

Figure 22-7 Variants of vulvar intraepithelial neoplasia. **A**, Classic vulvar intraepithelial neoplasia (HPV positive), showing nuclear enlargement, hyperchromasia, and small immature basaloid cells extending up to the epithelial surface. **B**, Basaloid vulvar carcinoma (HPV positive), composed of small, immature (basaloid) cells. This invasive tumor has an area of central necrosis.

MORPHOLOGY

Classic VIN presents either as a discrete white (hyperkeratotic) or a slightly raised, pigmented lesion. Microscopically, it is characterized by epidermal thickening, nuclear atypia, increased mitoses, and lack of cellular maturation (Fig. 22-7A), features analogous to those seen in cervical squamous intraepithelial lesions (SILs, see under “Cervix”). Invasive carcinomas that arise from classic VIN may be exophytic or indurated with central ulceration. On histologic examination, basaloid carcinoma (Fig. 22-7B) consists of nests and cords of small, tightly

packed cells that lack maturation and resemble the basal layer of the normal epithelium. The tumor may have foci of central necrosis. By contrast, warty carcinoma is characterized by exophytic, papillary architecture and prominent koilocytic atypia.

Differentiated VIN is characterized by marked atypia of the basal layer of the squamous epithelium and normal-appearing differentiation of the more superficial layers (Fig. 22-8A). Invasive keratinizing squamous cell carcinomas that arise in differentiated VIN contain nests and tongues of malignant squamous epithelium with prominent central keratin pearls (Fig. 22-8B).

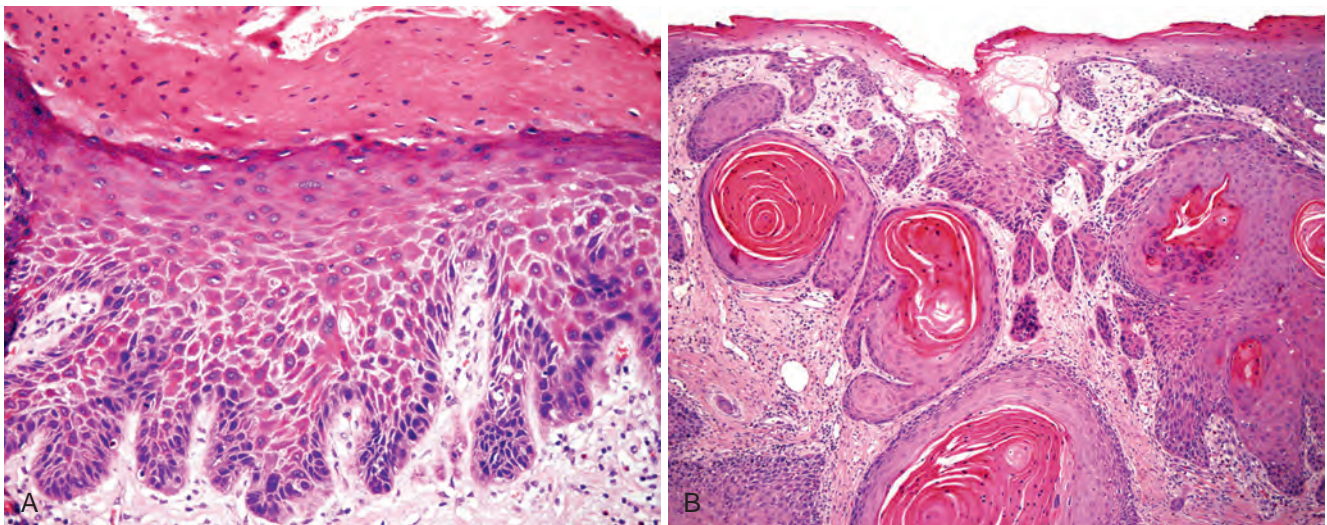


Figure 22-8 **A**, Differentiated vulvar intraepithelial neoplasia (HPV negative), showing maturation of the superficial layers, hyperkeratosis, and basal cell atypia. This is in-situ lesion; no invasion is present. **B**, Well-differentiated, keratinizing squamous cell carcinoma of the vulva (HPV negative).