

time to diagnosis was seen in comparison to previous data. (55% December, 81% January, 100% February).

Conclusion Introduction of the new triage system to identify high risk patients likely to need further diagnostic testing for suspected ovarian cancer from date of referral shortens time to diagnosis allowing patients to receive timely treatment for ovarian cancer.

Disclosures None

#1083 RARE FORMS OF UTERINE STROMAL TUMOR: (CLINICAL CASES)

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Introduction/Background In the clinical practice of a gynecologist-oncologist, sometimes it may occur the cases of widespread damage to the organs of the abdomen, pleural cavity, and beyond the peritoneal space by tumor tissue consisting of smooth muscle fibers, which can significantly disrupt the function of the affected organs, but is a benign disease by nature. We are talking about disseminated peritoneal leiomyomatosis (DPL) - an extremely rare tumor disease that affects women of reproductive age and is associated with the presence of uterine leiomyoma and endometriosis in the anamnesis and surgical interventions performed in patients for them.

Methodology An analysis of 3 clinical cases of DPL in patients aged 39–49 years (average age 45 years) who underwent surgical treatment at the National Cancer Institute from 2010 to 2021 was carried out. In all 3 patients, the diagnosis of DPL (8898/1) was verified according to the data of pathohistological (using routine staining with hematoxylin/eosin) and immunohistochemical (IHC) studies.

Results All patients underwent surgical treatment with a laparotomy approach, the extent and radicality of which depended on the localization and number of tumor foci. At the time of follow-up, all 3 patients are alive and did not receive any special oncological treatment in the future.

Conclusion Despite certain features of an aggressive course, which can imitate widespread forms of malignant tumors, such as cancer and sarcoma, with damage to the abdominal and pleural cavities, germination in adjacent organs and the retroperitoneal space, disseminated peritoneal leiomyomatosis is essentially a benign disease, with radical surgical removal the tumor substrate of which, patients have an absolutely favorable prognosis for further life. However, taking into account the peculiarities of the biological behavior of the process, such patients should be treated in highly specialized oncology centers, where all conditions are available to perform cytoreductive surgery.

Disclosures No conflict of interest.

#1097 ANATOMICAL BASIS OF MOST USED FLAPS FOR VULVAR RECONSTRUCTION

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Introduction/Background In recent years, there has been an increase in the incidence of precursor vulvar pathology and vulvar carcinoma in younger women. This is associated with persistent infections caused by the HPV virus. This, together with the classically presented vulvar carcinomas (elderly women, focal lesions on an area of atrophy), have led to seeking surgical treatments with less consequences and sexual and psychological repercussions, since in some cases the extent of excision is extensive, reaching the vulvectomy.

Methodology Fasciocutaneous flaps

Are defined by the presence of the aponeurotic or fascial plane in their composition, in addition to the segment of skin and overlying subcutaneous tissue. The fasciocutaneous vascular system is made up of the different dermal, subdermal and fascial plexuses, being interrelated (2).



Abstract #1097 Figure 1 48-year-old patient, diagnosed with vulvar Paget's disease, with multiple excisions and recurrences (4). Wide local re-excision is designed, with a Y-V flap for closure. The final result is presented after 3 months.

Results Fasciocutaneous flaps

Are flaps composed of skin, subcutaneous tissue, and the underlying fascia. They are commonly based on vessels that arise in fascial planes between muscles and do not intrinsically include any muscle in their pattern.

The Y-V flap for the treatment of vulvar defects due to oncological surgery, the flap is designed before surgery with a triangular pattern, the base being the vulvar defect and the apex along the gluteal fold and below the ischial tuberosity.

The flap elevation is performed from medial to distal in a plane above or below the deep fascia, depending on the degree of advancement required. The sensitivity of the flap is ensured by the inclusion of the surface branches of the posterior femoral cutaneous nerve, which must be identified and preserved in the gluteal fold, and the terminal branches of the pudendal nerve. The flap is placed and sutured to the mucocutaneous junction.

Conclusion The Y-V flap is well used in all cases and we also combine it with others.

Disclosures these techniques are mandatory to be used in centers of reference.