

a lack of evidence about current practice, acceptability and barriers to self-examination.

Methodology Clinician questionnaires were completed at a British vulval conference. Patient questionnaires were distributed through online patient networks and clinics. Patient and clinician focus groups recruited through purposive sampling analysed thematically explored barriers and facilitators of self-examination (n=28).

Results All ninety-eight clinicians agreed that self-examination plays an important role in detecting sinister vulval changes in high-risk women. 87% recommended monthly self-examination and 81% provided one-to-one teaching.

455 patients (median age 58 years) with lichen sclerosis (69%), lichen planus (13%), vulval cancer (14%) and VIN (13%) participated. Clinic respondents (n=197) were older (median 65 years vs 52 years, $p < 0.001$) and 65% reported self-examining compared with 86% of online respondents ($p < 0.001$). Despite regular self-examination, 40% were not confident about recognising vulval abnormalities. Face-to-face specialist teaching was regarded as the best way to learn self-examination; only 9% reporting receiving this.

Themes from focus groups were developed based on experience of vulval self-examination: facilitators (patients' confidence and familiarity with their bodies, individualised teaching by clinicians, contributing to empowerment of self-management and allowing early detection of sinister changes), barriers: (poor health-care experiences, lack of awareness amongst patients, lack of confidence in self-examination and identifying abnormalities, embarrassment, distress at changing vulval anatomy, physical barriers to visualising the vulva).

Conclusion Patients and specialist vulval clinicians recognise that vulval self-examination is important in early detection of vulval cancer, but a lack of formal teaching impairs confidence in the identification of abnormalities. Healthcare professional education and support may facilitate patients to self-examine and manage their long-term vulval conditions.

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MINIMALLY INVASIVE INGUINAL LYMPH NODE DISSECTION – EGYPTIAN EXPERIENCE

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Introduction/Background Inguinal lymph node dissection is an integral part of many surgical oncological procedures. It comes with a high complication rate especially skin complications. In the last decade a new technique was introduced to address inguinal nodes without any incision in the inguinal region.

Methodology The objective of this series was to examine the safety and feasibility of this new technique and to compare results with the traditional open technique. The aim was to compare efficiency and oncological outcomes.

Results 27 cases were performed since 2014. Similar number of retrieved nodes decrease of hospital stay to 2 days 5 conversions in the early cases decrease of operative time from 3.5 hours in first case to mean time of 2 hours and fastest case in 45 minutes marked decrease in skin complications

Conclusion Minimally invasive inguinal dissection is easy to learn and yields same oncological outcomes while decreasing complications

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SURGICAL MANAGEMENT OF EARLY-STAGE MELANOMA OF THE FEMALE LOWER GENITAL TRACT: A CASE SERIES

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Introduction/Background Vulvar malignant melanoma (VMM) is the second most common subtype of vulvar cancer, accounting for 5–10% of all vulvar cancers. Melanoma of the vagina is very rare, and accounts for less than 3% of all vaginal malignancies. The prognosis is still very poor, although some advances have been achieved in the last years. One of the most significant changes in the management of melanoma of the female lower genital tract has been the development of less invasive surgical techniques that diminish the risk of post-operative morbidity and long-lasting sequelae.

Methodology We review the surgical management of the pathology, based on the comment of three cases with vulvar melanoma and one case of vaginal melanoma treated at our institution.

Results The diagnosis was reached by biopsy. All four patients had a diagnosis of early-stage mucosal melanoma. Wide local excision with adequate margins was performed, without requiring adjuvant treatment. At the same operative time, functional reconstructive surgery was performed for all four patients.

Conclusion Genital melanomas are rare but aggressive tumors. The diagnosis is usually made by biopsy. The revised AJCC staging system is used to diagnose vulvar melanoma. Wide local excision with adequate margins is the main treatment for early-stage primary VMM and vaginal melanoma. Radiation therapy can be helpful as an adjunctive therapy. Given that they are an infrequent tumor and their treatment is complex, management of these cases should be carried out by a multi-disciplinary team.

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VULVAR LYMPHANGIOMA ASSOCIATED WITH SQUAMOUS CELL CARCINOMA

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Introduction/Background Lymphangioma is a benign lymphatic malformation defined by a dilatation of the lymphatic vessels. The vulvar location is very rare, yet this benign skin lesion causes an obvious impairment of quality of life. The cause is still not well known, it can be congenital or secondary to a trauma of the lymphatic vessels. The association with a vulvar malignancy has never been reported in the literature. We report in this article the case of an extensive vulvar lymphangioma circumscriptum associated with a squamous cell carcinoma of the greater lip.

Methodology A 60-year-old female patient with a history of diabetes and total hysterectomy for uterine myomas consulted for the appearance of an extensive vesicular lesion of the right labia associated with a suspicious 1.5 cm lesion of the right labia.