

PREOPERATIVE DIAGNOSIS: , Recurrent vulvar melanoma.,POSTOPERATIVE DIAGNOSIS: , Recurrent vulvar melanoma.,OPERATION PERFORMED: , Radical anterior hemivulvectomy. Posterior skinning vulvectomy.,SPECIMENS: , Radical anterior hemivulvectomy, posterior skinning vulvectomy.,INDICATIONS FOR PROCEDURE: , The patient has a history of vulvar melanoma first diagnosed in November of 1995. She had a surgical resection at that time and recently noted recurrence of an irritated nodule around the clitoris. Biopsy obtained by The patient confirmed recurrence. In addition, biopsies on the posterior labia (left side) demonstrated melanoma in situ.,FINDINGS: , During the examination under anesthesia, the biopsy sites were visible and a slightly pigmented irregular area of epithelium was seen near the clitoris. No other obvious lesions were seen. The room was darkened and a Woods lamp was used to inspect the epithelium. A marking pen was used to outline all pigmented areas, which included several patches on both the right and left labia.,PROCEDURE: , The patient was prepped and draped and a scalpel was used to incise the skin on the anterior portion of the specimen. The radical anterior hemivulvectomy was designed so that a 1.5-2.0 cm margin would be obtained and the depth was carried to the fascia of the urogenital diaphragm. Subcutaneous adipose was divided with electrocautery and the specimen was mobilized from the periosteum. After removal of the radical anterior portion, the skin on the posterior labia and perineal body was mobilized.

Skin was incised with a scalpel and electrocautery was used to undermine. After removal of the specimen, the wounds were closed primarily with subcutaneous interrupted stitches of 3-0 Vicryl suture. The final sponge, needle, and instrument counts were correct at the completion of the procedure. The patient was then taken to the Post Anesthesia Care Unit in stable condition.