

a lack of evidence about current practice, acceptability and barriers to self-examination.

**Methodology** Clinician questionnaires were completed at a British vulval conference. Patient questionnaires were distributed through online patient networks and clinics. Patient and clinician focus groups recruited through purposive sampling analysed thematically explored barriers and facilitators of self-examination (n=28).

**Results** All ninety-eight clinicians agreed that self-examination plays an important role in detecting sinister vulval changes in high-risk women. 87% recommended monthly self-examination and 81% provided one-to-one teaching.

455 patients (median age 58 years) with lichen sclerosus (69%), lichen planus (13%), vulval cancer (14%) and VIN (13%) participated. Clinic respondents (n=197) were older (median 65 years vs 52 years,  $p < 0.001$ ) and 65% reported self-examining compared with 86% of online respondents ( $p < 0.001$ ). Despite regular self-examination, 40% were not confident about recognising vulval abnormalities. Face-to-face specialist teaching was regarded as the best way to learn self-examination; only 9% reporting receiving this.

Themes from focus groups were developed based on experience of vulval self-examination: facilitators (patients' confidence and familiarity with their bodies, individualised teaching by clinicians, contributing to empowerment of self-management and allowing early detection of sinister changes), barriers: (poor health-care experiences, lack of awareness amongst patients, lack of confidence in self-examination and identifying abnormalities, embarrassment, distress at changing vulval anatomy, physical barriers to visualising the vulva).

**Conclusion** Patients and specialist vulval clinicians recognise that vulval self-examination is important in early detection of vulval cancer, but a lack of formal teaching impairs confidence in the identification of abnormalities. Healthcare professional-led education and support may facilitate patients to self-examine and manage their long-term vulval conditions.

#### 2022-RA-930-ESGO

#### MINIMALLY INVASIVE INGUINAL LYMPH NODE DISSECTION – EGYPTIAN EXPERIENCE

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**Introduction/Background** Inguinal lymph node dissection is an integral part of many surgical oncological procedures. It comes with a high complication rate specially skin complications. In the last decade a new technique was introduced to address inguinal nodes without any incision in the inguinal region.

**Methodology** The objective of this series was to examine the safety and feasibility of this new technique and to compare results with the traditional open technique. The aim was to compare efficiency and oncological outcomes.

**Results** 27 cases were performed since 2014. Similar number of retrieved nodes decrease of hospital stay to 2 days 5 conversions in the early cases decrease of operative time from 3.5 hours in first case to mean time of 2 hours and fastest case in 45 minutes marked decrease in skin complications

**Conclusion** Minimally invasive inguinal dissection is easy to learn and yields same oncological outcomes while decreasing complications

#### 2022-RA-973-ESGO

#### SURGICAL MANAGEMENT OF EARLY-STAGE MELANOMA OF THE FEMALE LOWER GENITAL TRACT: A CASE SERIES

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**Introduction/Background** Vulvar malignant melanoma (VMM) is the second most common subtype of vulvar cancer, accounting for 5–10% of all vulvar cancers. Melanoma of the vagina is very rare, and accounts for less than 3% of all vaginal malignancies. The prognosis is still very poor, although some advances have been achieved in the last years. One of the most significant changes in the management of melanoma of the female lower genital tract has been the development of less invasive surgical techniques that diminish the risk of post-operative morbidity and long-lasting sequelae.

**Methodology** We review the surgical management of the pathology, based on the comment of three cases with vulvar melanoma and one case of vaginal melanoma treated at our institution.

**Results** The diagnosis was reached by biopsy. All four patients had a diagnosis of early-stage mucosal melanoma. Wide local excision with adequate margins was performed, without requiring adjuvant treatment. At the same operative time, functional reconstructive surgery was performed for all four patients.

**Conclusion** Genital melanomas are rare but aggressive tumors. The diagnosis is usually made by biopsy. The revised AJCC staging system is used to diagnose vulvar melanoma. Wide local excision with adequate margins is the main treatment for early-stage primary VMM and vaginal melanoma. Radiation therapy can be helpful as an adjunctive therapy. Given that they are an infrequent tumor and their treatment is complex, management of these cases should be carried out by a multi-disciplinary team.

