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

Sergi Fernandez, 1Carlos Ortiga, 1Marc Barahona, 2Ana Munoz, 2Eva Martinez, 2Lola Martí, 3Jordi Ponce, 1Gynaecology, University hospital of Bellvitge, Barcelona, Spain; 2Nursery, University hospital of Bellvitge, Barcelona, Spain

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 conventional vaginal approach. Combination of abdominal approach by robotics and conventional vaginal approach, allows to complete challenging surgeries as high volume angiomyxoma.

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

Anna Myriam Ferrone,4 Giacomo Corrado,4Gioniga Garganese,4 Camelia Alexandre Coada,1,2 Martina Feroli,1,3 Eugenia de Crescenzo,1,3 Marco Tesei,1,3 Giulia Bondi,1,4 Luca Tagliaferri,1,3 Marco Di Stanislao,1,4 Simona Maria Fragnomeni,4 Francesca de Terlizzi,1,4 Alessia G Morganti,4 Giovanni Scambia,1,4 Pierandrea de Iaco.

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 composite 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. 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=0.032). 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 for patients with SD and PD respectively (p=0.002).
Abstracts

Progression free survival

Conclusion Patients with non-invasive vulvar Paget’s disease experience high relapse rates. The presence of concurrent benign vulvar pathology may increase these rates, although larger sample sizes are needed to ascertain our findings.

UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY IN PATIENTS WITH EARLY-STAGE VULVAR SQUAMOUS CELL CARCINOMA AND A UNILATERAL METASTATIC SENTINEL LYMPH NODE IS SAFE

1Willemijn L van der Kolk, 1Ate GJ van der Zee, 2Brian Slomovitz, 3Peter JW Baldwin, 4Helena C van Doorn, 5Joanne A de Hullu, 6Jacobus van der Velden, 7Katja N Garenstroom, 8Bjørg A Mjøen, 9Preben Kjeldhede, 10Mats Brännström, 11Ignace Vergroote, 12Catherine M Holland, 13Robert Coleman, 14Elenora Bl van Dorst, 15Willem J van Driel, 16David Nunnis, 17Martin Widschwendter, 18David Nugent, 19Paul A DiSilvestro, 20Robert S Mannel, 21Maaike HM Oonk, GROINSS-V I and II participants.

Abstract 2022-RA-671-ESGO Figure 1

SURVIVAL OUTCOMES OF PATIENTS WITH VAGINAL MELANOMA: AN INSTITUTIONAL CASE SERIES AND A SYSTEMATIC REVIEW WITH IPD ANALYSIS

Eleftherios Zachariou, Vasilos Pergialiots, Ioannis Prokopsakis, Athanasios Vlachos, Dimitrios Haidopoulos, Alexandros Rodolakis, Nikolaos Thomakos. 1Department of Obstetrics and Gynecology, Alexandra hospital, Athens, Greece

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INTRODUCTION/BACKGROUND Optimal management of the contralateral groin in patients with early-stage vulvar squamous cell carcinoma (VSCC) and a metastatic unilateral inguinal sentinel lymph node (SN) is unclear. We analyzed patients who participated in GROningen International Study on Sentinel nodes in Vulvar cancer (GROINSS-V) I or II to determine whether treatment of the contralateral groin can safely be omitted in patients with a unilateral metastatic SN.

METHODS We selected the patients with a unilateral metastatic SN from the GROINSS-V I and II databases. We determined the incidence of contralateral additional non-SN metastases in patients with unilateral SN-metastasis who underwent bilateral inguinofemoral lymphadenectomy (IFL). In those who underwent only ipsilateral groin treatment or no further treatment, we determined the incidence of contralateral groin recurrences during follow-up.

RESULTS Of 1912 patients with early-stage VSCC, 366 had a unilateral metastatic SN. Subsequently, 244 had an IFL or no treatment of the contralateral groin. In eight patients (8/244; 3.3% [95% CI: 1.7%-6.3%]) disease was diagnosed in the contralateral groin: six had contralateral non-SN metastasis at IFL and two developed an isolated contralateral groin recurrence after no further treatment. Six of them had a primary tumor ≥30 mm. Bilateral radiotherapy was administered in 122 patients, of whom one (1/122; 0.8% [95% CI: 0.1%-4.5%]) had a contralateral groin recurrence.

CONCLUSION The risk of contralateral lymph node metastases in patients with early-stage VSCC and a unilateral metastatic SN is low. It appears safe to limit groin treatment to unilateral IFL or inguinofemoral radiotherapy in these cases, particularly if the primary tumor is <30 mm.

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INTRODUCTION/BACKGROUND Vaginal melanoma is a rare form of gynecologic malignancy that accounts for approximately 0.2% of all melanomas. Survival rates reported in large multi-institutional studies report a recurrence-free survival rates that exceed 70% in 5 years and mean overall survival rates that range between 4 and 5 years. In the present case series and systematic review we accumulate current evidence in the field.

METHODS We performed a retrospective chart review of vaginal melanoma patients treated in our hospital as well as a systematic review of the literature using Medline, Scopus, Clinicaltrials.gov, EMBASE, Cochrane Central Register of Controlled Trials CENTRAL and Google Scholar databases investigating for individual patient data that could be used for survival analyses.

RESULTS Overall, 124 patients were retrieved from international databases and 6 patients with primary vaginal melanoma were identified from the retrospective chart reviews of our hospital. The mean progression free survival time of patients retrieved from the literature search was 19.2 months (95% CI 11.2, 27.2). The overall mean survival time was 36.2 months (95%