Introduction/Background Pelvic reconstruction after pelvic exenteration is a challenge for gynecologic oncology surgeons. In this vulvar relapse case, a huge defect was left in the perineum after the exenteration. We decided to do a double V-YT flap in order to fill all the defect and a sigmoid neovagina for the sexual reconstruction and to avoid an empty pelvis syndrome.
Methodology Video edited.
Results .
Conclusion .

2022-RA-1155-ESGO FEASIBILITY OF HAND ASSISTED LAPAROSCOPIC SENTINEL NODE BIOPSY IN VULVAR CANCER USING COMBINED RADIOACTIVE AND FLUORESCENCE GUIDANCE

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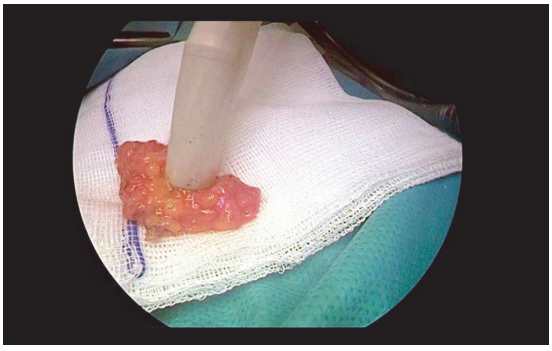
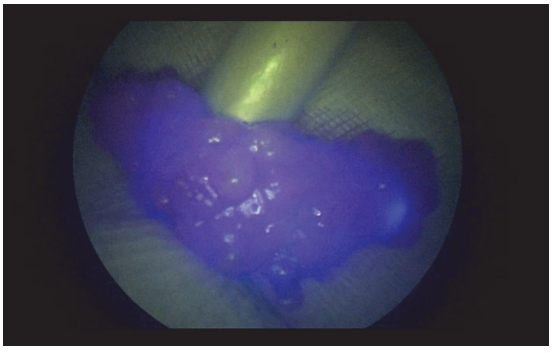
Introduction/Background The aim of this preliminary retrospective study was to assess the feasibility and accuracy of Indocyanine Green (ICG) sentinel lymph node (SLN) sampling using a laparoscopic camera during vulvar cancer staging.
Methodology Retrospective study. Between 2016 and 2022, 9 women with diagnosis of vulvar cancer underwent radical vulvectomy and inguinofemoral lymphadenectomy; in 2 (22%) selected cases we performed ICG SLN mapping using the IMAGE1 laparoscopic camera combining with Tc99(m)-nanocolloid during open surgery.



Abstract 2022-RA-1155-ESGO Figure 1



Abstract 2022-RA-1155-ESGO Figure 2

Results The median age of patients was 73 (range 84–60) years. Mean operative time 212.5 minutes. The overall detection rate of SLN mapping was 100%. No post-operative short or long-term complications related to the procedure were observed.
Conclusion Real-time NIR technology supported by the IMAGE1 S by Storz is a reliable system and represents a consolidated method for SLN mapping in selected cases with vulvar cancer.

In our study we confirmed the feasibility of Hand-Assisted Laparoscopy during an open procedure to detect groin SLN with ICG in vulvar cancer. This approach can be used in combination with Tc99(m)-nanocolloid, increasing the detection rate or it can be an appropriate option to detect SLN in those countries where Tc99(m)-nanocolloid is not available or cannot be practiced.

The use of laparoscopic camera for ICG SLN mapping seems to be accessible and inexpensive. Further studies are needed to evaluate the accuracy and oncological outcomes.

2022-RA-1162-ESGO PROACTIVE MANAGEMENT IN VULVAR RADIOTHERAPY FACILITATES TREATMENT COMPLETION

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Introduction/Background Vulvar carcinoma is a rare malignancy, accounting for 4% of gynecological malignancies. Radiotherapy is commonly used and highly effective yet associated with severe adverse effects and psychological implications which limit treatment completion.Only 50% of patients complete the radiotherapy planned treatment(>20 fractions, duration <8 weeks and <1 week of break).Guidelines for management and supportive care during radiotherapy for vulvar carcinoma are lacking.
Methodology We retrospectively analyzed medical charts of patients who underwent radiotherapy for vulvar carcinoma from October 2018-December 2021.
Results Among 17 patients treated at our institution, 8 received definitive therapy, 8 adjuvant treatment, and 1 palliative radiation. Radiation doses ranged from 36–66Gy. Seven patients were treated with an electron boost, 2 with a brachytherapy boost. The most common side effects included local pain, requiring analgesics and cannabis among 12 women and skin burns in 15 women, 5 had grade III burns, of which one required hyperbaric oxygenation.

