

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.

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DESCRIPTIVE STUDY OF VULVAR CANCERS ACCORDING TO THE VULNERABILITY OF PATIENTS RELATED TO AGE: MULTICENTER STUDY

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Introduction/Background The purpose of this study is to assess the impact of age on tumor size in vulvar cancer.

Methodology This is a multicenter retrospective observational study incorporating 447 cases of vulva cancer. A limit age of 65 years was chosen to define the 2 groups of patients to compare.

Results Patients of <65 years more often had an induced HPV cancer history (16.1% (n=27) versus 3.9% (n=11), p

<0.001), mainly history of uterus cervical cancer. The location of tumors was also different between the 2 groups. The median clinical and post-operative size of the tumors was 20 mm (1–120) and 26 mm (1–65) in the group of patients under 65 and 30 mm (1–100) and 35 mm (1–66) in patients of > 65 years (p = 0.07 and p = 0.001, respectively). There was no difference concerning the in sano excision between the 2 groups. Multivariate analysis found that age > 65 years (p = 0.02) and a history of cervical cancer (p = 0.01) was greater post-operative risk factors of tumor.

Conclusion Age is a larger tumor size risk factor. In elderly and vulnerable women this can cause post-operative complications altering the quality of life of patients. It is therefore necessary to take into account the vulnerability linked to the age of patients in the overall management of vulvar cancers.

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IMPACT OF AGE ON SURGICAL RESECTION MARGINS OF VULVAR SQUAMOUS CELL CARCINOMA: MULTICENTER DESCRIPTIVE STUDY

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Introduction/Background Vulvar cancer is a rare cancer that most often affects elderly women and is therefore vulnerable. The first-line treatment for vulvar cancer is surgery. Histological resection margins ≥ 8 mm are recommended. The aim of this study was to assess the impact of patient age on the size of surgical resection margins for vulvar cancer.

Methodology This is a multicenter retrospective observational study of 596 cases of vulvar squamous cell carcinoma. An age limit of 65 years was chosen to define the 2 groups of patients to be compared.

Results Patients < 65 years old presented clinically smaller tumors than older patients. Surgically, more patients benefited from total radical vulvectomy in the group ≥ 65 years (28.2% (n=107) versus 20.3% (n=44), p=0.04). The mean postoperative lesion size was 29.3 mm (2–120) in the group < 65 years old versus 32.3 mm (1–150) in the group ≥ 65 years old (p = 0.044). The proportion of excision in sano was similar and there was no difference in obtaining margins > 8 mm between the 2 groups. However, more patients required revision surgery in the group < 65 years.

Conclusion Despite a larger tumor size depending on the age of the patients, age is not a factor influencing the obtaining of resection margins > 8 mm.