Are complications after lymph node groin dissection for vulvar cancer treatment dependent of draining system?

Comparison of two techniques: Penrose and Porto-Vac

M. B. Faria¹; R. Signorini Filho²; T. S. B. Rosa²; M. P. Araujo¹; R. P. Fernandes; J. P. Carvalho¹; E. C. Baracat¹; A. R. Dias-Jr.¹

¹Department of Gynecology of University of university of São Paulo, Instituto do Câncer do Estado de São Paulo (ICESP/FMUSP), São Paulo, Brazil;

²Department of Gynecology Oncology of Hospital Pérola Byington, São Paulo, Brazil

Introduction

The great concern on the vulvar cancer treatment is the inguinofemoral lymphanectomy (IFL), because of the high complication rates due to the disturbance of lymphatic draining. Therefore the comparison between systems is relevant.

Objectives

The aim of this study is to compare the vacuum accessorized drain efficacy with the penrose silicone drain (wider caliber).

Patients and Methods

66 of 120 patient with advanced vulvar cancer, submitted to IFL, were included. The patients were divided in two groups: A) penrose 14 mm silicone drain (case group); B) vaccum accessorized 4,8mm drain (control group). In each patient the drain was exteriorized at a medial common incision, linked to a colostomy bag or to the portvac bag to store the drainage. The efficacy was determinated by the following variables: infection, dehiscence, bleeding, lymphocele and days of hospitalization.

Results

All data presented 31,4% to 35,4% complications rates in general. Infections were the most prevalent (A: 28.6 – B: 9.67%), followed by bleeding (A: 0.3 - B: 22%), dehiscence (A: 0- B: 6,45%) and lymphocele (A: 8.5 – B:19.3%), respectively. Re-hospitalization was significantly higher in control group (7 cases) compared of no cases in study group.

penrose silicone drain group drain

Conclusion

Although the complication rate was similar, vacuum accessorized drain presented more tax of lymphoceles, dehiscence and hospitalization days compared to penrose silicone drain.