

Giant Vulval Filariasis An Uncommon Problem in Endemic Region

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A 40-year-old woman presented with complaint of mass in her genitalia associated with dragging pain and difficulty in coitus and walking for the past five years.

On examination, two nontender irreducible well-defined bosselated vulval masses were detected, right and left measuring 45 × 38 cm and 22 × 20 cm in size, respectively. There were multiple nodular swellings on the outer surface of each mass.

On laboratory investigation, hemoglobin 11 g/dL, leukocyte count 6400 cells/mm³, and absolute eosinophil count 200 were observed. Serum level of anti-filarial IgE found significantly raised.

Pre-operatively, 2-week therapy of diethylcarbamazine was started. Excision of both right and left masses weighing 15 and 8 kg, respectively, was done with vulvoplasty. The postoperative period was uneventful.

On histopathological examination, stratified squamous epithelium with hyperkeratosis was seen. Underlying stroma showed dermal fibrosis and collagenization with mixed inflammatory infiltrate suggestive of chronic inflammatory pathology.

Wuchereria bancrofti commonly affects the lower limb and genitalia than the arms and breasts.⁽¹⁾ However, the genitalia is rarely affected with *Brugia malayi* infection.⁽²⁾ Patients with lymphedema are treated with a combination of limb elevation, compression garment, and compression pump therapy, and surgery, if necessary.⁽³⁾ Surgical treatment helps reduce the weight of the affected organ, minimize inflammatory attacks, improve cosmesis, and reduce the risk of secondary angiosarcoma.⁽⁴⁾

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