In an effort to facilitate treatment completion, a proactive approach was employed, including instruction and guidance regarding the treatment process prior to initiation. Close monitoring entailing weekly physician visits, and with the onset of adverse events, more intense 2–3 assesments per week were instituted, focusing on pain alleviation. In an effort to ease the emotional burden and anxiety, patients were supported by a social worker and psychologist. Treatment breaks were initiated by physician prior to severe burn development in order to prevent longer breaks or cessation of radiotherapy. Eleven patients had physician-initiated breaks, with an average duration of 4.3 days. Four women had breaks over 1 week (median 9.5 days), all in the definitive treatment setting. All patients completed the treatment regimen. With an average

follow-up of 13.5 months, half of the patients had no evidence of disease.
Conclusion Our institutional experience comprising intensive clinical and emotional management of vulvar carcinoma radiotherapy provides a proactive approach involving frequent assessment, initiated breaks and emotional support, all facilitating improvement in historically low treatment compliance.

2022-RA-1163-ESGO METASTATIC ADENOID CYSTIC CARCINOMA GLAND BARTHOLINI: A CASE REPORT

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Introduction/Background Adenocarcinoma gland Bartholin's is a very rare tumor accounting for 2–7% of all cancers of the vulva and less than 1% of all female genital malignancies. These tumors' basic features are slow growth, expanding locally, and sometimes this tumor expanding as metastatic from the other organs like carcinoma mammas. There is no agreement on optimal treatment for this type of carcinoma.
Methodology We will show the case 64-year-old woman who came to our hospital because of a tumor mass in the region gland Bartholin's. She already had the operation because of Carcinoma mammas ten years ago. A gynecological examination can be seen enlarged Bartolini's gland about 5 cm in diameter to the left side. The other gynecological examination was normal.
Results We performed a local-wide removal of the tumor. Histopathology confirmed that this is metastatic Bartolini's gland adenocarcinoma. The tumor was removed in its entirety with a healthy edge. CT and MRI of the pelvis were normal. We decided to follow up patient but after six months she had recurrences of the disease. We treated her by local irradiation but the patient, unfortunately, died after one year after.
Conclusion This case indicates that meta changes could be fined even on unusual localization like in our case. Follow-up patients with carcinoma must include an examination of the whole body and every change should be treated immediately.

2022-RA-1165-ESGO FEASIBILITY AND SAFETY OF INGUINOFEMORAL SENTINEL LYMPH NODE BIOPSY FOR PREVIOUSLY EXCISED VULVAR CANCER

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10.1136/ijgc-2022-ESGO.956

Introduction/Background Performing inguinofemoral sentinel lymph node biopsy (IFSLNB) for vulvar cancer following a previous vulvar excision, often referred to as 'scar injection,' is currently debated. Our study aimed to assess the feasibility and safety of IFSLNB following scar injection.
Methodology We conducted a retrospective observational study of patients with vulvar cancer, who underwent IFSLNB following radiotracer injection around a tumour or around a scar following previous vulvar excision. IFSLN detection rates are described per patient and per groin and are compared using chi-square analysis. We performed a Cox regression analysis to assess the association of recurrence and survival with vulvar injection site and recognized pathological variables.
Results Data was analyzed for 173 groins in 97 patients. At least one IFSLN was detected in 94% of groins examined, and IFSLN detection rate did not differ whether the groin was assessed following tumour injection (n=122, 94%) or scar injection (n=40, 93%; $p=0.85$). Patients in the scar injection group had less frequent IFLN metastases ($p=0.019$), smaller tumours ($p<0.001$) and more superficial invasion ($p<0.02$). Median overall follow-up from surgery to death or censoring was 34.7 (range 0–108) months. Cox regression analysis demonstrated that scar injection was not an independent predictor of recurrence or death, and depth of invasion was the only independent predictor of disease recurrence (HR 1.14, $p=0.029$).
Conclusion Our observations support the feasibility and safety of scar injection as an alternative to full lymphadenectomy and should be validated in a prospective study with a more robust sample size.

2022-RA-1171-ESGO TOTAL VAGINECTOMY FOR RECURRENT GYNECOLOGICAL CANCER. EXPERIENCE IN KAZIOR

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10.1136/ijgc-2022-ESGO.957

Introduction/Background The strategy for the treatment of vaginal recurrence of gynecological cancer remains a complex clinical problem. Surgery is an effective and relatively safe strategy for these cases. Vaginectomy is one of the methods of surgical treatment of local recurrence of gynecological cancer. Although vaginectomy is considered an effective treatment for vaginal recurrence of cervical, ovarian, and endometrial cancers, only a few published reports of vaginal resections have been found, and in most cases vaginal resections have been performed by vaginal and/or open access. Several reports of laparoscopic vaginal resection for recurrence in gynecological cancer have also been found.
Methodology 7 patients were studied after vaginectomy.
Results The age of the patients ranged from 42 to 62 years (median 53 years). The duration of the operation varied from 240 to 480 minutes (median 317 min), the volume of blood loss ranged from 90 to 220 ml (median 140 ml), resection margins were negative in all cases. In 2 patients, a ureteral catheter was placed. The Foley catheter was removed after a median of 10 days (range 1 to 11 days). The length of stay of patients in the hospital ranged from 7 to 14 days (median 7 days). There were no intraoperative complications. All patients after vaginectomy are alive.
Conclusion Vaginal recurrence is the most common type of local recurrence in gynecological cancer, and there is no consensus on treatment tactics. This article is somewhat limited in