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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10.1136/ijgc-2019-IGCS.436

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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10.1136/ijgc-2019-IGCS.437

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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10.1136/ijgc-2019-IGCS.438

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.