

Tumour site (Non-core)

Most primary carcinomas arise in the upper two-thirds of the vagina. Recording the location within the vagina of a primary carcinoma may be important for several reasons and is facilitated by the specimen being orientated by the surgeon in the absence of attached anatomical structures. Exclusion of secondary involvement by a cervical (or upper genital tract) neoplasm is more important in tumours located in the upper two-thirds of the vagina.¹ Human papillomavirus (HPV)-associated squamous cell carcinoma (SCC) tend to arise in the upper two-thirds of the vagina, while HPV-independent SCC tend to involve the lower-third.^{1,2} HPV-independent clear cell carcinomas related to in utero exposure to diethylstilbestrol show a predilection for the upper two-thirds,¹ mesonephric adenocarcinomas are usually located in the lateral walls¹ and mucinous carcinomas of intestinal type in the lower posterior third.³ Additionally, there are different, albeit not always predictable, lymphatic drainage patterns of the upper, middle and lower thirds of the vagina.^{4,5}

References

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- 3 Staats PN, McCluggage WG, Clement PB and Young RH (2014). Primary intestinal-type glandular lesions of the vagina: clinical, pathologic, and immunohistochemical features of 14 cases ranging from benign polyp to adenoma to adenocarcinoma. *Am J Surg Pathol* 38(5):593-603.
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- 5 Hacker NF, Eifel PJ and van der Velden J (2015). Cancer of the vagina. *Int J Gynaecol Obstet* 131 Suppl 2:S84-87.