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Surgery for recurrence of vulvar cancer and immediate reconstruction with pudendal fasciocutaneous flap

Cirugía de recidiva de cáncer de vulva y reconstrucción inmediata con colgajo fasciocutáneo del pudendo

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A 82-year-old woman operated on 15 years ago for squamous cell carcinoma of the vulva. A simple vulvectomy plus bilateral inguinal lymphadenectomy was performed (1 of 7 lymph nodes affected on the left and right side, free of lesion), thus it is stage as a FIGO IIIA (1). Subsequently, adjuvant radiotherapy was applied. After seven years free of disease, the patient decided not to continue the oncological controls. She was referred again to gynecology consultations due to vaginal bleeding. In the anamnesis, he refers to presenting lesions on the vulva for a year and the exploration shows the scar from the previous surgery and an ulcerated lesion that affects the upper third of both labia majora and the central area in contact with the urethra (Image 1).

A PET-CT and an MRI of the pelvis were requested, which reported tumor recurrence in the vulvectomy bed, with no evidence of lymph node or distant spread. Through multidisciplinary management, joint surgery was decided between oncological gynecology, urology and plastic surgery, with wide resection of the vulvar lesion and the distal third of the urethra (Image 2), and immediate reconstruction using a fasciocutaneous flap of the pudendal (Image 3). The pathological report reported a well-differentiated and infiltrating Squamous Cell Carcinoma with free surgical margins.

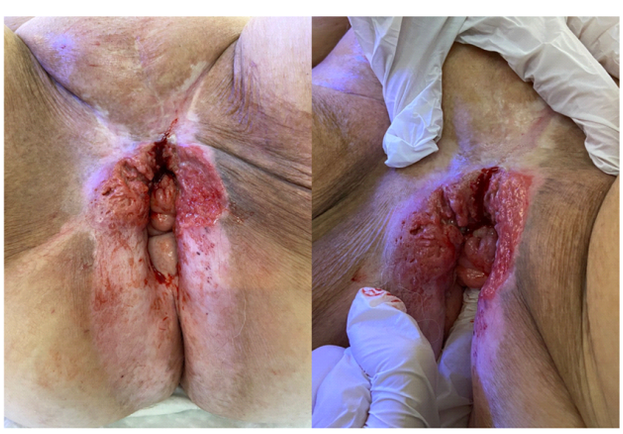

Figure 1. Ulcerative lesion that affects the upper third of both labia majora and central area in contact with the urethra.

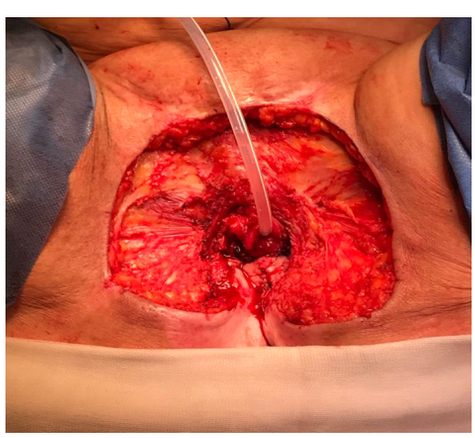

Figure 2. Wide resection of the vulvar lesion and the distal third of the urethra.

Vulvar cancer, although infrequent (less 1% of gynecological tumors), is a pathology that, due to its extensive surgery and the advanced age of its patients (2), presents a high morbidity and mortality (3). Its insidious symptoms (itching and irritation) cause its diagnosis to be delayed, even in case of recurrence. Most recurrences occur in the first two years after treatment, however, up to 35% have a recurrence at five years or more, thus requiring long-term follow-up (4).

Gynecological pathology is forgotten in postmenopausal patients. Its high suspicion is essential for its early diagnosis and thus improve the quality of life of patients. Three months after surgery, our patient continues without signs of recurrence, but with urinary incontinence.

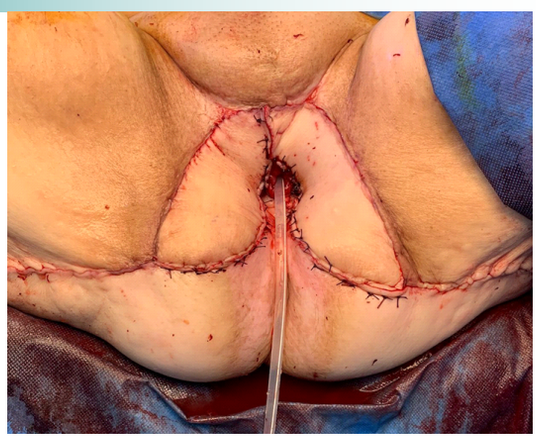

Image 3 . Pudendal fasciocutaneous flap reconstruction.

Authors' contribution
All authors participated in the entire research process.

Conflicts of Interests
There is no conflict of interest to declare.

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