

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

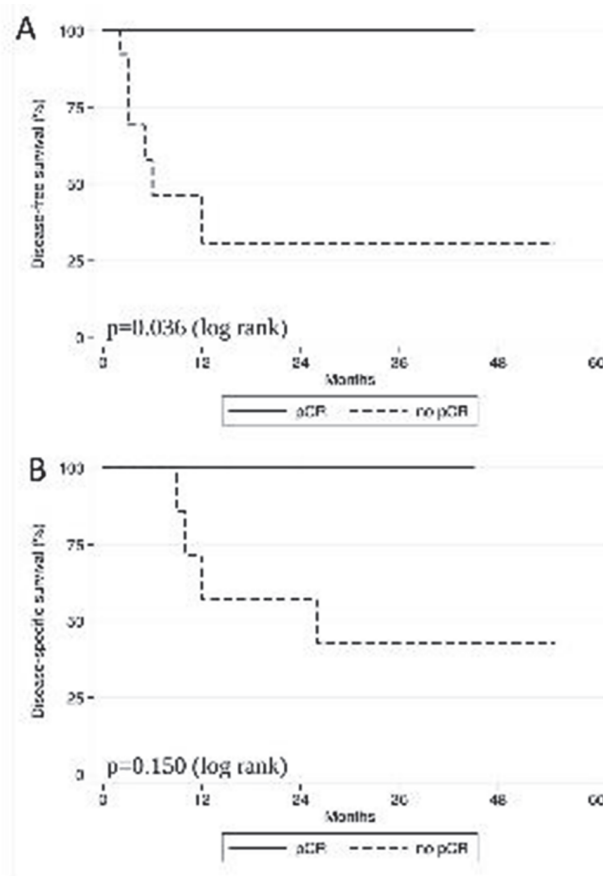
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**Introduction/Background** More than 30% of vulvar cancer new cases are locally advanced (LAVC). The treatment of LAVC consists of primary radiotherapy, +/- chemotherapy – (CT)RT. Surgery is scheduled after neoadjuvant treatment or added to exclusive (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