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### RISK FACTORS FOR WOUND COMPLICATIONS IN VULVAR CANCER SURGERY AND THE IMPACT OF RECONSTRUCTIVE SURGERY

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**Introduction/Background** Vulvar surgery (VC) has a major negative impact on quality of life and sexual functioning of patients. Reconstructive surgery may aid in improvement of preservation of anatomy and function of the lower genital tract and in reduction of wound complications. At present knowledge, risk factors for these wound complications, and use of reconstructive surgery for VC compared to primary closure is limited. To address this gap, a multi-center retrospective cohort study was conducted.

**Methodology** In four Dutch gynaecological oncological centers, we analyzed a total of 394 women who underwent surgery between January 2018 and December 2021. Incidence of wound complications was described. To evaluate the effect of reconstructive surgery we compared two groups: a group with primary closure (n=337), and a group with reconstructive surgery (n=57). Outcomes included wound complications, and tumor-free margins. A multivariate logistic regression model was performed to evaluate the risk factors for wound complications and tumor-free margins.

**Results** In total 56.1% of the patients suffered wound complications. Factors that increase the likelihood of wound complications include larger tumor diameter, smaller distance to the anus, and to the urethra. Multivariate logistic regression shows that there was no significant difference in wound complications between the group with primary closure versus the group with a reconstructive method (OR 1.8, CI 0.7–4.3, p=0.210). In tumor groups <2 cm and >4cm reconstructive surgery seems to result in more tumor free margins after operations.

**Conclusion** We observed a high incidence (56.1%) of wound complications. Tumor diameter, perineal location, and location near anus and urethra were clear risk factors identified to increase their likelihood. Furthermore, results show that the use of reconstructive surgery for larger tumors does not increase the risk of wound complications. Also, reconstructive surgery enables enhanced complete resection rates of larger vulvar tumors which could result in better anatomical restore.

**Disclosures** The authors declare no conflicts of interest or disclosures.

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### RARE CASE OF VULVAR EPITHELIOID SARCOMA

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**Introduction/Background** Epithelioid sarcoma (ES) is rare malignant soft tissue tumor. Proximal-type epithelioid sarcoma

(PES) of the vulva is a rare condition. Vulvar sarcoma occurs more often in young women (mean age, 38 years). We are reporting one case: A 22 G1L1 years old Asian woman with a mobile solid mass in the upper part of the right labia major. A mass without tenderness or any superficial laceration.

**Methodology** The patient was scheduled for surgery. The mass was resected with wide local excision and pathology reported study showed vulvar epithelial sarcoma. Second surgery was done for resection of tumor. Margin was negative for tumor residue. Metastatic work up was negative and patient didn't receive adjuvant treatment

**Results** Physical examination was done every 3 months and she had no pathologic sign. The visit interval can be increased to six months and the follow-up can be continued for five years. She has been disease free for 60 months. She had normal vaginal delivery two years after this surgery

**Conclusion** Optimal treatment for PES of the vulva has not been established due to its rarity. There is no universally accepted treatment for vulvar epithelioid sarcoma. However, the initial treatment is wide surgical excision with an adequate margin ( $\geq 2$  cm). The role of adjuvant therapy also remains unclear due to the rarity of this disease. Adjuvant radiotherapy is advocated in high-grade tumors or cases with inadequate surgical margins and the high incidence of local recurrence and distant metastasis. However, the results of radiotherapy are controversial and show no statistically significant reduction in mortality. The role of chemotherapy in the adjuvant setting appears marginally effective at best for the treatment of metastatic disease

**Disclosures** It is important to consider vulvar sarcomas in the clinical differential diagnosis of non-specific vulvar solid lesions, in order to establish an early accurate diagnosis and appropriate treatment

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### VULVAR MALIGNANT MELANOMA ABOUT 02 CASES AND REVIEW OF THE LITERATURE

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**Introduction/Background** Primary malignant melanoma of the female genital tract is an extremely rare tumor, representing about 1% of melanomas, followed by vaginal, uterine and ovarian localization in order of frequency; and less than 200 cases of vulvar cancer have been described worldwide. It is often asymptomatic and has a poor prognosis; diagnosis requires a histological examination by targeted biopsy.

**Methodology** This retrospective cohort study included 02 women with VD treated in Chu Hassan II Uni between 2022 and 2023. Clinicopathological characteristics, treatment, recurrence and survival data were collected. Overall and recurrence-free survival was estimated by the Kaplan-Meier method

**Results** Both patients had a visible vulvar lesion at the time of diagnosis, both patients are over 60 years of age, had vulvectomy plus cureage, no local recurrence noted

**Conclusion** Our results show that even at an early clinical stage, malignancy is an aggressive disease associated with poor clinical outcomes due to the presence of distant metastases.