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Educational video

Full-thickness inguinal resection with abdominal flap transposition for inguinal recurrence of vulvar cancer in an irradiated field

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Inguinofemoral nodal recurrences of vulvar cancers have a poor prognosis, with a 5-year survival rate of 0–20 % (Cormio et al., 2010). The standard treatment combines surgery and chemoradiotherapy (Oonk, 2023). Wound complications remain one of the leading cause of morbidity and mortality in vulvar cancer, particularly in irradiated fields (Wills and Obermair, 2013 Nov). Due to their anatomical location, groin wounds are exposed to shear forces. Tension on the suture line contributes to wound breakdown. Skin flaps, especially transposition flaps, are simple and effective to reduce tension and improve vascularization (Marck and van Wingerden, 2019).

We report the case of a patient in her 70s, diagnosed with vulvar squamous cell carcinoma, treated abroad with radical vulvectomy in 2019. Four years later, she presented a bulky inguinal mass and external iliac lymphadenopathies. Left inguinal surgical biopsy confirmed recurrent squamous cell carcinoma with skin involvement. Despite concurrent radio-chemotherapy and subsequent carboplatin-paclitaxel chemotherapy, the large left inguinal mass persisted, while pelvic lymphadenopathy resolved. The tumor board recommended full-thickness inguinal resection with groin reconstruction.

This video demonstrates a full-thickness inguinal resection with abdominal transposition flap in an irradiated field (Fig. 1). A vertical elliptical wedge skin incision is made for vascular control. The bulky lymph node is excised en bloc, creating a large groin defect. An abdominal transposition flap is harvested to cover the area. The flap size is tailored to the defect, ideally with a length not exceeding twice its base. Fluorescence imaging with indocyanine green can optimize vascular assessment. The patient experienced no complications and was discharged on day 4. Pathology confirmed a 25 mm infiltrating carcinoma with negative margins (deep margin near the vessels of 1 mm), no lympho-vascular or perineural invasion. The thoraco-abdomino-pelvic CT scan at 4 months post-operative does not show any progressive lesion locally or at a distance and the clinical follow-up shows a fully healed scar.

CRediT authorship contribution statement

Conceptualization: all authors. Video editing: SSC. Writing – Original draft: SSC. Writing review: PAG and CMG. Project administration: CMG. Surgery: CMG and PAG. Video recording: SSC, CMG and PAG. Supervision: CMG.

Patient Consent for Publication

The patient consented to the use of her medical data for research purposes and teaching, including video recording and subsequent publication.

Ethical approval

This article involves a human participant but is not classified as research by the ethics committee of the Centre Oscar Lambret Hospital, which exempted it from requiring ethical approval.

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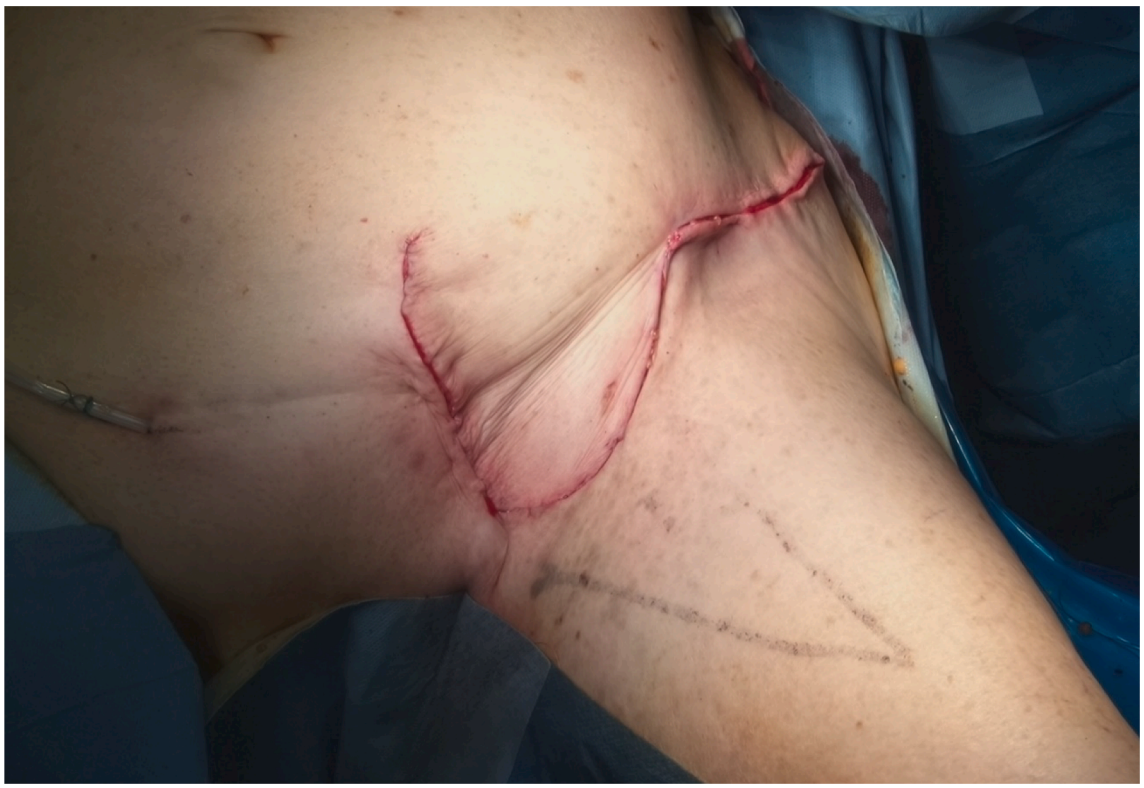

Fig. 1. Abdominal transposition flap after inguinal lymphadenectomy with skin resection.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.gore.2025.101734.

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