clinical interventions would likely improve peri-operative outcomes. Aim of the study was to identify and quantify morbidity and mortality associated with VC surgeries. These data would be taken forward, after implementation of the care bundle, as baseline for comparison as to the efficacy of the intervention. Literatures and guidelines review will be undertaken to assist with the construction of the care bundle.

Methodology Patients who underwent curative surgery for VC from 2017–2018 at Belfast City Hospital were selected. Patients were followed up for 3 years postoperatively

Results 43patients underwent major VC surgery. Data were available for27 patients. Average age was67.2 years. Mean body mass index28.2 kg/m2. All patients had squamous cell carcinoma except one with melanoma. All were stage 1a- II. All patients received pre-operative prophylactic antibiotics. 37% received post-operative antibiotics for3–15 day. All vulvar wounds were closed using2.0 vicryland3.0 monocryl except one patient had clips. Groin wounds were closed using clips in 50% of the cases. Sentinel lymph node was used in25.9%. Regarding drains;62.4% had drain which were removed within7 days. Urinary catheter was removed within7.3 days. Laxatives were used in29.6% postoperatively. Mean hospital stay was12.1 days. Rate of readmission 14.8%, wound dehiscence11.1%, hematoma3.7%, infected lymphocyte11.1% and cellulitis22.2%. VC recurrence was 11.1% and death within the follow-up period was 22.2%. None related to surgery.

Conclusion Major VC surgeries are associated with high morbidity. Variety of strategies employed by clinicians regarding antibiotic therapy, wound closure, drains, urinary catheter and laxatives. Evidence-based, team agreed selection of uniform interventions as 'care bundle' would potentially lead to standardization of care and improvement in morbidity. We will present summary of evidence pertaining to creation of such a bundle and present our initial prospective results following its implementation.

2022-RA-1426-ESGO PRIMARY MALIGNANT MELANOMA OF THE FEMALE GENITAL TRACT ABOUT 5 CASES

Nour el Houda Mekkaoui. *Gynéco-obstétrique I, CHU Hassan II Fès, Fès, Morocco*

10.1136/ijgc-2022-ESGO.965

Introduction/Background Malignant melanoma is an aggressive tumor of the skin and mucous membranes that develops in melanocytes.Mucosal melanoma is an extremely rare tumor. It represents 0.03% of all cancers. Its location in the female genital mucosa represents less than 2% of all melanomas. In this case, it occurs in the vagina and vulva, more rarely in the cervix.

Methodology We report in our study five cases of primary melanoma of the female genital tract: 1 case of vulvar melanoma, 3 cases of vaginal melanoma, and 1 case of cervical melanoma.Our objective is to analyze the epidemiological, clinical, therapeutic and evolutionary factors of this pathology.

Results Our patients were aged 76 years, 75 years, 64 years, 46 years and 45 years respectively. The main reason for consultation was metrorrhagia. One of the patients consulted for the discovery of a vulvar mass. All patients benefited from a biopsy confirming the histological diagnosis of melanoma. An evaluation of tumor extension was performed in all patients, and showed metastatic lesions in 60% of cases. Only one patient received surgical treatment which consisted of a vulvectomy with bilateral inguinal curage; while the other patients were referred for chemotherapy. One patient was lost to follow-up before treatment.

Conclusion Primary malignant melanoma of the female genital tract is an extremely rare location. The diagnosis is often initially unknown and is made at a late stage. Its management is not codified, with several therapies proposed, particularly for metastatic melanoma. Its evolution is unfavorable with frequent visceral metastases and a very short survival.The discovery of a c-Kit mutation suggests that c-Kit inhibitors, such as imatinib or sunitinib, may improve survival.

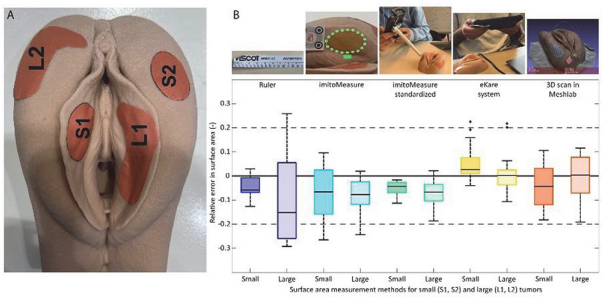
2022-RA-1458-ESGO A COMPARISON OF METHODS TO MEASURE SURFACE AREA OF VULVAR TUMORS

[1]Kees de Wilde, [1]Thijs W Roolvink, [1]Maximiliaan P Scholten, [1]Rutger W Plat, [2]Nick J van de Berg, [2]Helena C van Doorn. *[1]Biomechanical Engineering, Delft University of Technology, Delft, Netherlands; [2]Gynaecological Oncology, Erasmus MC Cancer Institute, Rotterdam, Netherlands*

10.1136/ijgc-2022-ESGO.966

Introduction/Background In this digital age, it is remarkable that the size of vulvar tumors is still measured with a ruler. Surface area can be estimated with an ellipse model (pi/4*height*width). These estimates have been used to assess the effectiveness of systemic treatments in reducing tumor size. Effects were considered relevant if tumor sizes decreased with >20%. However, measurement errors interfere with these results. The aim of this study is to compare the accuracy and precision of surface area measurements with rulers and digital tools, obtained from the field of wound treatment.

Methodology A silicone phantom of the vulva was created (Figure 1A), including four tumors with known surface area (A_0). Two small tumors had an ellipse shape, and two large tumors had a more complex shape. Surface area (A) was measured with a ruler using the ellipse model, the imitoMeasure app, the imitoMeasure app with standardized angle (orthogonal) and distance to tissue (15 cm), the eKare system, and a 3D scan processed in Meshlab. The software of eKare automatically delineated tumors, while the other methods used user-indicated boundaries. Each method was tested 24 times on both tumor shapes.



Abstract 2022-RA-1458-ESGO Figure 1

Results Relative errors were computed as $(A-A_0)/A_0$, and are shown in Figure 1B. The eKare system was most accurate