



Response to letter to editor: indocyanine green fluorescent image-guided inguinal sentinel node biopsy for vulvar cancer: criteria and intraoperative challenges

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I greatly appreciate the questions on our recent video article [1] by lavazzo et al. [2].

Regarding the frozen section of the sentinel lymph node and completing lymphadenectomy in the case of a positive frozen section, we usually send the sentinel lymph nodes for the frozen sections, and we do not complete an inguino-femoral lymphadenectomy even in the case of a positive frozen section if no definitive evidence of lymph node metastasis in preoperative imaging studies (computed tomography [CT], magnetic resonance imaging, and/or positron emission tomography-CT) exists.

Even if some possibility of cancer metastasis to the residual lymph nodes exists, we think that complete inguinal lymphadenectomy is not needed because we have to perform radiotherapy on the inguinal area in the case of a positive frozen section. Once again, I would like to thank the authors for their questions.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

Ethical approval

This study does not require approval of the Institutional Review Board because no patient data is contained in this article. The study was performed in accordance with the principles of the Declaration of Helsinki.

Patient consent

Written informed consent and the use of images from patients are not required for the publication.

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References

1. Kwak YH, Lee YJ, Lee JY, Nam EJ, Kim S, Kim YT, et al. Indocyanine green fluorescent image-guided inguinal sentinel lymph node biopsy in vulvar cancer. *Obstet Gynecol Sci* 2022;65:223-5.
2. lavazzo C, Vrachnis N, Gkegkes ID. Indocyanine green

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