

Methods A descriptive study was conducted of all carcinoma of vulva cases managed from July 2014 to February 2019. The case records of all women diagnosed to have carcinoma of vulva were retrieved and socio-demographic characteristics, clinical presentations, histological type, treatment modalities and outcome were obtained and analyzed.

Results There were 17 vulvar cancer patients during the study period. The ages ranged from 34 to 89 years (median age of 66 years). All of them were multiparous. Vulva wound and pruritus were the most frequent clinical features with presentations in stage I -52.9%, stage II- 17.6%, stage III - 17.6% and stage IV -11.7%. Squamous cell carcinoma 94.1% predominated and 5.9% cases had Basal cell carcinoma. Among the 17 cases, 94.1% were treated primarily with surgery, 5.9% with radiotherapy only while 47% with combined modality (Surgery and radiotherapy). Clinical follow-up of one to four years showed that 3 cases had local recurrence and 1died of disease.

Conclusions Carcinoma of the vulva is a rare gynecological malignancy in Nepal. Surgery and radiotherapy remain to be the mainstay of treatment. Delayed presentation still result in greater morbidity and mortality rates.

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439 CARCINOMA OF VULVA, CASE SERIES

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Objectives To analyze the clinical presentation and management outcomes of carcinoma of vulva managed at Civil Service Hospital, New Baneshwor and National Cancer Hospital, Jawalakhel.

Methods A descriptive study was conducted of all carcinoma of vulva cases managed from July 2014 to February 2019. The case records of all women diagnosed to have carcinoma of vulva were retrieved and socio-demographic characteristics, clinical presentations, histological type, treatment modalities and outcome were obtained and analyzed.

Results There were 17 vulvar cancer patients during the study period. The ages ranged from 34 to 89 years (median age of 66 years). All of them were multiparous. Vulva wound and pruritus were the most frequent clinical features with presentations in stage I -52.9%, stage II- 17.6%, stage III - 17.6% and stage IV -11.7%. Squamous cell carcinoma 94.1% predominated and 5.9% cases had Basal cell carcinoma. Among the 17 cases, 94.1% were treated primarily with surgery, 5.9% with radiotherapy only while 47% with combined modality (Surgery and radiotherapy). Clinical follow-up of one to four years showed that 3 cases had local recurrence and 1died of disease.

Conclusions Carcinoma of the vulva is a rare gynecological malignancy in Nepal. Surgery and radiotherapy remain to be the mainstay of treatment. Delayed presentation still result in greater morbidity and mortality rates.

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440 IMPLEMENTATION OF SENTINEL LYMPH NODE MAPPING USING ICG AND NEAR-INFRARED FLUORESCENCE IN PATIENT WITH EARLY STAGE VULVAR CANCER

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Objectives Complete inguinal lymphadenectomy for surgical staging of early vulvar cancer (VC) is associated with significant morbidity. Utilizing sentinel lymph node (SLN) inguinal biopsy is an alternative in select women with early stage squamous cell VC. We describe our experience with SLN mapping in patients with early stage VC using indocyanine green (ICG) dye and near-infrared fluorescence (NIR).

Methods Ten patients with primary VC with tumor of <4cm, negative clinical groin examination, and pre-operative PET scan demonstrating no evidence of groin metastasis were offered inguinal SLN biopsy with their excisional procedure. Inguinal SLNs were identified via perilesional intradermal injection of 0.5–1.0ml of dilute ICG fluorescent dye (2.5 mg/ml) followed by inguinal nodal excision utilizing NIR with the Novadaq SPY elite fluorescence imaging system.

Results SLNs were readily identified in all patients, and 8/10 patient's SLNs were negative for carcinoma. We biopsied 1–5 nodes with most patients having 2 nodes removed from each sides. One patient had isolated tumor cells less than 0.2mm and another had a SLN with a 6mm metastatic focus. One patient with negative SLN biopsy was later found to have a groin recurrence.

Conclusions Although further studies are needed, SNL mapping utilizing ICG dye and NIR may identify sentinel lymph nodes which can be removed, thereby avoiding the morbidity of full inguinal lymphadenectomy in selected patients with early stage VC.

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441 PROGNOSTIC IMPACT OF CLINICAL AND HISTOPATHOLOGICAL FACTORS IN PATIENTS WITH VULVAR FLAP RECONSTRUCTION AFTER LARGE VULVAR RESECTIONS FOR VULVAR MALIGNANT NEOPLASMS

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Objectives Analyze the influence of clinical and histopathological factors on the prognosis of patients with vulvar cancer who required surgical flaps reconstruction after large vulvar resections.