Immediate reconstruction in the treatment of vulvar cancer: leaving everything as it was

Jorge Sánchez-Lander*

"But everything should be done decently and in order"

1 Corinthians 14, 40

"Everything changes, nothing is."

Heraclitus of Ephesus, 535-484 years B.C.

Vulvar cancer is one of the less common gynecological malignancy and shows, for two decades, a definite global trend, characterized by two facts: 1) an increased incidence in women under 50 years, associated with infection HPV and not to dystrophic lesions of the vulva frequently found in older women, and 2) the maintained tendency for diagnosing women, in the largest proportion of cases, in advanced stages. Several factors impact on this aspect: the delay in the first visit or by improper handling because a misinterpretation of symptoms and signs. This makes the surgical
treatment of vulvar cancer, like all neoplastic pathology originated around a natural port, not only have a significant impact on self-image, but eventual significant functional sequelae in urinary and sexual sphere. Regardless of the age and condition of the patient prior, adverse effects of treatment are still one of the most worrying aspects. In most advanced cases, not only the removal of one or both labia, but often resections of the distal urethra and clitoris will be needed. Immediate reconstruction, such as in the treatment of other neoplastic diseases, has been positioned as the standard behavior.

Surgical treatment has been passed from the extensive classical radical vulvectomy, the radical modified by triple incision technique, to wide local resections accompanied, in the early cases, of inguinal sentinel node biopsy. Meanwhile, the reconstruction of vulvar anatomy show a spectrum of options from the free graft, for minor defects, to the laborious mobilization of rectus abdominis myocutaneous flaps or gracilis muscle to larger areas. These procedures, although they have a very favorable aesthetic result, are associated with morbidity at the donor site that is not negligible.

In a recently published article in Gynecologic Oncology, Argeta et al, from Canniesburn Plastic Surgery Unit of the Royal Infirmary in Glasgow, Scotland, describe their experience in reconstruction with fasciocutaneous flap technique named "lotus petal" after Yii and Niranjan in 1996. In this series of 80 procedures in 59 patients, most cases were extensive to intermediate defects, with an average of resected area of 29 cm². In their report we can see that 66.1% of cases were due to malignant disease of the vulva and 20.3% to dysplastic pathology. In terms of results highlights a minimal intraoperative and postoperative morbidity without registering total loss of the flap and partial loss rate of 8.8%, ie 7 of 80 procedures, of which only 3 patients required reoperation.

Assessing the benefits of this technique, it is emphasized that the mobilization of a fasciocutaneous flap, very doable for specialists in plastic surgery and cancer surgery with training on intermediate reconstruction procedures. The low morbidity and few sequelae related to the donor area, speed and excellent cosmetic result are its main attractions. It is striking, in this series, a relatively high rate of positive margins (15-16%) in the resection of neoplastic lesions, of course finding unrelated to reconstruction technique but with technical aspects during the phase of resection. Key details of the vascular anatomy of the flap and the interesting observation that by preserving the pudendal nerve is able to maintain the sensitivity of the skin area of the mobilized segment are briefly described in the discussion. This is really interesting in a tissue whose final destination is the genital area. With regard to the volume of the mobilized segment, not only will depend on the nutritional status of the patient, but also how close to the gluteal fold and how

www.intervalolibre.wordpress.com
January 19th, 2014
much subcutaneous tissue is included in the flap. This aspect is very important in the reconstruction of a hemivulva which requires, for purposes of symmetrization, a larger volume. Finally a short article interesting and excellent applicability.

To expand on the subject, it is recommended also check out the excellent article of Höckel M and Nadja Dornhöfer of Women's and Children's Centre at the University of Leipzig, Germany, on vulvovaginal reconstruction in the treatment of neoplastic disease, published in Lancet Oncology in 2008. In a lecture in ESGO 2013 by the coauthor, surgical technician and statistical data on the wider benefits of immediate reconstruction in order to avoid severe postoperative sequelae and unquestionable benefit the quality of life of patients presented.

Gradually overcome the radical era in oncology, focuses primarily on the replacement, well-grounded, of radical interventions with less extensive procedures. But also, in cases where this is not possible, it is essential to make every effort to reconstruct the anatomy and/or lost functionality. Also in vulvar cancer, reconstruction is as important today as total resection of the lesion.

*Servicio de Ginecología Oncológica, Instituto de Oncología Luis Razetti y Clínica Santa Sofía, Caracas Venezuela.