Efficacy of Hyperbaric Oxygen Therapy in Vulvectomy Healing

Zeineb Zemni, Mohamed Rebei, Sarah Amari, Outeyba Belkhayatia, Manel Abbes, Maha Bouyahia, Moez Kdous, Monia Ferchiou. Aziza othmana hospital, Tunis, Tunisia
10.1136/ijgc-2022-ESGO.943

Introduction/Background Total vulvectomy is associated with high morbidity due to the frequency of healing complications. Skin flap plasty has improved management but there is a risk of necrosis, flap collapse and infection, hence the interest in hyperbaric oxygen therapy (HBOT) as an adjuvant treatment for these complications.

Methodology We compare the efficacy of HBOT on vulvectomy healing in two 60-year-old patients who underwent radical total vulvectomies in our department, the first for high-grade squamous intraepithelial lesions and the second for stage Ib squamous cell carcinoma of the vulva.

Results Regarding the first patient, after failure of conservative treatments, a total vulvar resection surgery with immediate plasty by skin flaps was performed. After a first complication by superficial necrosis of the flaps, HBOT allowed firstly to improve the survival of the compromised grafts and to stop the extent of the necrosis, and secondly to improve and accelerate the healing after total resection of the necrotic areas. She received 13 daily HBOT at a pressure of 2.5 atm for 90 minutes per treatment. Concerning the second patient, a radical vulvectomy with healthy resection margins and bilateral inguinal curage returned negative. Her radiotherapy was delayed and a repeat surgery concluded to a vulvar recurrence. A postoperative oxygen therapy of 26 sessions did not allow to obtain healing and the patient died at two months with local recurrence and pulmonary metastasis.

Conclusion Hyperbaric oxygen therapy has proven its effectiveness as an adjuvant treatment for complications of vulvar surgery. Information on its use is limited in the literature and further studies are needed to properly codify its use in gynecologic surgery.

Management of Early Stage Vulval Cancer with Groin Sentinel Lymph Node Sampling. A Retrospective Study in a Cancer Centre

Emmanouil Katsanevakis, Anuja Joshi, Zun Zhen Ong, Richard O’Connor, David Nunns, Ketankumar Gajjar. Nottingham University Hospitals NHS Trust, Nottingham, UK
10.1136/ijgc-2022-ESGO.944

Introduction/Background Groin sentinel lymph node (SLN) identification and removal has become a standard of care for women with clinical early stage vulval cancer (<4cm). There is much evidence to support safe detection of the SLN with minimal morbidity. The aims of this study is to report our experience of managing patients focusing on patient selection, adverse events, quality assurance of the procedure and any benefits and/or disadvantages to patients.

Methodology This was a retrospective study of patients treated for clinical early stage vulval cancer in a cancer centre over a 5-year period. Notes and hospital data were reviewed including admissions to emergency departments.

Results Sixty-nine patients with clinical early stage vulval cancer were included, with a mean age of 66 years. 46 patients had a wide local excision with SLN removal (23 cases with unilateral and 20 cases with bilateral SLN; missing data in 3 cases), 12 cases had a partial vulvectomy with SLN removal (7 cases with unilateral and 5 cases with bilateral SLN) and 5 patients had a radical vulvectomy with SLN removal (bilateral removal in 4 cases and unilateral in 1 case). We report a complication rate of 20% in the immediate post-operative period and 16% at 30 days post-surgery. The average length of stay was 3 days. 6 cases (8.7%) were managed as day-cases. The recurrence rate was 6.7%. A total of 160 sentinel nodes were removed, an average of 2.6 per patient. A total of 20 positive nodes were identified after histological examination.