PROGNOSTIC IMPACT OF CLINICAL AND HISTOPATHOLOGICAL FACTORS IN PATIENTS WITH VULVAR FLAP RECONSTRUCTION AFTER LARGE VULVAR RESECTIONS FOR VULVAR MALIGNANT NEOPLASMS

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OBJECTIVES:

Analyze the influence of clinical and histopathological factors on the prognosis of patients with vulvar cancer who required surgical flaps reconstruction after large vulvar resections.

METHODS:

From 2001 to 2018, clinical and histopathological features of patients with locally advanced or recurrent vulvar cancer who underwent vulvar flap reconstruction were retrospectively reviewed. Histology, grade, margins, tumor size, lymph node metastasis, comorbidities, previous radiotherapy, recurrent or primary disease, FIGO staging and type of vulvar flap were analyzed. The covariates were evaluated using Cox regression analysis.

RESULTS

A total of 157 patients were surgically treated for vulvar cancer, 34 (21%) required vulvar flap reconstruction. Median age was 70 years and 88% (N=31) had squamous cell carcinoma, 20 (58%) were grade 2. Median tumor size was 6,0 (1,5-16,7)cm and all patients had negative margins. Fifteen (44%) were FIGO stage III. Sixteen (47%) had previous radiotherapy and 22 (64%) had recurrent disease. Inguinal lymphadenectomy was performed in 24 (70%) with a lymph node positivity rate of 62% (N=15). Reconstruction was performed mainly with myocutaneous flap (70%; N = 24), of these, 15 (44%) with gracilis myocutaneous flap. Twenty five patients (73%) had a recurrence and 16 (47%) deaths of the disease occurred.

Table 1. Demographic and Disease Characteristics

Characteristic	
Age, years	
Median (Range)	71 (27-90)
FIGO Stage 2009	
No. (%)	
IB	14,3
II	28,6
IIIA	31,4
IIIB	14,3
IV	11,4
Hystology	
No. (%)	
Squamous Cell Carcinoma	88,6
Paget's Disease	5,7
Adenocystic Carcinoma	2,9
Melanoma	2,9
Previous Radiotherapy	
No. (%)	
Yes	48,6
No	51,4
Lymphadenectomy	
No. (%)	
No	31,4
Negative lymph nodes	25,7
Positive lymph nodes	42,9

Estimated overall survival was 72 (CI 95% 35,9-108) months. Lymph node metastasis was the only factor associated with shorter overall survival 8,4 (5,9-23,65) months (P = 0,018).

Table 2. Type of vulvar flap required for Reconstruction

Flap	N (%)
Fasciocutaneous	10 (29,4)
Gracilis	15 (44,1)
Gluteus Maximus	6 (17,6)
Rectus abdominus muscle	1 (2,9)
Gracilis + Gluteus Maximus	2 (5,9)

Fig A-B. Resection of recurrent vulvar carcinoma after radiotherapy that required a bilateral gracilis flap

Fig C-E. Reconstruction with bilateral gluteus maximus flap due to vulvar Paget's Disease

Fig F-G. Longitudinal rectus abdominis muscle flap used for reconstruction of recurrent vulvar carcinoma

CONCLUSIONS

The presence of lymph nodes metastasis is probably the only factor with impact on the overall survival in patients who required vulvar flap reconstruction.

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