**IGCS19-0216**

**VIDEO ENDOSCOPIC INGUINAL Lymphadenectomy (VEIL) FOR vulvar malignant melanoma, as an alternative to sentinel lymph node**

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**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 with uptake. Incision of 1 cm on the vertex of the scar’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.

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**IMPACT OF Pelvic gynecological Cancer on female sexuality**

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**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...