

Abstract 2022-RA-1044-ESGO Table 1

Procedure	SLN bilateral	SLN unilateral	unspecified
Wide local excision	20	23	3
Partial vulvectomy	5	7	
Radical vulvectomy	4	1	
Sentinel lymph node resection only	3	1	

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Complications	Immediate post-operative period	30 days post-operatively
Sepsis	2	0
Surgical site infection	4	2
Wound breakdown	3	4
Lymphocele	2	1
Bleeding	2	0
Haematoma	1	0
Total	14/69 (20%)	7/69 (10%)

**Conclusion** Since the closure of the GROINNS-2 trial we have continued with sentinel lymph node identification for women with clinical early stage vulvar cancer. We have shown high level of adherence to the GROINNS trial protocol. There were a few patients managed as day-case which was of benefit to the patients.

**2022-RA-1069-ESGO VULVAR BASAL CELL CARCINOMA – 5 YEARS EXPERIENCE FROM TERTIARY CARE CENTRE AND A CASE REPORT OF UNUSUAL RECURRENCE OF VULVAR BASAL CELL CARCINOMA IN PARAAORTIC LYMPH NODES**

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**Introduction/Background** Vulvar basal cell carcinoma is rare vulvar neoplasm accounting for less than 5% of all vulvar neoplasms. Vulvar basal cell carcinoma is usually an indolent and destructive tumor that rarely metastasizes.

**Methodology** We retrospectively analyse clinical features and management of patients diagnosed with rare vulvar tumor – basal cell carcinoma (BCC) at the University Medical Centre Ljubljana in the last 5 years. A total of 10 patients were identified.

**Results** Mean age at diagnosis was 75,6 years. All of the patients were caucasians. All of the patients presented with vulvar lump. Majority of tumors were histologically defined as nodular type or superficial type. All patients were managed surgically with wide local excision. We observed two recurrences in our case series. In one recurrence was local and the patient was treated with wide local re-excision. In the second patient recurrence was observed with unusual location in para aortic lymph nodes.

**Conclusion** According to literature review this is the first case of recurrence of vulvar basal cell carcinoma in paraaortic lymph nodes. Basal cell carcinoma tends to grow locally in a destructive pattern and metastatic spread is rare.

**2022-RA-1078-ESGO SERVICE EVALUATION OF WOMEN WITH STAGE 1B VULVAL CANCER WHO UNDERWENT GROIN SENTINEL LYMPH NODE BIOPSY: THE SOUTH EAST WALES GYNAECOLOGICAL ONCOLOGY CENTRE (SEWGOC) EXPERIENCE**

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**Introduction/Background** The current standard of care for vulval cancer patients with pre-operative stage Ib involves removal of the lesion and assessment of the groin nodes by either performing groins sentinel lymph node biopsy (SLNB) where possible or full groin nodes dissection (GND). For SLNB to be performed, the preoperative cancer stage should be ideally 1B, macroscopic vulval lesion  $\leq$  4cms/single lesion, not involving any midline structures. The aim of this project is to evaluate the outcomes in women with stage Ib vulval cancer who SLNB as part of their vulval cancer treatment.

**Methodology** Retrospective review of electronic medical records for all women who underwent SLNB from 1st January 2018 to 31st December 2021 at the South East Wales Gynaecological Oncology Centre (SEWGOC)

**Results** Thirty-two patients were identified in this time period with stage Ib vulval cancer (as per preoperative biopsy and/or imaging) and were planned to have SLNB. Thirty-one patients underwent successful SLNB. Nine patients (Twenty nine percent) of those who underwent SLNB were found to have metastasis within sentinel lymph node and therefore were upstaged to stage III postoperatively. Those patients were then managed with either full groin node dissection, radiotherapy or both. None of the patients with negative sentinel lymph nodes had a recurrence in the inguinal lymph nodes during the follow up period.

**Conclusion** Approximately 30% of our preoperative stage 1b vulval cancer were upstaged to stage 3 due to metastatic disease in the SLNB. This service evaluation shows that SLNB is effective method in treatment of early stage vulval cancer. We were able to avoid full groin node dissection with its associated morbidity in almost 70% of our patients and also identify women who were not stage 1b and needed further treatment in the form of further GND with or without radiotherapy.

**2022-RA-1086-ESGO SEBACEOUS CARCINOMA (SC) OF THE VULVA – A CASE REPORT AND LITERATURE REVIEW**

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