women readily seek medical advice for symptoms related to vaginal bleeding, discharge, or pelvic symptoms, for psychosocial reasons, they may be more hesitant with a visible lesion or symptoms related to the vulva. Consequently, secondary changes in long-standing lesions, compounded by occlusion, moisture, scratching, and possibly self-medication, are common. Secondly, while many rare, site-specific lesions occurring in the vulva are known to gynecological pathologists, they may be less familiar with dermatological conditions involving vulval skin. Furthermore, recent years have seen the description of many new lesions and refinement in the diagnostic criteria of existing entities.

This book illustrates with stylish artist-drawn graphics the basic anatomy and embryology necessary to understand the range of lesions and symptoms occurring here. The misery of vulval itch, swelling, soreness, or pain is explained by detailed descriptions of the extensive range of tropical and non-tropical infections to affect the site with clear descriptions of the noninfectious dermatological and mucosal dermatoses that may also be seen. The chapter on benign and malignant glandular lesions includes our increasing

awareness of prostatic-like tissues in the lower female genital tract. Recent advances in the understanding of human papilloma virus in the causation of vulval squamous carcinoma, nonviral causes of carcinoma, and the underlying conditions of differentiated VIN, lichen sclerosus, and lichen simplex chronicus are explained at length. Other chapters cover the diagnosis of the earliest stages in the development of squamous carcinoma, the concept of sentinel node biopsy, the mimics of squamous neoplasia, and the wide and often difficult differential diagnoses of soft tissue and melanocytic lesions. A final chapter covers extramammary Paget's disease, outlines the difference to Paget's disease of the breast, and reviews the concept of anogenital mammary type glands and their role in glandular neoplasia in this site.

All these factors and others make the study of vulvovaginal disease interesting but also difficult. Clinically, these conditions may fall within the remit of general practice, gynecology, or dermatology teams. In the approach to the morphological diagnosis of vulvovaginal diseases, the most cogent advice that can be offered is to be aware of these factors and to promote close working between gynecological and dermatological pathologists. The chapters that follow are authored by experts in the pathology of gynecology, dermatology, and genitourinary medicine with exactly these points in mind.

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References

1. Wendt H. From Ape man to Adam. 2 edn. Omega; 1972, London.
2. Nelson B. Goddess worship in ancient Europe. At: <http://espanol.reocities.com/Area51/Keep/3779/oldeuropegoddess.doc>. Accessed on 10 jan. 2012
3. Jerman JA. The 'Sheela-na-Gig' carvings of the British Isles: suggestions for a re-classification, and other notes. J County Louth Archaeol Hist Soc. 1981;20:10–24.



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