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.

VULVAR BASAL CELL CARCINOMA – 5 YEARS EXPERIENCE FROM TERTIARY CARE CENTRE AND A CASE REPORT OF UNUSUAL RECURRENCE OF VULVAR BASAL CELL CARCINOMA IN PARAORTIC 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 usually an indolent and destructive tumor that rarely metastasizes.

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-excisions. In the second patient recurrence was observed with unusual location in paraaortic 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.

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.

SEBACEOUS CARCINOMA (SC) OF THE VULVA – A CASE REPORT AND LITERATURE REVIEW

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Introduction/Background Sebaceous carcinoma (SC) is a rare cutaneous malignancy arising from sebaceous glands most commonly in the periocular region. Very rarely, it occurs in the vulva. There are 12 cases published in the literature of extraocular sebaceous carcinoma of the vulva. We present a case of 59-year-old woman with persistent vulval symptoms and confirmed histological diagnosis of SC.

Methodology Review of the patient’s case notes, external expert histopathology opinion and published literature.

Results The patient first presented at 51 years with vulval itching and soreness. She underwent wide local excision (WLE) of the lesion which confirmed high grade vulval intraepithelial neoplasia (VIN 3). Over the years, she had several biopsies for persistent vulval symptoms. Interestingly, patient’s symptoms were exacerbated with use of topical/systemic steroids. All biopsies showed similar histology of VIN 3. At 57 years, further WLE showed a stage 1A squamous cell carcinoma of the vulva (completely excised). At 59 years, vulval biopsies were taken for ongoing symptoms. An external histopathological review confirmed extra-ocular SC. She underwent anterior vulvectomy for the diffuse lesion and is now planned to undergo a bilateral groin lymph node dissection as histology showed poor differentiation and lymphovascular space invasion.

Conclusion This is the 13th case reported of SC of vulva. In women with persistent vulval symptoms, it’s crucial to consider in differential diagnosis and to seek expert histopathological opinion when suspected.