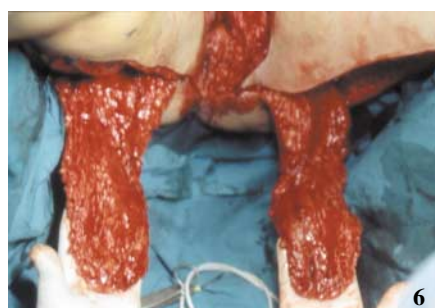
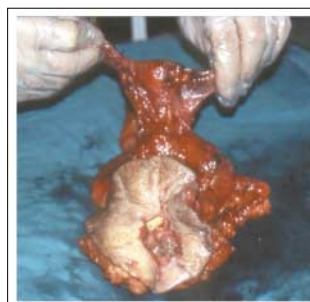
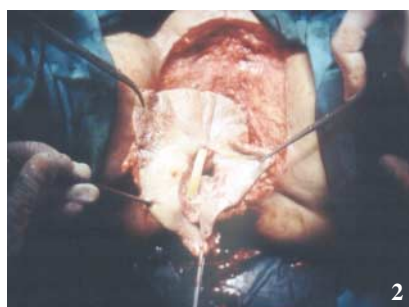


¹M. Rinaldi • ²N. Cormio • ³V. Bucaria • ⁴P. Di Tonno • ¹F. Marino • ¹D.F. Altomare

¹General Surgery and Liver Transplantation Units, Department of Emergency and Organ Transplantation, University of Bari, Italy; ²Second Obstetrics and Gynaecology Clinic, Department of Surgical and Specialistic Sciences, University of Bari, Italy; ³Plastic Surgery Unit, Department of Innovative Technologies-Applications in Surgery, University of Bari, Italy; ⁴Urology and Kidney Transplantation Units, Department of Emergency and Liver Transplantation, University of Bari, Italy

Perineal reconstruction after total pelvic evisceration and excision of pelvipерineal soft tissues for recurrent vulvar carcinoma



1 Recurrence of squamous cell carcinoma of the vulva involving the urethra and the anus 41 months after radical vulvectomy with bilateral inguinal and femoral lymphectomy (Foley catheter inserted in the urethra). **2** After standard abdominal procedures (dissection of the rectum, bladder, uterus and ovaries), the perineal tissues were resected. **3** En-bloc resection of pelvipерineal skin and soft tissue, rectum and anus, bladder and urethra, uterus and ovaries. **4** A perineal view after total pelvic evisceration. Prolene mesh was used to close the residual cavity after fashioning a colostomy and uretero-ileostomy according to Bricker. **5** Identification of the skin flaps to be transposed from the posterior face of the thighs. **6** Preparation of the rotating skin flaps. **7** Final result after reconstruction with rotating skin flaps from the posterior face of the thighs. **8** Perineal view one year after the demolitive procedure: the patient was recurrence-free.