Efficacy of Hyperbaric Oxygen Therapy in Vulvectomy Healing

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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

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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 10% 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.
Conclusion Since the closure of the GROINNS-2 trial we have continued with sentinel lymph node identification for women with clinical early stage vulval cancer. We have shown high level of adherence to the GROINNS trial protocol. There were a few patients managed as day-case which was of benefit to the patients.

Conclusion According to literature review this is the first case of recurrence of vulvar basal cell carcinoma in paraaortic lymph nodes. Basal cell carcinoma tends to grow locally in a destructive pattern and metastatic spread is rare.

Introduction/Background Vulvar basal cell carcinoma is rare vulvar neoplasm accounting for less than 5% of all vulvar neoplasms. Vulvar basal cell carcinoma is usually an indolent and destructive tumor that rarely metastasizes.

Methodology We retrospectively analyse clinical features and destructive tumor that rarely metastases.

Results Mean age at diagnosis was 75.6 years. All of the patients were caucasians. All of the patients presented with vulvar lump. Majority of tumors were histologically defined as nodular type or superficial type. All patients were managed surgically with wide local excision. We observed two recurrences in our case series. In one recurrence was local and the patient was treated with wide local re-excision. In the second patient recurrence was observed with unusual location in paraaortic lymph nodes.