#### 2022-RA-978-ESGO

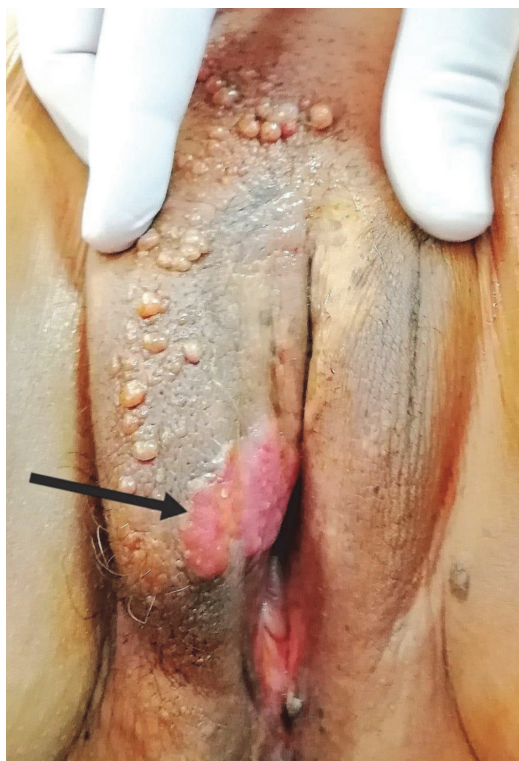
#### VULVAR LYMPHANGIOMA ASSOCIATED WITH SQUAMOUS CELL CARCINOMA

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**Introduction/Background** Lymphangioma is a benign lymphatic malformation defined by a dilatation of the lymphatic vessels. The vulvar location is very rare, yet this benign skin lesion causes an obvious impairment of quality of life. The cause is still not well known, it can be congenital or secondary to a trauma of the lymphatic vessels. The association with a vulvar malignancy has never been reported in the literature. We report in this article the case of an extensive vulvar lymphangioma circumscriptum associated with a squamous cell carcinoma of the greater lip.

**Methodology** A 60-year-old female patient with a history of diabetes and total hysterectomy for uterine myomas consulted for the appearance of an extensive vesicular lesion of the right labia associated with a suspicious 1.5 cm lesion of the right labia.



Abstract 2022-RA-978-ESGO Figure 1



Abstract 2022-RA-978-ESGO Figure 2

**Results** Biopsy of the lesions concluded to be a vulvar lymphangioma associated with squamous cell carcinoma of the right labia. The tumour was classified as FIGO stage IA and the patient had a total vulvectomy with bilateral inguinal lymphadenectomy. The evolution was without recurrence of either tumour or lymphangiomatous disease after 6 months.

**Conclusion** Vulvar lymphangioma is a troublesome condition that may prompt a search for an underlying obstructive cause when acquired. It poses a problem of diagnosis and management. The particularity of our case is the presence of an associated micro invasive squamous cell carcinoma of the vulva.

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#### CAN MISDIAGNOSIS BE AVOIDED IN CASE OF INTESTINAL-TYPE CARCINOMA OF THE VAGINA? A LITERATURE COMPREHENSIVE REVIEW

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**Introduction/Background** Intestinal-type carcinoma represents a rare vaginal primary tumor. The most supported hypothesis of the histological genesis is that the tumor arises from congenital so-called 'cloacal remnants'. It generally appears as a polypoid vaginal mass in women of 50 years on average. Only ten cases are reported. Usually, the described lesion was small and women underwent excisional surgery and/or radiotherapy.

**Methodology** Case report and literature review.

**Results** We describe a case of a 58-year-old woman who came to our attention with a 10 cm uterine mass involving the uterine cervix and corpus, extending to the upper half of the vagina and infiltrating the anterior wall of the rectum, up to 1 cm from the anal verge, as well as part of the levator ani muscle, close to the left pelvic wall. She previously underwent a uterine biopsy showing an endometrioid adenocarcinoma of unknown origin. The CT scan and the PET/CT uptake confirmed the presence of locally advanced disease, and the patient underwent 5 courses of neoadjuvant chemotherapy with carboplatin and paclitaxel. After the fifth cycle she developed a perineal abscess arising from the utero-rectal component of the tumor, shrived by the chemotherapy. After surgical drainage and antibiotics the abscess resolved. Thereafter, considering the partial response to chemotherapy, she underwent a posterior pelvic exenteration with definitive colostomy and bilateral V-Y flaps reconstruction. The final pathology showed a mucinous intestinal-type carcinoma of the vagina with microscopic infiltration of the left levator ani. She was proposed for adjuvant radiotherapy.

**Conclusion** Since vaginal intestinal-type neoplasms are morphologically similar to their counterpart of the intestinal tract, the issue is how to differentiate between primary vaginal cancer and metastases. Although very rare, awareness is important to avoid misdiagnosis and accurate pathological analysis is essential, as like as the personalized oncological approach to every single case.