Surgical Film

Laterally extended endopelvic resection with nephrectomy for vaginal cancer

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HIGHLIGHTS

- Laterally extended endopelvic resection (LEER) may be effective for the pelvic side wall tumor.
- LEER can be a good alternative if the patient with the pelvic sidewall tumor has difficulty taking anticancer drugs.
- Nephrectomy can be considered as a treatment option for end-stage renal disease patients with relapsing infection.

ARTICLE INFO

Abstract

Objective: The pelvic sidewall recurrence occurs in 8.3% of patients with recurrent cervico-vaginal cancer [1]. Since these patients have no alternative treatment after surgery or radiotherapy, laterally extended endopelvic resection (LEER) has been considered as feasible for treating recurrent cervical cancer involving the pelvic sidewall [2]. Specifically, LEER can be the last treatment option if palliative chemotherapy cannot be administered due to major organ failure such as liver cirrhosis or renal failure. Thus, we showed feasibility of LEER with nephrectomy for a patient with renal failure who showed vaginal cancer involving the pelvic sidewall.

Methods: A 70-year old woman who had received radiotherapy 26 years ago for stage IIB squamous cell carcinoma of the cervix visited due to severe pelvic pain and yellowish vaginal discharge.

She showed a necrotic mass at the vaginal stump with left pelvic sidewall invasion, and lymph node metastasis at the right common iliac area. Moreover, hydronephrosis of the right kidney caused recurrent urinary infection. Therefore, we planned LEER with right nephrectomy.

Results: We performed total pelvic exenteration with LEER for the left pelvic sidewall tumor with right nephrectomy and lymphadenectomy. For LEER, we removed the left internal iliac vessels by consecutively ligating superior and inferior gluteal, and inferior pudendal vessels, and then resected the left pelvic floor muscles. Finally, she showed no recurrence for nine months despite no palliative chemotherapy after surgery.

Conclusion: Radical excision including LEER can be considered for patients with vaginal cancer involving the pelvic sidewall and complicated major organs.

Acknowledgement

Author contribution

Soo Jin Park & Hee Seung Kim designed the current surgical film. Hee Seung Kim performed the surgery, and collected the data in this article. Soo Jin Park made the film with narration, and drafted this article. Soo Jin Park & Hee Seung Kim approved the manuscript finally.

Conflict of interest

Soo Jin Park, and Hee Seung Kim declare that they have no conflict of interest.

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Appendix A. Supplementary data

Video 1

Video 1. A specimen after laterally extended endopelvic resection and right nephrectomy.

References

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