

**Methods** This is a case control pilot study analyzing 16 women with the diagnosis of squamous-cell carcinoma of the vulva that underwent first to inguinofemoral lymphadenectomy, then to 6 weeks sections of chemotherapy and 25 daily sessions of radiotherapy. After all, excision of the vulvar lesion with free margins was performed, between January 2011 to July of 2017. 12 patients underwent to the primary closure of the wound (control), and in 4 patients, the surgical defect was left open for secondary healing, by the use of hydrofiber (case). Inclusion criteria were a) FIGO-2009 stage II up to IIIC; b) squamous cell carcinoma; c) no evidence of pelvic or extrapelvic disease nor pelvic nodal involvement. Exclusion criteria was pelvic extra pelvic disease, pelvic nodal involvement.

**Results** The mean age of the patients at the time of intervention was 62,1. The distribution of the stages was as follows: II, n=6 (37%); IIIA, n=1 (6%), IIIB, n=1 (6%) and IIIC, n=8 (51%). The mean operative time was 45 minutes. Hospital stay was 2 days. Full vulvar healing in the control group occurred after an average of 30 days, and in the case group, 50 days.

**Conclusions** Secondary healing strategy may be an option for the treatment of vulvar cancer in situations of non-extensive surgical wound when primary closure of the wound is not possible.

## IGCS19-0448

### 436 EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH MALIGNANT VULVA NEOPLASIA ATTENDED AT SANTA MARCELINA ITAQUERA HOSPITAL – SAO PAULO

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**Objectives** Study the epidemiological profile of patients diagnosed with vulvar malignant neoplasia treated at Santa Marcelina Hospital (HSM) in São Paulo.

**Methods** Retrospective analysis of the medical records of patients who underwent follow-up at the Oncology Gynecology ambulatory between 2008 and 2018. Data analyzed were: age, parity, smoking, histological type, treatment performed, relapse, lymph node involvement and death.

**Results** Fifty-five patients with a mean age of 67.43 years were attended, most non-smokers and multiparous. The most common histological type was squamous cell carcinoma (90.9%). Of the patients analyzed, 11 patients (20%) corresponded to stage I, 13 patients (23.63%) to stage II, 17 patients (30.9%) to stage III and 14 patients (25.45%) to stage IV. Of the total number of patients, 21 (38.18%) underwent neoadjuvant therapy and 44 patients (80%) performed a surgical procedure and, of these, 15 patients (27.27%) presented lymph node involvement. In the analyzed sample, 22 patients (40%) underwent adjuvant radiotherapy and 2 patients (3.63%) underwent adjuvant chemotherapy. Among the total analyzed, 23 patients (41.81%) presented recurrence of the disease and 28 (50.9%) evolved to obit. Only 14 patients (25.45%) maintained follow-up in the service.

**Conclusions** The epidemiological profile of the patients studied is consistent with that found in the literature, mainly

regarding the age at diagnosis, the prevalent histological type, the stage at diagnosis and the high death rate. Most of the patients were diagnosed late and this is mainly due to the shame of the patients and the difficulty of access to the specialized service.

## IGCS19-0450

### 437 ANALYSIS OF NEOADJUVANT THERAPY IN MALIGNANT VULVA NEOPLASIA

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**Objectives** Evaluate the clinical results of patients with locally advanced vulva malignant neoplasia treated with radiotherapy or neoadjuvant chemotherapy.

**Methods** Retrospective analysis of the medical records of patients who were followed up at the Oncology Gynecology center of Santa Marcelina Hospital in São Paulo between 2008 and 2018 and who underwent neoadjuvant radiotherapy or chemotherapy for vulvar neoplasia.

**Results** In the study period, 55 patients were diagnosed with vulvar neoplasia, 21 (38.18%) submitted to neoadjuvant radiotherapy and 15 (27.27%) underwent neoadjuvant chemotherapy too. Of the 21 patients treated with neoadjuvant therapy, 1 had histopathological diagnosis of adenocarcinoma and the other 20 of squamous cell carcinoma. Twelve patients (57.14%) underwent surgery afterwards: 10 patients (47.61%) had a radical vulvectomy with bilateral lymphadenectomy and 2 patients (9.52%) had a hemivulvectomy with bilateral lymphadenectomy. In the follow-up of the patients who underwent neoadjuvant therapy, 4 patients (19%) presented persistence of disease and 5 (23.8%) local recurrence. Of the patients submitted to neoadjuvant therapy, 11 (52.38%) died and 7 (33.3%) lost follow-up. The majority of patients were in stage II (FIGO 2009).

**Conclusions** The evolution of vulvar neoplasia results in the involvement of structures close to the vulva, like urethra and anal region. Thus, as most patients at the time of diagnosis already have a locally advanced disease, neoadjuvant therapy decreases the tumor load and reduces the need for extensive surgeries, also decreasing surgical morbidity. In this study, the complete control rate was approximately 57.2% with neoadjuvant therapy, demonstrating the benefit of this type of treatment.

