2022-RA-1033-ESGO EFFICACY OF HYPERBARIC OXYGEN THERAPY IN VULVECTOMY HEALING

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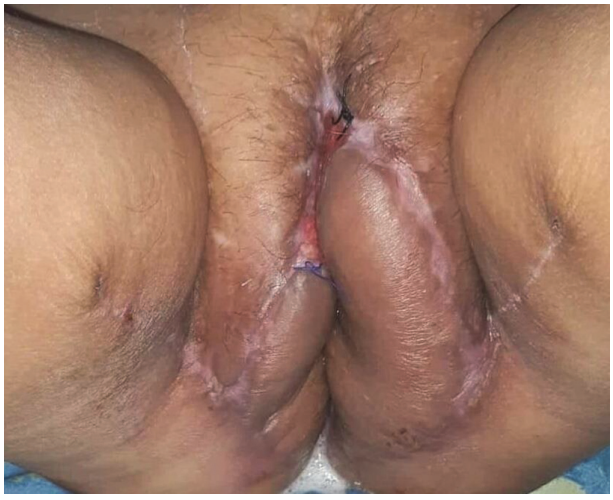
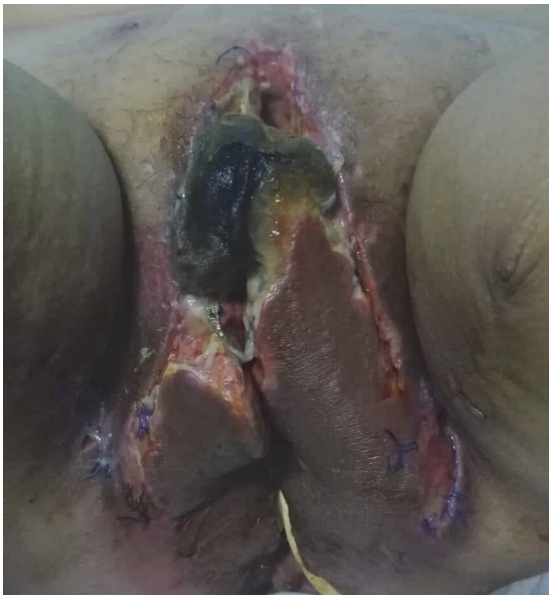
Introduction/Background Total vulvectomy is associated with high morbidity due to the frequency of healing complications. Skin flap plasty has improved management but there is a risk of necrosis, flap collapse and infection, hence the interest in hyperbaric oxygen therapy (HBOT) as an adjuvant treatment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



Abstract 2022-RA-1033-ESGO Figure 1



Abstract 2022-RA-1033-ESGO Figure 2

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.

2022-RA-1044-ESGO 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.

Abstract 2022-RA-1044-ESGO Table 1

Procedure	SLN bilateral	SLN unilateral	unspecified
Wide local excision	20	23	3
Partial vulvectomy	5	7	
Radical vulvectomy	4	1	
Sentinel lymph node resection only	3	1	

Abstract 2022-RA-1044-ESGO Table 2

Complications	Immediate post-operative period	30 days post-operatively
Sepsis	2	0
Surgical site infection	4	2
Wound breakdown	3	4
Lymphocele	2	1
Bleeding	2	0
Haematoma	1	0
Total	14/69 (20%)	7/69 (10%)

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.

2022-RA-1069-ESGO VULVAR BASAL CELL CARCINOMA – 5 YEARS EXPERIENCE FROM TERTIARY CARE CENTRE AND A CASE REPORT OF UNUSUAL RECURRENCE OF VULVAR BASAL CELL CARCINOMA IN PARAAORTIC LYMPH NODES

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Introduction/Background Vulvar basal cell carcinoma is rare vulvar neoplasm accounting for less than 5% of all vulvar neoplasms. Vulvar basal cell carcinoma is usualy an indolent and destructive tumor that rarely metastases.
Methodology We retrospectively analyse clinical features and management of patients diagnosed with rare vulvar tumor – basal cell carcinoma (BCC) at the University Medical Centre Ljubljana in the last 5 years. A total of 10 patients were identified.
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 para aortic lymph nodes.
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.

2022-RA-1078-ESGO SERVICE EVALUATION OF WOMEN WITH STAGE 1B VULVAL CANCER WHO UNDERWENT GROIN SENTINEL LYMPH NODE BIOPSY: THE SOUTH EAST WALES GYNAECOLOGICAL ONCOLOGY CENTRE (SEWGOC) EXPERIENCE

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Introduction/Background The current standard of care for vulval cancer patients with pre-operative stage Ib involves removal of the lesion and assessment of the groin nodes by either performing groins sentinel lymph node biopsy (SLNB) where possible or full groin nodes dissection (GND). For SLNB to be performed, the preoperative cancer stage should be ideally 1B, macroscopic vulval lesion ≤ 4cms/single lesion, not involving any midline structures. The aim of this project is to evaluate the outcomes in women with stage Ib vulval cancer who SLNB as part of their vulval cancer treatment.
Methodology Retrospective review of electronic medical records for all women who underwent SLNB from 1st January 2018 to 31st December 2021 at the South East Wales Gynaecological Oncology Centre (SEWGOC)
Results Thirty-two patients were identified in this time period with stage Ib vulval cancer (as per preoperative biopsy and/or imaging) and were planned to have SLNB. Thirty-one patients underwent successful SLNB. Nine patients (Twenty nine percent) of those who underwent SLNB were found to have metastasis within sentinel lymph node and therefore were upstaged to stage III postoperatively. Those patients were then managed with either full groin node dissection, radiotherapy or both. None of the patients with negative sentinel lymph nodes had a recurrence in the inguinal lymph nodes during the follow up period.
Conclusion Approximately 30% of our preoperative stage 1b vulval cancer were upstaged to stage 3 due to metastatic disease in the SLNB. This service evaluation shows that SLNB is effective method in treatment of early stage vulval cancer. We were able to avoid full groin node dissection with its associated morbidity in almost 70% of our patients and also identify women who were not stage 1b and needed further treatment in the form of further GND with or without radiotherapy.

2022-RA-1086-ESGO SEBACEOUS CARCINOMA (SC) OF THE VULVA – A CASE REPORT AND LITERATURE REVIEW

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