Abstract

Objectives: Inguinal metastases are one of the major determinants of mortality in patients with penile cancer. In high risk patients, while prophylatic inguinal lymphadenectomy may offer survival advantages, it still carries a relatively high morbidity. We describe in this paper the first report of the Video Endoscopic Inguinal Lymphadenectomy (VEIL) in the clinical practice, a technique which aims at reducing the morbidity of the procedure without compromising the cancer control or reducing the template of the dissection.

Methods: A 40-year old male with a pT2 penile cancer underwent prophylatic bilateral inguinal lymphadenectomy 6 weeks after partial penectomy. We performed the VEIL technique at the right and a standard radical inguinal lymphadenectomy through an inguinal incision at the left (control). After developing a plane deep to Scarpas fascia, locating 3 ports and infusing gas at 5-10 mmHg, a retrograde dissection with the same limits as the standard open surgery was performed. Intraoperative data, patology, post operatory evolution and oncological follow-up is described for both sides. Results: Operative time was 130 min for the VEIL and 90 min for open surgery. Eight and 7 lymphnodes were retrieved at the VEIL side and open side, respectively, and none of then showed positivity at pathology. There were no complications in the limb which underwent the VEIL and there was skin necrosis in the side of the open surgery. After 25 months of follow up, no signs of disease progression were noted. Asked about how he felt about both surgeries, the patient chose the endoscopic approach. Conclusions: VEIL is feasible in clinical practice. New studies with a greater number of patients and long-term follow-up may confirm the oncological ef.cacy and possible lower morbidity of these new approach.

Keywords