ENDOMETRIAL STROMAL SARCOMAS – A 12 YEAR SINGLE CENTRE EXPERIENCE

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Introduction/Background Endometrial stromal tumors (EST) represent less than 1% of all uterine malignant neoplasms. Those include endometrial stromal nodule (ESN), low-grade stromal sarcoma (LGESS), high-grade stromal sarcoma (HGESS), undifferentiated uterine sarcoma (UUS), uterine adenosarcoma (ADENOSA) and uterine tumor resembling ovarian sex cord tumor (UTROSCT). Treatment typically includes a combination of surgery and chemotherapy. Radiotherapy may be also used for local control. Herein we present a case series of 14 patients.

Methodology We found a total of 14 patients (median age 60.4). 7 patients had stage I disease, 2 stage II, 1 stage III and 5 stage IV. Early stage patients were mostly managed with surgery with/without adjuvant endocrine therapy and chemotherapy. Advanced disease patients received endocrine therapy and/or chemotherapy.

Results 2 ADENOSA patients are still in remission 3 years after surgery alone and 2 UTROSCT patients are in remission 1 and 3 years after surgery alone. 1 stage I UUS patient is free of disease 5 years after surgery and adjuvant chemotherapy. 1 patient with stage I LGESS, 1 patient with stage II LGESS and 1 patient with stage IV LGESS were lost to the follow up. 1 patient with LGESS stage I experienced distant relapse 3 months postoperatively and has been receiving multiple regimens of chemotherapy for 3 years whereas, with rapidly progressive disease nonetheless. 1 patient with stage II LGESS experienced pelvic recurrence 2 months post surgery, she was managed with chemoradiation and has developed upper abdominal disease 3 years postoperatively. 2 patients with extensive metastatic disease stage IVb were referred to palliative care. 2 patients with stage IVb LGESS and HGESS were managed with endocrine therapy and chemotherapy; however, they died at the one year mark.

Conclusion Endometrial stromal tumors are rare neoplasms; a combination of surgical cytoreduction, endocrine therapy and chemotherapy is the standard treatment approach.

NEW KEYSTONE FLAP APPLICATION IN VULVO-PERINEAL RECONSTRUCTIVE SURGERY FOR VULVAR CANCER

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Introduction/Background This report aimed to illustrate the video-guided application of the Keystone perforator island flaps (KPIF) technique in a patient with diagnosis of vulvar cancer.

Methodology Eight patients were selected for the study: seven of them underwent radical vulvectomy for vulvar squamous cell carcinoma (SCC), and one underwent vulvar wide excision for Paget disease. The Keystone perforator island flaps technique was adopted for all these vulvar reconstruction. The team approach comprised both a gynecologic oncologist and a plastic surgeon in all procedures. The defects were successfully covered by the Keystone flap technique in all patients.

Results Bilateral Keystone flaps were taken from the medial and proximal region of the thighs, with incision lines coinciding with the natural skin folds. When flaps vitality was determined, each one was positioned along the perineal midline for labia majora and vaginal opening reconstruction. Final reconstructive step coincided with skin and vaginal mucosa suture. No post-operative short complications in the described case were observed.

Conclusion The Keystone technique is an extremely simple and effective solution, easily applicable and reproducible. KPIF technique warrants an excellent vascular supply and does not require delicate perforator dissection. Additionally, it is associated with minimal morbidity in donor sites, a lower risk of flap necrosis and lower intraoperative and postoperative complications. Keystone flap method also yields good aesthetic and functional results by preserving shape and contour, avoiding differences in skin coloration and preserving sensitivity with an excellent cosmetic outcome in terms of patient satisfaction and postoperative scars and with an acceptable complication rate. Further studies with larger sample size are required to evaluate the efficacy of this technique.

TO STUDY THE IMPACT OF IMPLEMENTATION OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL ON PEROIODICAL OUTCOMES IN GYNECOLOGY ONCOLOGY SURGERY PATIENTS

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Introduction/Background ERAS guideline 2019 outlines the most current recommendations of the ERAS Society Group for the perioperative management of patients undergoing gynaecologic/oncology surgery, and is based on the best available evidence. The primary clinical benefits of implementing these protocols are shorter hospital, length of stay and reduced post-operative complications (including respiratory complications) in low, medium and high complexity gynaecologic oncology surgeries. In view of the above facts, the present study is planned to study the influence of implementation of ERAS protocol on postoperative recovery and outcome in gynaecologic oncology patients.

Methodology The study population comprises of all gynaecology oncology patients more than 18 years of age who undergo laparotomy with a provisional or proven diagnosis of cancer of the uterus, cervix or ovary. The patients were randomized in two groups by block randomization: Group E-ERAS protocol and Group C- Conventional protocol The following measures were taken for Group E patients: preoperative bathing,no preoperative sedative medication, preoperative antibiotic within 60 minutes of incision, no long-acting opioids, no drains or nasogastric tube, compression stockings postoperatively, low molecular weight heparin given postoperatively, use of chewing gum in postoperative phase,
mobilization on day of surgery. The outcome measures include duration of hospital stay, readmission within 21 days, time taken for return of bowel function, rate of postoperative ileus and incidence of surgical site infections. **Results** 30 patients were included in Group E and Group C each. The duration of hospital stay, rate of postoperative ileus and incidence of surgical site infections were significantly decreased in the ERAS group. **Conclusion** ERAS protocol has a significant beneficial effect on perioperative outcomes in Gynaecologic oncology patients.

**Introduction/Background** The impact of the COVID-19 pandemic on the oncological care system report shows that the number of new diagnoses of malignant neoplasms in Poland has decreased by 20% and there has been a decrease by 10–15% in the area of oncological surgery procedures (https://www.zwrotnikraka.pl/influencing-pandemic-covid-19-na-system-oncological-care/). It is also known CRS+HIPEC procedures in the treatment of patients with primary and secondary peritoneal neoplasms have been performed in Poland in insufficient amounts for many years (http://www.chirurgia-onkologiczna.pl/images/files/hipec.pdf). The aim of the study was to analyse the changes in the availability and implementation of CRS+HIPEC procedures performed at the Wroclaw Comprehensive Cancer Center (WCCC) Poland, during the COVID-19 pandemic.

**Methodology** Demographic, clinical, oncological and technical aspects database of all CCCW patients undergoing the CRS+HIPEC procedure was created. Statistical analysis of the data was carried out using the Statistica version 12.5 (StatSoft) program, with particular emphasis on the period of the COVID-19 pandemic (from 03.2020).

**Results** In the period from 01.2014 to 04.2022, a total of 232 CRS+HIPEC procedures were performed at CCCW, on average 28 per year (range 20–37). During the COVID-19 pandemic (from 03.2020), after the initial complete suspension of CRS+HIPEC procedures (03–05.2020), their dynamic growth occurred – 72 procedures were performed in the period 06.2020 – 04.2022 in total. The main indications were ovarian (40%) and colorectal (39%) cancers. During the COVID-19 pandemic, the Clavien-Dindo grade III and IV complication rate (14%) did not change, and there were no perioperative deaths recorded.

**Conclusion** In the era of the COVID-19 pandemic, CRS+HIPEC procedures remain a safe and promising therapeutic option for selected patients with primary and secondary peritoneal cancers.