A 46-year old female presented with history of vulvar mass for 3 years was confirmed to have moderately differentiated keratinizing squamous cell carcinoma on histology. SLN mapping was performed after the intradermal injection of 40 MBq of Tc-99m Nano-Colloid at 2 sites adjacent to excision scar in right vulva. Planar images (A) displayed focal increased radiotracer uptake in the left inguinal region. On SPECT-CT images (B) focal radiotracer uptake corresponded to a left inguinal node.

Over the last several decades, the surgical treatment of vulvar cancer has become more conservative, as tumor margins are more important rather than the actual removal of the organ.\(^1\) Van der Zee et al, in a study of 403 patients reported that in early stage vulvar cancer patients with a negative sentinel node had a 3-year survival of 97% with minimal morbidity from sentinel localization procedure.\(^2\) The ability to identify bilateral inguinal SLNs appears to be related to proximity to the midline. As reported by Hauspy J. et al, lesions abutting the midline had unilateral and bilateral SLN detection in 100% and 93%, respectively.\(^3\)

Sentinel node dissection by a multidisciplinary team can be standard treatment in selected patients.

References