SUCCESSFUL IMMUNOTHERAPY WITH IMIQUIMOD IN VAGINAL INTRAEPITHELIAL LESION – A CASE REPORT

1Damir Danolić, 1Luka Maročić, 1Lucija Šuljinjar, 1Ilija Alvir, 1Niva Mamić, 2Daniela Danolić, 3Simun Puljiz, 1Mario Puljiz. 1Department of Gynaecologic Oncology, University Hospital for Tumors, Sestre milosrdnice University Hospital Centre, Zagreb, Croatia; 2Ledikdent Dental Centre, Zagreb, Croatia; 3School of Medicine, University of Mostar, Mostar, Bosnia and Herzegovina

Introduction/Background Imiquimod is an immune response stimulator often used in the management of various clinical manifestations of human papillomavirus (HPV) infections. Surgical treatment of vaginal intraepithelial lesions is often difficult and not always feasible. According to literature therapy with 5% imiquimod seems to be a safe mode of treatment for high grade genital intraepithelial lesions (HSIL) in selected patients, especially for vaginal and vulvar HSIL. The aim of this report is to present 5% imiquimod therapy as an alternative to surgical procedures in patient with vaginal intraepithelial lesion.

Methodology 55-year-old postmenopausal woman was referred to our department with high-grade squamous intraepithelial lesion (HSIL) and HPV-related changes on her Pap test. Also, patient presented with lesion on left vaginal fornix which cytology result was consistent with SIL. The patient underwent conization, resulting in a pathological diagnosis of grade 2/3 cervical intraepithelial neoplasia (CIN). Also, excision of vaginal lesion in left fornix revealed vaginal intraepithelial neoplasia (VaIN) grade 2/3. Neoplastic changes involved resection margins on both specimens. Total abdominal hysterectomy with resection of vaginal fornices and bilateral salpingo-oophorectomy were performed. Histological examination revealed VaIN 3. One year after the surgery, a follow-up vaginal smear demonstrated VaIN 1. Therefore, biopsy was performed leading to a pathological diagnosis of VaIN 1/2. Treatment was initiated with topical imiquimod 5% cream, three times per week, for 8 weeks.

Results Follow-up vaginal smear and colposcopy findings after completion of therapy were all negative for intraepithelial lesion or malignancy. As of 4 years after the imiquimod treatment, there has been no signs of recurrence.

Conclusion Combined treatment modalities may hold the key to optimal treatment of genital HSILs and the treatment must always be individualised. However, there are currently no studies assessing efficacy of imiquimod topical treatment with traditional surgical modes of treatment.

ROLE OF PLASTIC SURGERY FOLLOWING RESECTION OF VULVAL TUMOURS: IS COLLABORATION THE KEY?

1Maneesh Singhal, 2Seema Singhal, 3Shashank Chauhan, 1,1Suvashis Dash, 1Suvadi Dash, 2Shivangi Saha, 3Shruthi Chandrasekar, 1Nandini Singh, 3Amit Mandal, 2Anju Singh, 4Neena Malhotra, 5Neerja Bhatia. 1Plastic and Reconstructive Surgery, All India Institute of Medical Sciences, New Delhi, India; 2Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi, India

Introduction/Background Reconstruction of the vulva following exirgative surgeries is essential in restoring the form and functions of daily living. Complex defect reconstruction can be difficult and may necessitate collaboration between gynaecology and reconstructive surgeons. We present our experience in the reconstruction of vulval defects following tumour excision (benign and malignant) and in the management of post inguinal lymph node dissection (ILND) lymphorrhoea.

Methodology A prospective study was conducted between 2020–2022. All patients (N=8) requiring plastic surgical intervention were included. Five patients with vulval tumours underwent reconstruction. Three patients having ILND lymphorrhoea and other malignant vulval tumours were managed conservatively with low pressure negative wound therapy (NPWT).

Results The median age was 50.4 years (28–63 years), requiring a mean hospital stay of 13.6 days. Two cases of vulval squamous cell carcinoma underwent local V-Y advancement flap and a pedicled anterolateral thigh flap, respectively. One case of primary vulval lymphedema was managed with debulking and reconstruction of the labia majora and minora with vulval flaps. Two benign tumours of the vulva (fibromatosis) required W-plasty and V-Y advancement flap respectively. One patient had vaginal wall necrosis and partial flap dehiscence in the immediate post-operative period. No long-term delayed complications were observed in our patients at a mean follow-up of 3 months. The mean length of hospital stay for inguinal lymphorrhoea was not significantly higher than that for those undergoing reconstructive surgery.

Conclusion Reconstructive surgery improves pain, function, and early postoperative recovery. Application of NPWT is an effective modality for treating inguinal lymphorrhoea. Collaboration with the plastic surgery team is essential in achieving the same for the benefit of such patients.

HUMAN PAPILLOMAVIRUS-ASSOCIATED AND -INDEPENDENT VULVAR SQUAMOUS CELL CARCINOMAS: CLINICAL, PATHOLOGICAL AND PROGNOSTIC DISTINCT ENTITIES

1Núria Camareras-Diezgués, 2Carolina Manzotti, 3Lorena Marimon, 4Ricardo López del Campo, 1Pedro Jares, 1Clàudia Pumarola, 1Pere Fusté, 1Berta Díaz Feijoó, 1Ariel Glickman, 1Núria Agustí, 2Tiemers Marina, 3Adela Saco, 3Marta del Pino, 1Aureli Torné, 1Natalia Rakislova. 1Gynaecologic Oncology Unit, Hospital Clinic de Barcelona, Barcelona, Spain; 2Pathology Department, ISGlobal, Barcelona, Spain; 3Pathology Department, Hospital Clinic de Barcelona, Barcelona, Spain; 4Gynaecology and Obstetrics Department, Hospital Clinic de Barcelona, Barcelona, Spain

Results A total of 83 Vulvar squamous cell carcinomas were included in the study. Tumours were classified into HPV-associated and -independent. The most frequent HPV types were HPV-16 and HPV-18. HPV-associated tumours had a better overall survival rate and less distant metastasis compared to HPV-independent tumours.

Conclusion HPV-associated and -independent vulvar squamous cell carcinomas have distinct clinical, pathological and prognostic characteristics. Further studies are needed to elucidate the mechanisms underlying these differences.