

brachytherapy is performed. In each patient the brachytherapy procedure is individualised to ensure target coverage and sparing of adjacent normal structures. This video demonstrates the free hand interstitial technique of a women with locally advanced vulvar cancer with distal vaginal, periurethral involvement. Also disease was close to posterior forchette and clitoris.

Results Free hand multilane interstitial implant was performed. After external radiation of 45/Gy/25 fractions/5 weeks additional HDR brachytherapy boost of 3.5 Gy x 4 fractions were delivered twice daily. Video demonstrates the complex implant procedure. Additionally aspects of treatment planning and implant removal will be discussed. A summary of techniques of interstitial brachytherapy will be presented. Apart from the case brachytherapy in setting of field cancerisation will also be discussed.

Conclusion Interstitial brachytherapy is a highly conformal and effective way of radiation dose escalation in patients with medically inoperable Ca Vulva. Further training of gynecology radiation oncology community is needed to improve outcomes in these cohorts of patients.

2022-RA-766-ESGO

CUTANEOUS VULVAR METASTASIS AFTER COMBINED TREATMENT OF CERVICAL CANCER-CASE REPORT

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10.1136/ijgc-2022-ESGO.930

Introduction/Background Invasive adenosquamous carcinoma of the cervix has an incidence of only 4% of all epithelial cervical tumors. Additionally to the local invasion, this type of cancer is characterized by the appearance of distant metastases in the lungs, bones and liver, while cutaneous metastases are extremely rare.

Methodology We present a rare case of cutaneous vulvar metastasis originating from adenosquamous cervical cancer after combined treatment. Nine months after the operation, due to observed vulvar lesions, a clinical examination and imaging diagnostic procedures were performed. After the removal of the vulvar lesions, a histopathology report describes them as poorly differentiated adenosquamous carcinoma with identical morphological characteristics as the primary neoplasm of the cervix.

Results Cutaneous metastasis from carcinoma of the uterine cervix is very rare. The incidence of cutaneous metastases in treated cervical cancers is 0.8%, with a rare occurrence of cutaneous vulvar metastases, usually 3.5 to 6 years after surgical treatment. Therefore, this is a rare case of secondary metastatic deposit that occurs at an unusual localization for a relatively short period of time.

Conclusion Vulvar lesions in patients with previously diagnosed and treated cervical cancer need to be histologically verified in order to confirm or exclude a possible metastatic process from the primary cervical neoplasm.

2022-VA-808-ESGO

MINIMALLY INVASIVE INGUINAL LYMPH NODE DISSECTION TECHNIQUE

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10.1136/ijgc-2022-ESGO.931

Introduction/Background Minimally invasive inguinal dissection is a novel technique promising to decrease the complications of the traditional open dissection, using standard laparoscopy instruments to perform a feasible technique with an easy learning curve and decreasing hospital stay while reducing complications. The new technique utilizes minimally invasive techniques to perform the same procedure with same oncological outcomes, but with less complications and better cosmetic results.

Methodology A step by step video was created with instructions on how to perform this procedure step by step.

The video uses footage collected throughout our case series, to illustrate how to perform this procedure in a step by step manner.

Results This technique was found to decrease skin complications and hospital stay while maintaining oncological outcomes. same lymph node retrieval when compared with open procedure and drastically less complications rate.

Conclusion The new minimally invasive technique is a good alternative to the traditional open method and should be used in selected suitable patients.

2022-RA-819-ESGO

FEASIBILITY AND SAFETY OF REAL-TIME NEAR-INFRARED FLUORESCENCE TRACER IMAGING IN SENTINEL NODE BIOPSY FOR VULVA CANCER PATIENTS

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10.1136/ijgc-2022-ESGO.932

Introduction/Background Sentinel node (SN) biopsy is a safe staging method in patients with Vulva Cancer (VC). Near-infrared fluorescence (NIRF) imaging using indocyanine green (ICG) has recently been introduced. The purpose of this study was to evaluate the feasibility and safety of NIRF imaging for SN detection in conjunction with conventional radio-guided technique.

Methodology Patients with primary VC, unifocal tumor < 4 cm with no suspicious nodes were included in this prospective observational single-center study. Bimodal tracer (ICG-99mTc-Nanocol) was injected peritumorally and followed by lymphoscintigraphy. Intraoperatively SNs were detected with a hand-held gamma-probe and NIRF camera. The primary outcome was SN detection rate per groin and per patient. Patients were followed from date of inclusion to Jan 26th 2022.

Results SN procedure was performed in 100 patients (36 uni- and 64 bilaterally) with primary vulvacancer, corresponding to 164 groins. The overall SN detection rate per patient was 97%. In 36 patients with lateralized tumor the SN detection rate perioperatively was 97.2%. In 64 patients with midline tumors the bilateral detection rate perioperatively was 81.3%,