Methods A retrospective analysis of Salah Azaiz institute data base was performed analyzing women with PAV treated and diagnosed between 1994 and 2015.

Results Eleven patients were diagnosed with PAV, the mean age was 56.6 year, the mean tumor size was 4.6 cm, the histological types were clear cell carcinoma in 4 cases, mucinous in 3 cases, intestinal in one case, endocervical in one case and in two cases immunohistochemical typing wasn't performed. The patients were staged: 3 stage I, 1 stage II, 5 stage III and 2 stage IV of FIGO. Treatment consisted on radiotherapy ± chemotherapy followed by surgery in 3 cases and a primary surgery in two cases. The mean follow up period was 51.9 months. Six patients achieved a complete response and 4 of them experienced relapse, 3 patients didn't show any treatment response and 2 died of progressive disease. The 5 year overall survival (OS) and the disease free survival (DFS) were respectively 45.5% and 66.6%. Prognosis factors affecting OS were radiotherapy dose, the occurrence of recurrence. Prognosis factors affecting DFS were the tumor size the chemotherapy treatment.

Conclusions PAV is rare, little is known about its etiology and behavior. The treatment management still to establish to define the best guidelines.

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TOXICITY PROFILE IN PATIENTS SUBMITTED TO NEW STRATEGY FOR THE TREATMENT OF VULVAR CANCER EMPLOYING SENTINEL LYMPH NODE SCINTIGRAPHY, SURGERY, CHEMOTHERAPY, AND RADIOTHERAPY

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Objectives To evaluate the toxicity in patients submitted to a new multimodality treatment for vulvar cancer (VC), combining sentinel lymphoscintigraphy, chemotherapy (CT), radiotherapy (RT), and surgery in a way as yet untested, presumably capable of reducing treatment morbidity and functional and esthetic damage, as well as gaining locoregional control.

Methods From 2011 to 2019, patients from the Outpatient Clinic of Gynecological Oncology, Cancer Institute, São Paulo State (ICESP) with VC (early and advanced stages) were included in a prospective trial. All patients with tumors up to 4 cm in greatest diameter, uncompromised urethra or anus, and lymph nodes smaller than 15 mm in greatest diameter were considered early-stage. Any other cases were deemed advanced and underwent inguinal-femoral lymphadenectomy, then cisplatin once a week for 7 weeks concomitant to inguinal-pelvic RT. Surgery was performed 30–120 days after CTRT. We conducted a retrospective analysis to evaluate treatment toxicity, using the common toxicity criteria.

Results 43 patients were included in this study. 25 were submitted to RT, in daily fractions of 1.8Gy. The total inguinal-pelvic dose was 45Gy, up to 50.4Gy-66Gy to gross disease. 19 patients were treated with conformal RT and 3 with intensity modulated radiation therapy (IMRT). Two patients were treated in an external facility, two did not completed RT and three had insufficient information. Of the 18 available data,

16% had G3 acute radiodermatitis. No G4 or G5 were reported. No G3 or worse late symptoms were reported.

Conclusions The multimodality strategy for advanced CV was feasible and efficient.

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ARE THE COMPLICATIONS AFTER LYMPH NODE GROIN DISSECTION FOR THE TREATMENT OF VULVAR CANCER CORRELATED TO DRAINAGE SYSTEM? COMPARISON OF SILICONIZED PENROSE AND PORTO VAC

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Objectives The aim of this retrospective case control study is to compare the efficacy of vacuum accessorized drain system to the siliconized penrose drain for the groin.

Methods From 2011 to 2019, 66 of 120 patient from the Outpatient Clinic of Gynecological Oncology Cancer Institute (ICESP) with advanced vulvar cancer were submitted to groin lymphadenectomy. The patients were divided in two groups: a) siliconized penrose drain (case group), b) vacuum accessorized 4,8 mm drain (control group). Each patient had the groin dissection and the drain system exteriorized by a medial common incision on the pubis, linked to a colostomy bag. The efficacy of the drainage was determinate by the following variables: infection, dehiscence, bleeding, lymphocele and day of hospitalization.

Results There was no difference in total number of complications (31,4% case vs 35,4% control). Specific complications such infection (28,6% case vs 9,67% control), bleeding (0% case vs 3,22% control), dehiscence (0% case vs 6,45% control) and lymphocele (8,5% case vs 19,3% control) were also not statistically different. Rehospitalization, however, was significantly different (0% case vs 22,5% control, $p < 0.0001$), as tumor size (39,46 mm case vs 50,34mm control, $p = 0.01$).

Conclusions Although the complications rate were similar, vacuum accessorized drain system presented more index of lymphoceles, dehiscence and hospitalization days than siliconized penrose drain.

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SECONDARY HEALING STRATEGY FOR DIFFICULT WOUND CLOSURE IN INVASIVE VULVAR CANCER: A PILOT CASE- CONTROL STUDY

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Objectives To evaluate the feasibility of leaving the surgical vulvar open for secondary healing in situations where primary closure of the vulvar wound is not possible.