

**Objectives** Primary vaginal cancer is a rare condition, constituting 1–2% of all gynecologic malignancies. It usually occurs in patients over 60 years of age. Primary vaginal cancer combined with uterine prolapse is very rare.

**Methods** We present 3 cases of primary vaginal cancer in women with uterine prolapse treated in Salah Azaiez institute between 1997 and 2017

**Results** The mean age was 74.6 year, the mean parity was 6 parity per woman. Symptoms were blood stained discharge, foul odor leukorrhea, and severe pelvic pain for the last 1 to 3 months. The mean tumor size was 6.3 cm and the tumor location was on the anterior wall in 2 cases and the posterior wall in one case. The prolapse was reduced under intravenous sedation in operating room. On gynecologic examination, uterus was normal in size, no adnexal mass was examined, one patient presented with vesico-vaginal fistulea. Biopsy of the ulcer at vaginal wall revealed invasive squamous cell carcinoma of vagina. The extention work up didn't reveal any metastasis in none of patients. The tumor was staged at stage I of FIGO in 2 patients and at stage IVA of FIGO in one patient. All the patients underwent surgery, and one patient had adjuvant radiotherapy. The mean follow up was 37.3 months and the patients were free of disease during follow up period.

**Conclusions** Uterine prolapse combined with vaginal cancer is a very uncommon condition. Our series seems to be important due to number of cases reported and the successful treatment management.

## IGCS19-0411

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### BRACHYTHERAPY AND SQUAMOUS CELL CARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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**Objectives** Primary vaginal carcinoma is an uncommon malignancy. Brachytherapy (BT) places a central role in the overall treatment course. We sought to describe the utilization rate of BT and evaluate the potential survival benefit of BT over radiotherapy alone (RT) in primary squamous cell carcinoma of vagina (PSSCV).

**Methods** A retrospective analysis of Salah Azaiz Institute data base was performed analyzing women with PSSCV treated with external beam radiation (EXBR) alone and with the combination of EXBR and BT and diagnosed between 1994 and 2015.

**Results** Of the 76 PSSCV patients, 43 met inclusion criteria. The mean age was 60 years. EXBR alone was performed in 62.8% of patients, whereas the combination of EXBR and BT was performed in 37.2%. Median follow-up was 33.4 months. Kaplan-Meier estimated that 5-year disease free survival (DFS) and overall survival (OS) was 71.9% and 72%, respectively. We found that patients who underwent the combination of EXBR and BT had better OS (81.2% Vs 29.6%) than EXBR alone ( $P=0.000063$ ), but the DFS was better on patients who underwent EXBR alone than who underwent a combination

of EXBR and BT the and (80% Vs 66.6%), this results wasn't statically significant ( $p=0.505$ ). Factors associated with best OS include size < 4 cm, tumor site on one wall of the vagina, histological grade 1, RT dose >60 Gy, the absence of tumor recurrence. Only exophytic growth was correlated with best DFS.

**Conclusions** The combination of EXBR and BT seems to be the best model of radiotherapy for PSSCV.

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### SURGICAL MANAGEMENT OF METASTASIS OF PRIMARY VAGINAL CARCINOMA: ONE SINGLE INSTITUTE EXPERIENCE

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**Objectives** Because primary carcinoma of the vagina comprises less than 2% of all gynecologic malignancies, the management of metastasis is not well know.

**Methods** We reported the surgical management of metastasis of primary vaginal in 2 patients treated in Salah Azaiz institute on 1994 and 2006.

**Results** The first patient was 37 years old and had a primary neuroendocrine tumor of vagina and the second patient was 68 years old and had a primary adenocarcinoma of vagina. The first patient was staged as stage I of FIGO and the second as stage IV of FIGO. The two patients underwent surgery as primary treatment followed by chemo-radiotherapy. And they were free of disease. Fourteen years later, the first patient developed a lung metastasis managed with surgery and oncologic results were successful (lived for 3 years after). The second patient developed a brain metastasis managed with surgery and followed by prophylactic radiotherapy; the patient was free of disease during her follow up period (2 years).

**Conclusions** We reported a successful surgical management of metastasis of primary vaginal carcinoma in two patients; our findings seem to be interesting due the lack of data about the management of those metastasis.

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### THE MANAGEMENT OF PRIMARY ADENOCARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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**Objectives** Primary adenocarcinoma of vagina (PAV) accounts less than 15% of Primary carcinoma of the vagina (PCV). The objective of this study was to report the treatment management of PAV and to identify the prognosis factors affecting the overall survival (OS) and the disease free survival (DFS).