## IGCS19-0192

### 438 CARCINOMA OF VULVA, CASE SERIES

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**Objectives** To analyze the clinical presentation and management outcomes of carcinoma of vulva managed at Civil Service Hospital, New Baneswor and National Cancer Hospital, Jawalakhel.

**Methods** A descriptive study was conducted of all carcinoma of vulva cases managed from July 2014 to February 2019. The case records of all women diagnosed to have carcinoma of vulva were retrieved and socio-demographic characteristics, clinical presentations, histological type, treatment modalities and outcome were obtained and analyzed.

**Results** There were 17 vulvar cancer patients during the study period. The ages ranged from 34 to 89 years (median age of 66 years). All of them were multiparous. Vulva wound and pruritus were the most frequent clinical features with presentations in stage I -52.9%, stage II- 17.6%, stage III – 17.6% and stage IV -11.7%. Squamous cell carcinoma 94.1% predominated and 5.9% cases had Basal cell carcinoma. Among the 17 cases, 94.1% were treated primarily with surgery, 5.9% with radiotherapy only while 47% with combined modality (Surgery and radiotherapy). Clinical follow-up of one to four years showed that 3 cases had local recurrence and 1 died of disease.

**Conclusions** Carcinoma of the vulva is a rare gynecological malignancy in Nepal. Surgery and radiotherapy remain to be the mainstay of treatment. Delayed presentation still result in greater morbidity and mortality rates.

## IGCS19-0194

### 439 CARCINOMA OF VULVA, CASE SERIES

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10.1136/ijgc-2019-IGCS.439

**Objectives** To analyze the clinical presentation and management outcomes of carcinoma of vulva managed at Civil Service Hospital, New Baneshwor and National Cancer Hospital, Jawalakhel.

**Methods** A descriptive study was conducted of all carcinoma of vulva cases managed from July 2014 to February 2019. The case records of all women diagnosed to have carcinoma of vulva were retrieved and socio-demographic characteristics, clinical presentations, histological type, treatment modalities and outcome were obtained and analyzed.

**Results** There were 17 vulvar cancer patients during the study period. The ages ranged from 34 to 89 years (median age of 66 years). All of them were multiparous. Vulva wound and pruritus were the most frequent clinical features with presentations in stage I -52.9%, stage II- 17.6%, stage III – 17.6% and stage IV -11.7%. Squamous cell carcinoma 94.1% predominated and 5.9% cases had Basal cell carcinoma. Among the 17 cases, 94.1% were treated primarily with surgery, 5.9% with radiotherapy only while 47% with combined modality (Surgery and radiotherapy). Clinical follow-up of one to four years showed that 3 cases had local recurrence and 1 died of disease.

**Conclusions** Carcinoma of the vulva is a rare gynecological malignancy in Nepal. Surgery and radiotherapy remain to be the mainstay of treatment. Delayed presentation still result in greater morbidity and mortality rates.

## IGCS19-0189

### 440 IMPLEMENTATION OF SENTINEL LYMPH NODE MAPPING USING ICG AND NEAR-INFRARED FLUORESCENCE IN PATIENT WITH EARLY STAGE VULVAR CANCER

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**Objectives** Complete inguinal lymphadenectomy for surgical staging of early vulvar cancer (VC) is associated with significant morbidity. Utilizing sentinel lymph node (SLN) inguinal biopsy is an alternative in select women with early stage squamous cell VC. We describe our experience with SLN mapping in patients with early stage VC using indocyanine green (ICG) dye and near-infrared fluorescence (NIR).

**Methods** Ten patients with primary VC with tumor of <4cm, negative clinical groin examination, and pre-operative PET scan demonstrating no evidence of groin metastasis were offered inguinal SLN biopsy with their excisional procedure. Inguinal SLNs were identified via perilesional intradermal injection of 0.5–1.0ml of dilute ICG fluorescent dye (2.5 mg/ml) followed by inguinal nodal excision utilizing NIR with the Novadaq SPY elite fluorescence imaging system.

**Results** SLNs were readily identified in all patients, and 8/10 patient's SLNs were negative for carcinoma. We biopsied 1–5 nodes with most patients having 2 nodes removed from each sides. One patient had isolated tumor cells less than 0.2mm and another had a SLN with a 6mm metastatic focus. One patient with negative SLN biopsy was later found to have a groin recurrence.

**Conclusions** Although further studies are needed, SNL mapping utilizing ICG dye and NIR may identify sentinel lymph nodes which can be removed, thereby avoiding the morbidity of full inguinal lymphadenectomy in selected patients with early stage VC.

## IGCS19-0709

### 441 PROGNOSTIC IMPACT OF CLINICAL AND HISTOPATHOLOGICAL FACTORS IN PATIENTS WITH VULVAR FLAP RECONSTRUCTION AFTER LARGE VULVAR RESECTIONS FOR VULVAR MALIGNANT NEOPLASMS

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**Objectives** Analyze the influence of clinical and histopathological factors on the prognosis of patients with vulvar cancer who required surgical flaps reconstruction after large vulvar resections.