



TOPICAL NEGATIVE PRESSURE* (TNP) VS. CONVENTIONAL WOUND CARE IN THE TREATMENT OF WOUND FAILURES FOLLOWING INGUINAL LYMPHADENECTOMY FOR PENILE CANCER: A RETROSPECTIVE STUDY

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Aim: Impaired wound healing is a frequent event in inguinal surgery and very common after lymphadenectomy for penile cancer. TNP* has been reported to expedite the healing of complex wound failures. However TNP* has been reported to be contraindicated in malignancy. In the present study we evaluated the use of TNP in the treatment of complex wound failures following inguinal lymphadenectomy for penile cancer in comparison to conventional wound care (CWC) implying debridement and saline soaked gaze.

Method: We retrospectively identified six inguinal wounds following inguinal lymphadenectomy for penile cancer and subsequent use of TNP from 2003 to 2006 at our institution. Data on surgical interventions, complications, length of time required for closure and outcome were compared to 10 inguinal defects treated with CWC.

Results: Wound volume was comparable for both groups. Wound breakdown occurred at a median of 7.4 days after inguinal lymphadenectomy and was treated by CWC for a mean of 69.8 days. In TNP the median duration until complete closure was 38.9 days. Thus TNP was shown to result in complete wound healing in less time ($p < 0.001$). No local recurrence in the TNP group was noted despite positive lymph nodes.

Conclusion: TNP is effective in complex inguinal wound failures following lymphadenectomy for penile cancer; it appears to be superior to CWC. TNP seems to offer adequate safety concerning local recurrence.

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