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

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Abstracts

(0.03±0.07, mean±std). When using the ruler, the large tumor could not be measured accurately (-0.10±0.18). In the setting, 46% of surface area estimates departed from the expected value with >20%.

Conclusion This study shows that methods using 3D scans are very suitable to measure surface area on these curved tissue surfaces. The use of rulers should be avoided in case of tumors with complex shapes. A next step for us will be the assessment of these methods in a patient study, when tumor visibility may not always be optimal.

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

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Introduction/Background Reconstruction of the vulva following exiruptive 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

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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.

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