

(0.03±0.07, mean±std). When using the ruler, the large tumor could not be measured accurately (-0.10±0.18). In this 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.

2022-RA-1513-ESGO

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

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**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.

2022-RA-1518-ESGO

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

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**Introduction/Background** Reconstruction of the vulva following extirpative 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.

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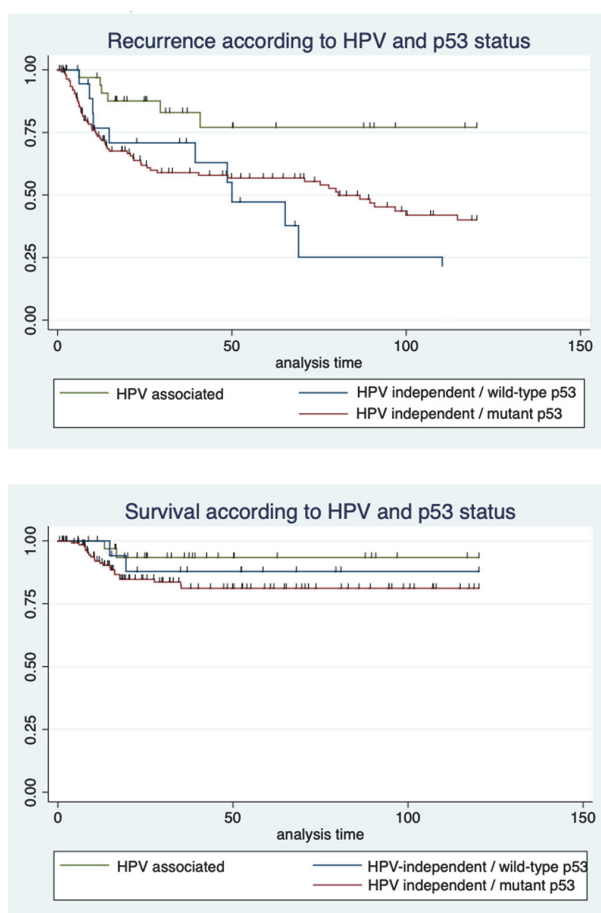
### HUMAN PAPILLOMAVIRUS-ASSOCIATED AND -INDEPENDENT VULVAR SQUAMOUS CELL CARCINOMAS: CLINICAL, PATHOLOGICAL AND PROGNOSTIC DISTINCT ENTITIES

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**Introduction/Background** The 2020 WHO classification of gynaecological tumors has introduced as the main criteria for classification of vulvar squamous cell carcinomas (VSCC) their etiological relationship with human papillomavirus (HPV) infection, dividing VSCC into two categories: HPV-associated and HPV-independent VSCC. Additionally, recent evidence suggests that HPV-independent tumors should be further divided according to p53 mutational status. We aimed to evaluate the clinical and prognostic implications of these new criteria.

**Methodology** We retrospectively identified patients treated for VSCC in our hospital from 1985 to 2022 (n=196). Tumors were reviewed and classified in compliance with 2020 WHO criteria, according to p16 immunohistochemistry and HPV testing. HPV-independent tumors were subclassified as p53 wild-type and mutant. The clinical and pathological features of tumors were compared and disease free-survival (DFS) and disease-specific survival (DSS) were evaluated using univariate and multivariate analysis.



**Abstract 2022-RA-1543-ESGO Figure 1** Recurrence-free survival and disease-free survival Kaplan-Meier curves

**Results** Thirty-six (18%) patients had HPV-associated and 160 (82%) HPV-independent tumors, 88% of whom showed mutant p53. Patients with HPV-independent tumors were significantly older (76 vs 62 years,  $p < 0.05$ ) and had bigger tumors (29 vs 20 mm,  $p < 0.05$ ). HPV-independent tumors with mutant p53 were more deeply invasive than those with wild-type p53 (8 vs 5 mm,  $p < 0.05$ ). Mean follow-up was 53 months. HPV-independent tumors were associated with shorter DFS (recurrence rate 48% vs 17%,  $p < 0.05$ ), both in the

univariate and multivariate analysis (Figure 1). A tendency to worse DSS was identified in patients with HPV-independent tumors, particularly in patients with p53 mutant tumors (mortality rate 15% for p53 mutant, 10% for p53 wild-type, and 5% for HPV-associated VSCC,  $p = 0.2$ ; Figure 1), despite the differences did not reach statistical significance.

**Conclusion** The 2020 WHO classification of VSCC has clinical and prognostic implications. Among patients with HPV-independent VSCC, patients with mutant p53 show specific clinical features. Different treatment of VSCC patients, according to HPV-association or not, should be considered in the future.

**2022-RA-1549-ESGO VULVAR PRIMARY MELANOMA: REPORT OF SIX CASES AND REVIEW OF LITERATURE**

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**Introduction/Background** Optimal treatments for vulvar melanomas (VM) have not been identified. VM has a poor prognosis due to late diagnosis and early dissemination. Only a limited amount of literature exists on this condition. This study elucidates the effect of current treatment.

**Methodology** We report all patients diagnosed with malignant melanoma in the vulva at Salah Azaiez Institute, between June 2011 and May 2022, from retrospective chart review and histologic analysis.

**Results** A total of 6 patients were included. The mean age at the time of diagnosis was 41.5 years. The majority of the melanomas were nodular. Superficially spreading melanomas only on the vulva were found in four patients; however, extension on the vagina was found in two cases. Five patients underwent radical surgery: total vulvectomy with bilateral inguinofemoral lymphadenectomy. One patient underwent wide local excision and sentinel lymph node investigation. This patient had local recurrence after 3 months; she had a radical vulvectomy and lymph node dissection. Histological findings showed free margins in all the patients. The median disease-free survival was 7 months and the median overall survival time was almost 14 months.

**Conclusion** Vulvar melanomas differ from nongenital cutaneous melanoma in epidemiologic characteristics and treatment paradigms. The prognosis is generally poor, with a high tendency to loco-regional and distant metastasis; thus, early diagnosis and staging are very important.

**2022-RA-1590-ESGO IDENTIFICATION OF GROIN NODE METASTASIS IN SQUAMOUS VULVAL CANCER USING PREOPERATIVE [<sup>18</sup>F] FDG-PET/CT. CAN UNNECESSARY LYMPHADENECTOMY BE PREVENTED?**

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**Introduction/Background** The predominant treatment of vulval cancer is surgery, which carries significant morbidities, mainly