352 ADENOCARCINOMA OF GLANDULE BARTHOLIN FOLLOW UP FOR FIFTEEN YEARS: A CASE REPORT

[1]V Krsic*, [2]J Krsic, [1]B Jocic Pivac, [3]J Milojevic. [1]*GAK Narodni Front, Belgrade, Serbia*; [2]*Military Academy of Belgrade, Belgrade, Serbia*; [3]*General Hospital Lazarevac, Obgyn, Belgrade, Serbia*

10.1136/ijgc-2021-ESGO.619

Introduction/Background* Adenocarcinoma gland Bartholin's is a very rare tumor and there is no agreement of optimal treatment for this type of carcinoma.

It accounting 2-7% of all cancers of the vulva and less than 1% of all female genital malignancies. Basic features are expanding locally, slow grow, and gives unexpected distant metastasis.

Methodology We will show our case and how we treated women with adenocarcinoma glandule Bartholin for fifteen years. 60-year old woman was admitted in our hospital because of tumor mass region glandule Bartolini on the left side and woman complained of the elevated tumor marker carcinoembryonic antigen, CEA (16, 2) detected random.

Result(s)* We did local wide removal of the tumor. Hystopathology confirmed that this is a Bartolini's gland adenocarcinoma. The tumor was removed in its entirety with healty edge. CT, MRI of the pelvis were normal and CEA dropped in 1,6. After seven years of primary treatment she had tumor mass on the same place and elevated tumor marker CEA again.

We did hemivulvectomy with lymph node disection on the left side and radiotherapy with TD 50 Gy on the left part of vulva and in 25 session and TD 45 GY in 22 session on regio ingvini. After surgery tumor marker dropped in normal range.

After fifteen years of primary tretment patient had lung metastasis and brain metastasis and she lived for three months

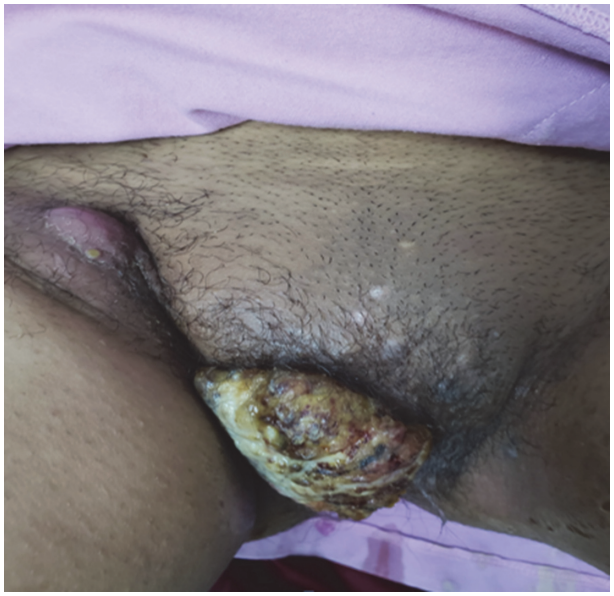
Conclusion* This case which we follwed for fifteen years give us many questions: was the first treatment with local wide excision optimal option, what was the best way to treat this patient and how to predict the way of spread of this malignancies and can we prevent metastasis ?

439 VULVAR CANCER OF RAPID PROGRESSION WITH EVOLUTION TO FAILURE TREATMENT IN PATIENT CARRYING FANCONI ANEMIA

[1]OF Neto*, [2]FM Lafraia, [2]LA Zorzanelli, [2]PEC De Cillo, [2]A Hiromi, [3]FK Tso, [2]MGB Kuster Uyeda. [1]*Escola Paulista de Medicina, Gynecological Oncology Division, São Paulo, Brazil*; [2]*Escola Paulista de Medicina, Gynecological Oncology Division, São Paulo, Brazil*; [3]*Escola Paulista de Medicina, Pathology of the Lower Genital Tract Divison, São Paulo, Brazil*

10.1136/ijgc-2021-ESGO.620

Introduction/Background* Fanconi Anemia is the most frequent cause of bone marrow failure genetically inherited. Patients may have short stature, microphthalmia, skeletal deformities, spots of coffee with milkand cardiac, renal and urinary malformations. One third of the cases are asymptomatic and the presence of pancytopenia is observed as an isolated manifestation.Carriers have 50 times greater predisposition for cancer of the head and neck, esophagus, gastrointestinal tract and vulva. Regarding to head and neck and gynecological squamous cell carcinoma, this incidence is up to 500 times higher than general population, and clinical presentation are more aggressive and disseminated at the time of diagnosis.



Abstract 439 Figure 1

Methodology Case report of a young female with Fanconi anemia who was diagnosed with squamous cell carcinoma of the vulva in advanced stage with unfavorable evolution.

Result(s)* Woman, 21 years old, nullipara, diagnosed with Fanconi anemia since 9 years old, started sexual activity at 18, with only 1 sexual partner since then. Admitted to the Gynecological emergency department with growth lesion 2 months ago, in the right labium majus. Physical examination reveals 8 cm lesion occupying the length of the right labium with a necrotic and friable surface associated with 4 cm ipsilateral inguinal lymph node enlargement. Incisional biopsy showed squamous cell carcinoma, moderately differentiated, with keratinizing foci and basaloid areas, ulcerated. Immunohistochemistry was positivity for p16 and p53 demonstrating effects of HPV infection. Cytology of the lymph node aspirate was positive for metastasis.MRI showed a vulvar lesion restricted to the superficial planes, but the presence of bilateral inguinal lymphondomegaly, at the right side next to common femoral vessels and pectinous muscle, stage IIIC.

Primary chemotherapy was chosen as the initial therapeutic approach to decrease the tumor volume and, subsequently, to allow a vulvar surgical procedure with palliative/hygienic intention. After the first cycle of chemotherapy (platinum-based), the patient had a fast-progressing Stevens Johns Syndrome, culminating in death.

Conclusion* Patients with Fanconi anemia should be screened more severe for gynecological cancer, especially after begining of sexual activity, which should includes Pap-Smear, genitoscopya and research for high-risk HPV. Precursor lesions should be treated vigorously as soon as they are diagnosed.

449 MOLECULAR LANDSCAPE OF VULVAR SQUAMOUS CELL CARICNOMA: REVIEW OF THE LITERATURE

[1]N Carreras Diéguez*, [2]JA Guerrero, [2,3]N Rakislova, [1,3]MT Rodrigo Calvo, [2,3]L Marimon, [2,3]M Ferrando, [1]A Torne, [1]M Del Pino, [2,3]J Ordi. [1]*Hospital Clínic de Barcelona, Gynaecologic Oncology Unit, Barcelona, Spain*; [2]*Hospital Clínic de Barcelona, Pathology, Barcelona, Spain*; [3]*ISGlobal, Barcelona, Spain*

10.1136/ijgc-2021-ESGO.621