

Title : Surgical Management of Metastatic groin lymphadenopathyRetrospective study of 50 Cases in Regional Cancer Center

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Introduction: Surgery of malignant disease is not the surgery of organs, it is the anatomy of the lymphatic system. Lymph node metastasis are Indicators, not Governors of outcome in every major study of epithelial cancer. Groin dissection has key role in the management of metastatic lymph node disease from primary cancer in the anatomical areas drained by these nodes i.e. Penoscrotal, vulvovaginal, ano-rectal and skin cancers of the infra-umbilical trunk, perineum, buttocks and lower extremities. Tumors associated with these structures are squamous cell carcinoma, malignant melanoma, less frequently adenocarcinoma and sometimes soft tissue sarcoma. Pre operative diagnosis and post operative care of these patients

involves the role of general surgeons, urologist, gynecologists and oncologists. Aims and Objectives

1. Incidence and severity of post operative morbidity.
2. Patient related risk factors affecting these morbidity.
3. Procedure related risk factors affecting these morbidity.

Methods and Materials: This is a retrospective study with sample size of 50 patients, who underwent 70 surgeries for Groin dissection conducted at Kidwai Cancer Institute which is one of the Regional cancer centre from 2013 to 2014. Results Oblique incisions are associated with decrease infection of wound complications. Synchronous surgery of the primary and groin is the risk factor for wound infection. Patients with pathologically positive groin lymph nodes have increased risk of skin flap problems. Radical groin lymph node dissection patients had increase rate of lymphedema.