



Laparoscopic combined transperitoneal pelvic exenteration for vulvovaginal recurrence of rectal carcinoma following a Miles operation

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Pelvic exenteration refers to a multivisceral resection of all pelvic organs, including the rectum, bladder, and reproductive organs [1]. Approximately 70% of appropriately selected patients can receive R0 resection [2] with a potential of improved quality of life, prolonged survival, and even clinical cure. The attached video shows laparoscopic combined transperitoneal pelvic exenteration for vulvovaginal recurrence of rectal carcinoma following a Miles operation.

The patient is a 37-year-old woman who 5 years previously had undergone a Miles operation for pT1N0M0 stage I rectal adenocarcinoma and, 2 years later was diagnosed with a subcapsular tumor in segment VI of the liver and a pelvic mass involving the right pelvic wall. After three surgeries for metastatic tumors, a hemorrhagic neoplasm in the vulvovaginal region was found on physical examination. Biopsy confirmed locally recurrent rectal adenocarcinoma. The right ureter was involved and a mild hydronephrosis was present. Therefore, we performed a laparoscopic combined transperitoneal pelvic exenteration and bilateral cutaneous ureterostomy in March 2021. The pelvic floor defect was repaired with a biological graft and adjacent soft tissue.

Operation time was 480 min. Blood loss was 600 ml. Complete tumor clearance was achieved without any

complications. After multidisciplinary team discussion, adjuvant radiotherapy was suggested as complementary treatment considering the lesion was close to the pubic symphysis and pelvic sidewall. Two months after the surgery, a follow-up computed tomography scan revealed no sign of recurrence or residual lesion. The patient's quality of life has greatly improved.

Laparoscopic combined transperitoneal pelvic exenteration is technically feasible for a laterally recurrent pelvic tumor and urethral-vaginal fistula after Miles operation and concurrent chemoradiotherapy.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s10151-021-02562-0>.

Declarations

Conflict of interest Hao Zhang, Junying Tang, Zhengqiang Wei, Delin Wang, Rong Wang, and Lin Xiao have no conflicts of interest or financial ties to disclose.

Ethical approval This paper was approved by the Ethics Committee of the institutional review board (IRB) of Chongqing Medical University.

Informed Consent A signed informed consent has been obtained from the patient.

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