IGCS19-0216

444 VIDEO ENDOSCOPIC INGUINAL LYMPHADENECTOMY (VEIL) FOR VULVAR MALIGNANT MELANOMA, AS AN ALTERNATIVE TO SENTINEL LYMPH NODE

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10.1136/ijgc-2019-IGCS.444

Objectives Vulvar malignant melanoma (VMM) is a rare type of cancer, accounting for 5% of all vulvar malignancies. Surgical treatment consists of wide local excision plus elective lymph node dissection (ELND) or sentinel lymph node (SLN). VEIL is an alternative approach for the radical resection of inguinal lymph nodes, which can reduce the morbidity of the ELND without compromising the therapeutic efficacy. We show the surgical procedure VEIL for VMM.

Methods 70-year-old woman with ulcerated malignant melanoma of 1.5 cm, central, vertical growth, Breslow 8 mm, without lymphovascular or perineural invasion, with negative PET/scan for metastatic lesions, radical hemivulvectomy plus bilateral SLN was made, obtaining mapping only from the right sentinel node, therefore, VEIL was performed on the left side.

Results Previous infiltrate with technetium-99, we detected with gamma sonda right inguinal sentinel lymph node and was resected. Then, we perform left VEIL. Incision of 1 cm on the vertex of the scarp's triangle with insertion of trocar of 10 mm; insertion of trocar of 5 mm in medial and lateral aspect and insufflation with CO₂ was carry out. Repair points: great saphenous vein and its tributaries (inferior epigastric vein, external iliac vein, left pudenda vein and accessory saphenous vein) was identified. Inguinal lymphadenectomy was performed over the fascia and below the inguinal ligament, then radical hemivulvectomy was performed.

Conclusions VEIL is an alternative to SLN, less morbid than ELND and feasible as a node dissection of VMM.

IGCS19-0086

445 VULVAR VERRUCCIOUS CARCINOMA: 15 YEARS EXPERIENCE IN A SINGLE NORWEGIAN ACADEMIC CANCER CENTER

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10.1136/ijgc-2019-IGCS.445

Objectives Vulvar verrucous carcinoma (VVC) is extremely rare, accounting for less than 1% of vulvar cancer cases. The purpose of this study was to report our experience with this disease.

Methods This is a retrospective study of patients with VVC who were treated at Oslo University Hospital between 2003 and 2018. Clinicopathological characteristics, treatment and follow-up were extracted from the medical records.

Results Seven patients were identified through pathology databases and verified as having VVC. The average age at diagnosis was 70 years. Four patients had previous Lichen sclerosus. Primary surgery was performed for all patients, including 3 wide local excisions, 1 simple local excision and 3 who underwent simple vulvectomies. Ipsilateral groin lymphadenectomy was performed for 1 patient because of uncertain histological result before surgery, showed negative lymph nodes. Tumor size and invasion depth ranged from 15 to 45 mm, 1 to 12 mm respectively. Tumor-free pathologic margin was achieved in 5 of 7 patients. Invasive disease extended to the pathological margin in 2 patients, re-excision was performed in 1 patient after primary simple local excision and the other patient was followed-up intensively without reoperation because of negative biopsy after primary wide local excision. The mean follow-up was 68 months with no recurrence in those 7 patients.

Conclusions VVC is defined by slow growth, no metastasis or lymph node involvement. The prognosis is relatively good, with low recurrent rate if wide local excision is performed. Overtreatment should be avoided. Patients with Lichen sclerosus in the vulva may have high risk for VVC.

Other

IGCS19-0396

446 IMPACT OF PELVIC GYNECOLOGICAL CANCER ON FEMALE SEXUALITY

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10.1136/ijgc-2019-IGCS.446

Objectives Gynaecological malignancies represent 11.3% of cancers in women in Tunisia.

Currently, cancer is considered a chronic disease. Assessing the impact of cancer occurrence and its treatment on female sexuality often involves communication difficulties between the patient and the health care team.

The purpose of this work was to:

- Determine female sexual dysfunction in patients treated for pelvic gynecologic cancer.
- Plan an early sexual rehabilitation program for such patients.

Methods This was a cross-sectional descriptive study that was conducted over a four-month period, from February 1st, 2017 to June 30th, 2017 at Salah Azaiez Institute.

Results The median age was 47.6 years. Half of our patients were housewives. The illiteracy rate was 36.7%. The average duration of the marriage was 26.7 years. Cervical cancer was the most common type (40%). Chemotherapy was performed in 60% of patients, while radiotherapy was performed in 70% of patients. Stage II was the most common (70%). Patients already had sexual dysfunction prior to cancer diagnosis with Female Sexual Function Index (FSFI) of 25. Impairment in sexual function affecting all components of the FSFI index was observed with a statistically significant p. Predictors of sexual dysfunction after gynecologic cancer were age, level of