

## **RADICAL SURGERY FOR INVASIVE VAGINAL CARCINOMA**

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### **Abstract**

Vaginal cancer represents a rare malignancy accounting for 2% of all gynecologic malignant tumors. Due to its rarity, there are no prospective trials to guide the treatment. The most commonly used treatment option is radiotherapy. We present the case of a 75 years old female who was addressed to our service for vaginal bleeding. The local exam showed the presence of a large tumor on the posterior vaginal wall and the biopsies revealed squamous cell carcinoma. The patient was referred to the radiotherapy service but after 5 sequences of external beam therapy associated with chemotherapy (Cisplatin) she developed an episode of severe rectal bleeding so the radiation therapy was cancelled. We performed a total colectomy with total hysterectomy, bilateral adnexectomy and bilateral pelvic and inguinal lymph node dissection. The histopathological findings confirmed the preoperative results of the biopsies. In the postoperative course the patient developed an episode of severe diarrhea and dehydration due to the irradiation recto-colitis which needed intensive hydroelectrolytic re-equilibration. The patient was discharged the 20th postoperative day. 2 years postoperatively there are no signs of recurrent disease.

**Key words:** invasive vaginal squamous carcinoma, radiotherapy, recto-colitis, total colectomy, lymph node dissection

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