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 mesenchymal tumor, primarily arising in the soft tissue, 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 angiomyoma.

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.

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 retrospective cohort 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 treatment cycles, clinical response and follow-up were recorded. The procedures were performed according to European Standard Operative Procedure (ESOPE) 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 session. 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

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.
for adequate power for this latter finding. Microscopically involved tumor margins and tumor size >4 cm did not predict patients at risk of experiencing relapsing disease.

Abstract 2022-RA-671-ESGO

**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.

2022-RA-690-ESGO

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

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

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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.

**Methodology**

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.