Vulvar cancer is not frequent disease regarding individualized treatment approach. Complete inguinofemoral lymphadenectomy is still standard treatment modality with relatively high short and long term morbidity. Anatomical correlation between vulva and regional lymphatic system represented by inguinofemoral region is basic for actual strategy for less radical operations including sentinel lymph node identification and detection. Application technique, timing and identification technique were presented in Czech and foreign publication as well [46] (see attachment no.: 9). Sydney consensus made by expert board in 2008 is based on 10 publications including our one. Consensus recommends in squamous cancer patients up to 4 cm stage I and II only sentinel lymph node identification procedure like an alternative to standard inguinofemoral lymphadenectomy. This procedure is recommended only for oncogynecologic centers with sentinel nodes identification experiences.

Most important original information arises from study about in vivo lymphatic drainage and sentinel lymph nodes localization and topography. If we separate superficial groin
in thirds, there were no sentinel nodes in outer third. On the other hand, 15% sentinel nodes were localized in deep femoral region. It explains that extirpation only superficial groin lymph nodes leads to 10% higher amount of recurrent disease compared to complex inguinofemoral dissection.