

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.

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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.

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FEASIBILITY AND SAFETY OF INGUINOFEMORAL SENTINEL LYMPH NODE BIOPSY FOR PREVIOUSLY EXCISED VULVAR CANCER

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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.

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TOTAL VAGINECTOMY FOR RECURRENT GYNECOLOGICAL CANCER. EXPERIENCE IN KAZIOR

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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

terms of the number of patients, our results show the efficacy of vaginectomy in recurrent gynecological cancer.

2022-RA-1211-ESGO VULVAR ECTOPIC LOCALIZATION OF BREAST CANCER

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Introduction/Background To report the case of a patient diagnosed with ectopic pagetoid vulvar lesion in the vulva with breast cancer and to conduct a literature review of the diagnosis, treatment and prognosis in that location.

Methodology A 60-year-old patient who presented a pagetoid vulvar lesion with breast cancer to CPMC, Algiers, Algeria. The lesion was assessed on MRI and then surgically excised; histopathology showed Invasive carcinoma of no special type (NST) after a mastectomy for the initial breast cancer. We reviewed PubMed for our search, all dates using the terms: breast cancer recurrence, breast cancer metastasis, vulva and breast cancer, metastatic vulvar cancer and vulvar cancer, ectopic localisation.

Results Including our case, a total of 21 publications were listed including 9 cases of IDC, 5 cases of ILC, 2 cases of undifferentiated carcinomas, 2 cases not clinically described, 1 case of comedocarcinoma and 1 case of cystosarcoma phyllodes. The time interval between the initial diagnosis of breast cancer and the secondary vulvar localization, ranges from 4 months to 255 months.

Conclusion Hartung, in 1872, first reported a fully formed mammary gland in the left labium majus of a 30-year-old woman. Even the ectopic breast tissue occurs along the milk lines, extending bilaterally from the mid-axillae through the normal breasts and then inferiorly to the medial groins. In women, the inferior extensions of the milk lines transverse the vulva bilaterally. In this case, is it a secondary localization or an ectopic localization of an infiltrating breast carcinoma? Due to the rarity of this diagnosis, there are no established guidelines for the treatment of the patient. The appropriate treatment for a primary orthotopic breast cancer of a similar stage is recommended. Our patient was treated with local excision of the vulva and adjuvant.

2022-RA-1268-ESGO SURGERY AFTER PRIMARY CHEMO/ RADIATION IN LOCALLY ADVANCED VULVAR CANCER: ANALYSIS OF SURGICAL OUTCOMES AND SURVIVAL

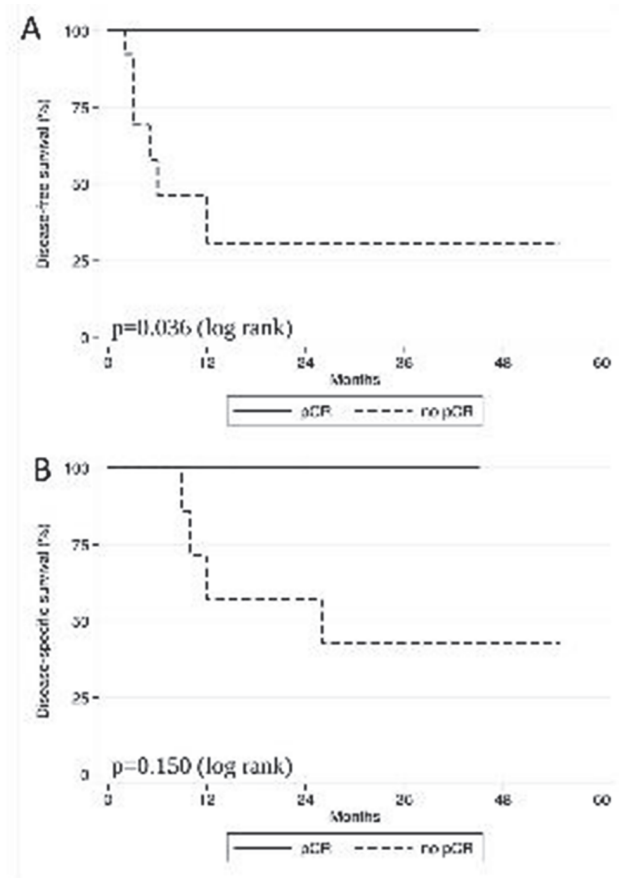
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Introduction/Background More than 30% of vulvar cancer new cases are locally advanced (LAVC). The treatment of LAVC consists of primary radiotherapy, +/- chemotherapy – (CT)RT. Surgery is scheduled after neoadjuvant treatment or added to exclusive (CT)RT to debulk residual disease. Our aim was to assess survival and surgical complications in this setting.

Methodology Patients with squamous LAVC submitted to (CT)RT and surgery at our Institution between January 2016 and December 2021 were retrospectively evaluated.

Results 51 patients were submitted to primary (CT)RT: 40 (78,4%) had a clinical response (complete in 18 and partial in 22 cases), 1 (2%) stable and 10 (19,6%) progression disease. Overall, 19/51 (37,2%) patients underwent surgery. Regarding baseline nodal involvement of surgically treated patients, the work up showed 6 (31,6%) clinically negative, 3 (15,8%) clinically positive inguinal nodes and 10 (52,6%) pelvic nodal disease. Surgeries were classified as radical [vulvar and/or inguinal surgery, n=5 (26,3%)] and ultra-radical [requiring plastic reconstruction and/or pelvic surgery (visceral or lymph-nodal), n=14 (73,7%)]. Overall, 17 patients (89,4%) experienced a post operative complication with a Clavien-Dindo grade ≤2 in 58,8% of cases (17,6% after radical and 41,2% after ultra-radical surgery) (Table 1). Five (26,3%) patients showed pathological complete response (pCR), while 14 (73,7%) had residual tumor [7 (36,8%) vulvar-site, 1 (5,3%) LN-site and both-sites in 6 (31,6%) cases]. The 3-years disease-free survival was 100% in case of pCR and 30,8% for residual tumor, (p=0,036) (Figure 1).



Abstract 2022-RA-1268-ESGO Figure 1