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TOTAL RESECTION OF AGGRESSIVE PELVIC ANGIOMYXOMA BY COMBINATION OF ROBOTIC & VAGINAL APPROACH

¹Sergi Fernandez, ¹Carlos Ortega, ¹Marc Barahona, ²Ana Munoz, ²Eva Martinez, ¹Lola Marti, ¹Jordi Ponce. ¹Gynaecology, University hospital of Bellvitge, Barcelona, Spain; ²Nursery, University hospital of Bellvitge, Barcelona, Spain

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Introduction/Background Aggressive angiomyxoma is an infrequent mesenchymal tumor, primarily arising in the soft tissue. Either diagnosis and treatment are challenging and proper surgical planification is crucial to remove the tumor completely. We present a surgical video about complete excision of massive vulvar angiomyxoma.

Methodology A 43-year-old patient was suspected of vulvar angiomyxoma due to vulvar asymmetry. MRI and 3D reconstruction were performed for surgical planification and high tumor of 195x159 mm (wide x length) was observed from left ischio-anal fossa to left para-vesical space. Patient underwent a combination of robotic (Da Vinci Xi System[®]) and vaginal surgery.

Results The patient was discharged after 48h from surgery. After 30 days from surgery, no complications were recorded. Pathological results confirmed aggressive vulvar angiomyxoma.

Conclusion Optimal surgery planification is mandatory for infrequent tumors such as vulvar angiomyxoma. 3D reconstruction, even augmented reality, are excellent tools for guiding surgery. Combination of abdominal approach by robotics and conventional vaginal approach, allows to complete challenging surgeries as high volume angiomyxoma.

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LONG TERM FOLLOW-UP IN PATIENTS TREATED WITH ELECTROCHEMOTHERAPY FOR VULVAR CANCER

^{1,2}Anna Myriam Perrone, ^{3,4}Giacomo Corrado, ^{4,5}Giorgia Garganese, ²Camelia Alexandra Coada, ^{1,2}Martina Ferioli, ^{1,2}Eugenia de Crescenzo, ^{1,2}Marco Tesi, ^{1,2}Giulia Dondi, ^{3,4}Luca Tagliaferri, ^{1,2}Marco Di Stanislao, ^{3,4}Simona Maria Fragomeni, ⁶Francesca de Terlizzi, ^{1,2}Alessio G Morganti, ^{3,4}Giovanni Scambia, ^{1,2}Pierandrea de Iaco. ¹IRCCS Azienda Ospedaliero Universitaria di Bologna, Bologna, Italy; ²University of Bologna, Bologna, Italy; ³Fondazione Policlinico Universitario A. Gemelli, IRCCS, Rome, Italy; ⁴Università Cattolica del Sacro Cuore, Rome, Italy; ⁵Gynecology and Breast Care Center, Mater Olbia Hospital, Olbia, Italy; ⁶IGEA S.p.A, Carpi, Italy

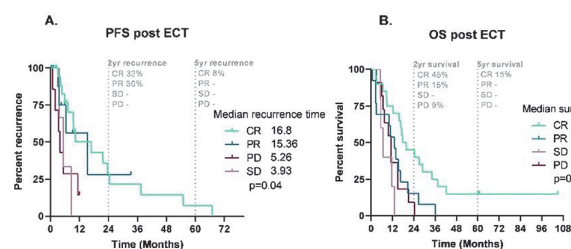
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Introduction/Background Recurrence of vulvar cancer (VC) poses management problems due to the advanced age and comorbidities of the patients. Electrochemotherapy (ECT) with bleomycin is a new treatment option for these cases. We previously evaluated the ECT short-term response of recurrent VCs refractory to standard therapies. To date, no long-term follow-up results are available in such patients. This is a multicenter observational study carried out in two Italian centers with the purpose of evaluating the two-year outcomes of these patients.

Methodology Data about patients, tumor characteristics, ECT cycles, clinical response and follow-up were recorded. The procedures were performed according to European Standard Operative Procedure (ESOP) guidelines. Response was evaluated according to the RECIST criteria.

Results Fifty-one patients, with a median age of 81.1±7.9 years and affected by squamous cellular carcinoma were treated with ECT. The majority of patients received one ECT with a range between 1–4 sessions. No serious adverse events

were reported. A total of 20 patients had complete remission (CR) among which 32% retained their disease-free status after 2-years (median recurrence time of 16.8 months). Out of the 13 patients with initial partial response (PR), 30% did not show disease progression (median recurrence time of 15.4 months). On the other hand, patients with stable (SD) or progressive disease (PD) showed signs of worsening after 3.9 and 5.3 months, respectively (p=0.04). As far as survival is concerned, median survival was 18.8 months for patients with CR, 13.1 months for patients with PR, 6.7 and 11.1 months for patients with SD and PD respectively (p=0.002).



Abstract 2022-RA-642-ESGO Figure 1 A) Progression free survival (PFS) and B) Overall survival of patients treated with ECT for recurrent vulvar squamous cellular carcinoma

Conclusion Long follow-up of VC patients has showed that those who benefit most from ECT treatment were complete responders. Based on these results and considering the scarce availability of treatment options for VC recurrences, ECT represents a promising alternative of these patients.

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IDENTIFICATION OF RISK FACTORS OF RECURRENCE AMONG PATIENTS WITH VULVAR PAGET'S DISEASE TREATED WITH CONSERVATIVE SURGERY: A RETROSPECTIVE COHORT

Vasilios Pergialiotis, Theano Christodoulou, Loukas Ferousis, Nikolaos Thomakos, Alexandros Rodolakis, Dimitrios Haidopoulos. *First department of obstetrics and gynecology, National and Kapodistrian University of Athens, Athens, Greece*

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Introduction/Background Vulvar Paget's disease is a benign disease with high recurrence rates. Standard treatment involves conservative surgery with wide local excision of the lesion. The purpose of the present study is to identify factors that increase the risk of relapse.

Methodology We conducted a retrospective study and included patients treated with conservative surgery for non-invasive vulvar Paget's disease. Cox regression analysis was carried out to assess the independent effect of age, presence of positive margins, tumor size >4 cm, bilateral lesions and compositive morbidity and pathology on recurrence free survival. Post hoc power analysis was performed with the G-power tool using an alpha error of 0.05.

Results Overall, 39 patients were included with a median age of 70 years (46–85). Of those 19 patients relapsed within a median duration of 30.5 months (5–132 months). Twelve patients (63%) experienced at least a second relapse. The presence of composite co-morbidity significantly affected the interval to recurrence (30.09 months vs 71.80 months, p=.032). Univariate Cox-regression analysis revealed that the presence of composite pathology features was indicative of a higher risk of recurrence (HR -3.71, p=.024). The sample size did not allow