VULVAR ECTOPIC LOCALIZATION OF SURGERY AFTER PRIMARY CHEMO/RADATION IN LOCALLY ADVANCED VULVAR CANCER

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Introduction/Background To report the case of a patient diagnosed with ectopic 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 papetoide 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 localization.

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 cystosarcomaphylloides. 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.
Conclusion A high rate of clinical responses (complete/partial) to (CT)RT was registered. Post-operative complications resulted acceptable compared to literature data. pCR is associated with excellent survival also in these tumors as demonstrated in other neoplasms. The multidisciplinary approach is crucial to complete the combined treatment planned [(CT)RT +/- surgery]. In the future, predictive models could allow to select patients on the basis of their foreseen response.

Introduction/Background Aggressive angiomyxoma (AA) is a rare mesenchymal tumor, typically arising in the soft tissue of the pelvis and perineum, with local aggressive behavior and frequent local recurrence. Surgical excision is the standard treatment.

Methodology We report the case of a 47-year old woman diagnosed with a pelvis and perineum AA. Magnetic resonance imaging revealed a 9cm infiltrative mass at the level of the bladder and perineum on line as Ultrasound features defined in previous studies were studied before surgery by ultrasound experienced examiners. The patient was discharged four days later.

Results First, a robotic approach with standard five-port placement of the left levator ani muscle and ischiorectal fossa. A vaginal approach with a longitudinal incision was performed, enabling the identification of the ischiatic tuberosity, ischiocavernosus, bulbocavernosus, and perineum transversus muscles. Ischiorectal fossa was developed and the tumor exteriorized. Detachment of the AA from the lateral wall of the vagina and rectum enabled the excision of the surgical specimen.

Conclusion The pathologic analysis revealed positive margins. The patient was discharged four days later.