CARCINOMA OF THE VULVA

Non-mutilant surgical therapy, a clinical case

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SUMMARY

Radical non-mutilant surgical therapy of the vulva carcinoma; a clinical case.

The case of a 30 year old patient affected by invasive carcinoma of the vulva is reported.

The patient was submitted to a first operation for tumorectomy with inguinal lymphadenectomy according to the non-mutilant method, and after four months to a further operation for tumorectomy. The treatment was completed with radiant therapy.

After three years the patient is living without any illness, and her condition of life is better, compared with the period before surgical intervention.

It is an already generally accepted concept in gynecological oncology that the quality of the patient's life and human dignity must always be considered ([1]).

From this premise, in recent years this necessity has led to the development of a surgical technique which, while maintaining the essentials, avoids the excessive demolitions that are likely to leave the patient feeling that her life afterwards was worse than when she was suffering from the disease. This has been made avoidable by correct techniques of phasing and follow up, which allow for the adequation of the operation to the real extent of the neoplasm, as far as the tumorectomy ([2]).

The surgical operation must therefore no longer be standardised but personalised to suit every single case.

Surgical operation for vulvectomy is a particularly traumatic experience for a woman, expecially if she is young and is still leading an active life in social and sexual relations. The consequences of such serious mutilations on the psychophysiological plane may make survival unbearable for such women.

On the basis of these principles, in our school we have worked out an operation for non-mutilating radical vulvectomy which, besides respecting the quality of the patient's life, is practically free from complications both during and after operation.

A CLINICAL CASE

B. E., age 30; clinical card No. 822/1976; 10-1920-2268/1977; 134-556/1978; 1330/1979; 270/1980.

Family anamnesis negative; remote positive pathological anamnesis only for exanthematous illnesses; physiological anamnesis regular.

The patient entered the Gynecological and Obstetric Clinic of Padua University on 26.VIII. 1976, with a disproliferative vulva form.

The stadium was shown as $T_1N_1M_0$ by the positive condition of the dx inguinal lymphoids.

On 27.IX.1976 the patient underwent a tumorectomy with lymphoidectomy on the right inguinocrural.

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The histological examination (No. 1/8583) of the excised vulvovaginal tissue gave evidence of "invasive epidermoid carcinoma". The neoplastic tissue was well surrounded in depth by healthy stromal tissue; at one point on the surface neoplastic tissue was apparent, however, on the border. Consequently at a later date a wider excision was carried out in the area where the tumoral demolition seemed incomplete. The histological report (No. 18641) noted "vaginal tissue with displasic alterations of the epithelium and leucohistiocitaria infiltration of the stroma".

The histological examination of the lymphnodes gave the following result: "lymphnodal metastases of carcinoma moderately differentiated".

In January 1977, in the normal follow-up carried out in our clinic for these tumours an initial relapse was revealed. The patient therefore underwent another operation for tumorectomy, with further ample excision of vulvoperineal tissue, always respecting the cutis and the normal morphology of the vulva.

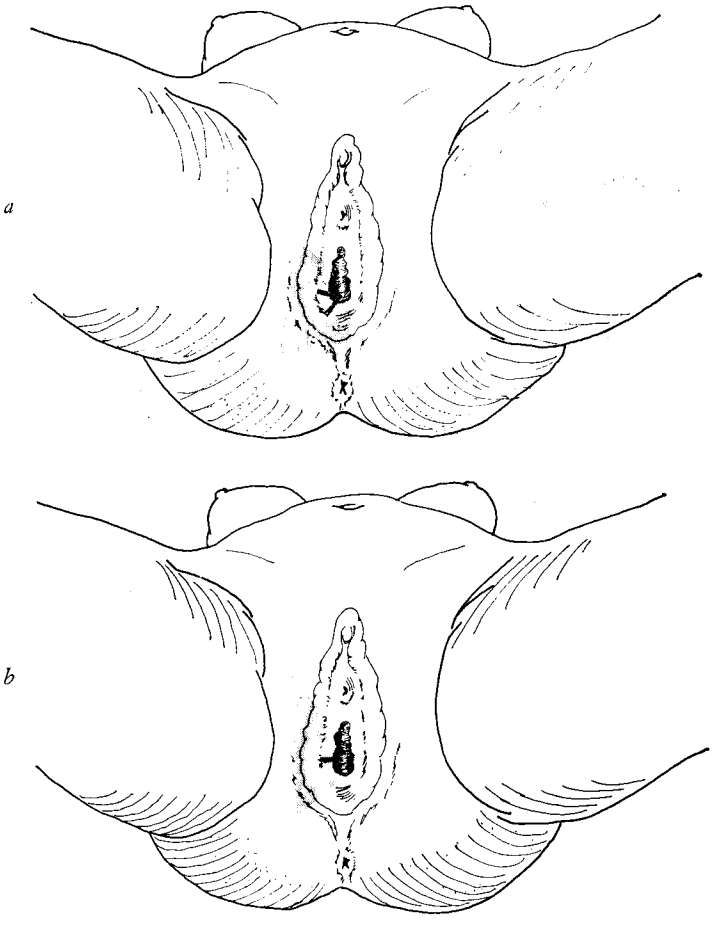

Fig. *a - b.*

Successively (April 1977) the patient conceived, and wished to go through with her pregnancy, fully conscious of her illness. The pregnancy continued normally, if we exclude in its 29th week a banal left Bartholinitis, with histological examination of the removed gland negative on account of neo-plastic infiltration.

In the 39th week of pregnancy a conservative caesarean section was performed; the new-born

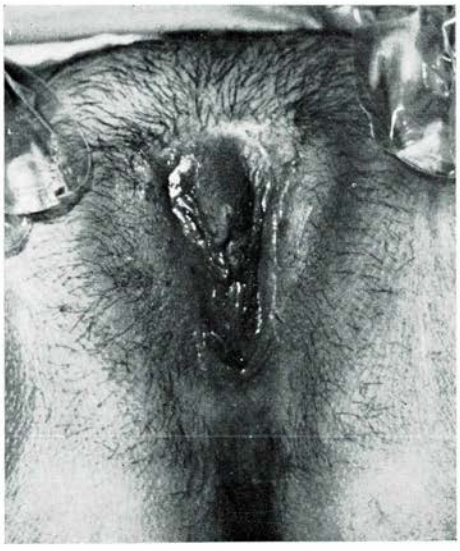

Fig. *c*.

weighed 3090 grammes, was alive and well, and is now enjoying very good health.

In February 1978 the patient underwent selective vulvar radiotherapy, with infiltration of Iridium 192; the dose of irradiation to the reference isodose was 6000 rad.

The follow-ups every six months have always given negative results and the patient, up-to-date, is free of illness.

Her psycho-physiological life is perfectly well-balanced and lived within her family, her sexuality and affectionate relations are fully satisfactory, with no appreciable consequences of the very serious illness she has suffered.

In fig. a – we see reported the scheme of the first operation the patient underwent.

The incision of the cutis at the inguinal level was carried out according to the Onnis non-mutilating technique, variant B ([1]).

A small vulvo-vaginal incision permitted the removal of all the perineal vulvo tissue surrounding the tumour.

In fig. b – the scheme of the second operation is reported, tumorectomy with amplification of the sub-cutaneous tissue removed.

In fig. c – we have a picture of the result at some distance of time from the preceeding operations.

BIBLIOGRAPHY

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2) Veronesi U.: *I tumori della mammella.* Ed. Ambrosiana, 1976.