

# Innovative treatment of dysplasia and cancer of the vulva

## Abstract

With vulvar dysplasia, sclerotic deprive and suspected cancer under our observation there were 92 patients. The effectiveness of treatment of vulvar dystrophy (VIN I-II degree) by the method of photodynamic therapy (PDT)  $45.8 \pm 4.7\%$ . However, dysplasia II - III degree, sclerotic changes with the formation of pronounced horn scales prevents the full PDT and recurrence of the disease. Therefore, the treatment of choice is surgical treatment with a reconstructive plastic. The use of new reconstructive plastic surgery, including with the use of abdominal skin and fascial flap combined with vascularized lower segments of the rectus muscles (patent for invention № 2580665 from 11.11.14), have helped to reduce complications, improve cosmetic effect and reduce the duration of lymphorrhea in 2-3 days.

**Keywords:** Vulvar cancer, PDT, cryoapplication, reconstructive plastic surgery of the abdominal skin and fascial and lower segments of the rectus muscles.

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## Introduction

Until recently, the main etiological factors of cancer of the vulva (RV) related disturbances in the neuroendocrine homeostasis. In the modern system of pathogenesis special attention is given papilloma infection (HPV). Latest play a leading role in the Genesis of not only cervical cancer but also RVS that offers a new way to look at this problem.<sup>1,2</sup> Currently, PB is increasingly diagnosed in reproductive age, which in some way is connected with increasing frequency HPV of infection and incidence of vulvar intraepithelial neoplasia (VIN) among young women. Able to treat precancerous processes and prevent the development of cancer is difficult, but the real problem of modern gynecology.<sup>3,4</sup> Some authors the solution to this problem is associated with the development of methods for cryosurgery, and FDT FDD. Others believe that the organ-saving treatment of patients with neurodystrophic process, with a vulvar intraepithelial neoplasia and early cancer leads to relapse, and therefore in need of radical treatment.

**Aim:** Comprehensive assessment and improvement of methods of treatment of vulvar dysplasias and early cancers.

## Material and methods

With vulvar dysplasia, sclerotic deprive and suspected cancer in regional oncologic dispensary from 2010 directed 92 of the patient. For cancer of the vulva in order to avoid dispersion of tumor cells excision is always carried out radiowave scalpel and apparatus "Harmonics". In most cases, the plastic after vulvectomy was carried out with full-fledged skin-fascial flaps from the inner surface of the thighs. In recent years the excision of the tumor was preceded by her credibilitate to  $t - 185^\circ$  using the apparatus ERBE, exposure 3-5 min (Figure 1). The results indicate the prospects of this approach, allowing a fixed tumor, it is more convenient to tighten and excise, to reduce blood loss. To improve quality, when localizing the tumor in the anterior parts of the vulva the formation of the amount of the external genitalia and reduce the lymphorrhea in recent times we have developed a method rekonstruktivnoi erasers (Patent No. 2580665 for invention

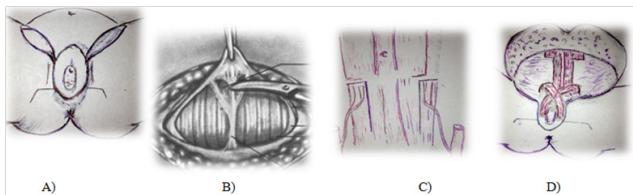
dated 11.11.14) of the external genitalia through the mobilization of abdominal skin and fascial flap and the lower segments of the rectus muscles along with epigastrica inferior (Figure 2). Closure of the wound was carried out at the beginning cross mobilized segments of direct muscles of a stomach on the vascular pedicle. Last create the missing volume of the labia majora and represent a unique plastic material for vascularization and lymph drainage. In the region of the decussation of the muscles and the ends of the segment performed the fixation to the muscles of the vagina with absorbable sutures so that they hung over the mouth of the urethra and did not close the symphysis of the pubic bones.



**Figure 1** Kriodewitalizatia of tumour.

The next step was sutured fascia rectus muscles of the abdominal wall. Then put 6-7 stitches by Donati on the skin of the perineum and posterior vaginal wall tension in order to determine to what level will the skin defect to be filled abdominal skin and fascial flap with no tension. Abdominal skin and fascial flap was laid on the wound surface, adapting it by cutting off the excess and sharp areas of the skin, stitches. Determining the projection of the abdominal flap,

adjacent to the pubis, imposes two provisory internal anchor sutures to the periosteum, which is then stitched to the abdominal flap (without the skin), forming the genital fold. Then through a separate puncture of the abdominal flap in the inguinal areas has introduced an active drainage in the inguinal-femoral area. Then every 0.7-0.8cm for the tightness of stitches on the skin and the vaginal mucosa around the entire circumference and nodal skin sutures for Donati in inguinal-femoral area. Surgery was performed in 12 women, mostly aged 45 to 55 years with abdominal obesity. The process is localized on the skin and mucosa of the anterior half of the vulva. In one case, focal leukoplakia was as an independent disease, in the other case was diagnosed with the initial cancer. Healing was by primary intention, with the exception of 1 woman (8,3±1,4%) with obesity and diabetes type II. An important aspect of reconstructive vulvectomy abdominal flap combined with segments of straight muscle on the vascular pedicle has been the reduction in the duration of lymphorrhea in 3-4 days, and the formation of the appearance of the organ.



**Figure 2** (A) Excision of the vulva; (B) Inguinal areas; (C) Slit with a Pfannenstiel exposure of the rectus muscles and epigastrica inferior; (D) Formirovanie of the labia majora cross segments of the rectus muscles.

## Summary

1. The use of cryogenically and apparatus “Harmonics” to reduce blood loss from the tumor and as a consequence strengthen meadow ablasic and antiblastic;

2. An important aspect of vulvectomy with the plastic wound surface of skin-fascial flap of the abdominal wall in combination with the segments of the rectus muscle on the vascular pedicle was possible to reduce the duration of lymphorrhea for 3-4 days to improve the appearance of the body.

## Acknowledgment

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## Conflict of interest

The author declares no conflict of interest.

## References

1. Gubaidulina TN, Zharov VA, Chernova LF. Efficiency of surgical treatment of patients with background processes precancer and early cancer of the vulva with the use of reconstructive plastic surgery. *Surgery*. 2008;2:48.
2. Zharov AV, Vazhenin AV. Optimization of the treatment of patients with cancer of the vulva. *Chelyabinsk*. 2005;131.
3. Buscema J, Naghashfar Z, Sawada, et al. The Predomenance of human papillomavirus type 16 in vulvar neoplasia. *Obstet Gynecol*. 1988;71(4):601-606.
4. Knapstein PG. Erweiterte Behandlungsmöglichkeiten das Vulvakarzinomas durch plastic reconstructive Verfahren. *Zbl Gynäkol*. 1985;107(24):1479-1487.