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

1Ephrahim E Jerry*, 2Justin Delahaise, 3Dorenieke Van Loosdregt, 4Dony Bol, 5Saskia Houteman, 6Peggy JDe Vos-Van Steenwijk, 7Joanne De Hullu, 8Annemijn JWM Aarts, 9Edith MG Van Esch, 10Emiel Van Haren. 1Department of Obstetrics and Gynaecology, Eindhoven, The Netherlands; 2Catharina Hospital, Eindhoven, The Netherlands; 3Maastricht University Medical Centre and GROW—School for Oncology and Reproduction, Maastricht, The Netherlands; 4Department of Obstetrics and Gynaecology, Nijmegen, The Netherlands; 5Catharina Hospital, Amsterdam, The Netherlands; 6Department of Research, Eindhoven, The Netherlands

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.

#289 RARE CASE OF VULVAR EPITHELIOID SARCOMA

Fariba Behnamfar*, Maryam Nazemi. Professor Fariba Behnamfar, M.D., Departments of Women’s Oncology, School of Medicine, Isfahan university of medical Science, Iran, Isfahan, Iran

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 more cases: 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 reseted with wide local excision and pathology reported shown vulvar epithelial sarcoma, second surgery was done for resetion of tumor. Margin was negative for tumor residue. Metastatic work up was negative and patient don’t received adjuvant treatment.

Results Physical examination was done every 3 month 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 had 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 (>2 cm). The role of adjuvant therapy also remain 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.

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

Boudhas Sara Boudhas*. Chu Hassan II, Fes, Morocco

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 VC 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 curage, 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.
Abstract #308 Figure 1 Vulvar melanoma

Disclosures VD was significantly associated with high-risk clinicopathologic features, including age, tumor thickness, ulceration, positive resection margins, and involved lymph nodes.

#319 PRIMARY VAGINAL ADENOCARCINOMA OF INTESTINAL TYPE: A SYSTEMATIC REVIEW

Introduction/Background Primary vaginal adenocarcinoma accounts for 1–2% of all gynaecological malignancies. Adenocarcinoma of the intestinal type is an extremely rare variant of vaginal adenocarcinoma that can arise from intestinal metaplasia in foci of adenosis, heterotopic intestinal tissue, cloacal remnants, foci of endometriosis and mesonephric remnants. The aim of this systematic review is to provide data that may be useful for further studies or future clinical practice guidelines.

Methodology A systematic review was performed in agreement with PRISMA statement. No restrictions on the publication period were applied. English articles were considered eligible.

Results The literature search retrieved 15 articles reporting a total of 16 cases. Data were gathered from articles published from 1986 to 2022. The median age was 49 (range 32–70). Most patients (87.5%) presented symptoms such as vaginal discharge and vaginal bleeding. The most common localization sites are the posterior lower third of the vagina (62.5%) followed by the anterior lower third (25%) and the middle and upper third (12.5%). The mean size of the lesion diameter is 3.04 cm (range 1–7 cm). FIGO stage I disease was found in 50% of patients, stage II and stage IVB in 6.25% of cases, respectively. As for treatment, 62.5% underwent surgery, 18.75% received concomitant chemoradiation and 6.25% radiation. Immunohistochemistry revealed positivity to CK20, CEA, CDX2, CK7, CA 15–3 and EMA. 43.75% of patients received adjuvant treatment, of which 25% receiving radiotherapy, 6.25% brachytherapy and 6.25% concomitant chemoradiation therapy. Only one patient was in-utero exposed to DES. Mean follow-up is 15.3 months (range 1.5–32) where 43.75% live with no evidence of disease, 18.75% are alive with evidence of disease, 6.25% died from disease. In one case there was ureteral relapse.

Conclusion The intestinal type of vaginal adenocarcinoma is exceptionally rare. The lack of guidelines results in varied clinical and treatment management.

Disclosures No disclosures

#337 PROGNOSTIC SIGNIFICANCE OF LYMPH NODE RATIO IN PATIENTS WITH VULVAR CANCER

Introduction/Background The aim of this study was to investigate the prognostic value of lymph node ratio (LNR) in patients with vulvar cancer (VC).

Methodology We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. LNR was stratified into 2 groups: LNR <0.2 and LNR ≥0.2. We analyzed survival rates and studied the correlation between LNR and clinical and pathological factors.

Results The mean age was 64.93±13.817 years (range, 24–104 years). Surgery consisted of a radical vulvectomy, hemivulvectomy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases. Lymph node (LN) dissection was bilateral in 88.5% of cases and the mean number of retrieved lymph nodes (LN) was 14. The mean tumor size was 42.21±24.018 mm. LN metastasis was assessed in 67 patients (34.9%). Tumors were classified as stage FIGO I, II, III, and IV in 55.2%, 9.4%, 32.8%, and 2.6% of cases respectively. LNR<0.2 and ≥0.2 were recorded in respectively 86.9% and 13.2% of cases. On univariate analysis, LNR>0.2 was correlated to tumor grade (30% in grades 2 and 3 vs 11.3% in grade 1, p=0.021), the tumor size (19.4% in tumor>40mm vs 9.3% in the others, p=0.045), the presence of lymphovascular space invasion (66.7% vs 15.7%,p=0.021) and perineural invasion (46.7% vs 12.5%,p=0.001). With a mean follow-up time of 35.48±35.48 months, the 5-year overall survival (OS) in patients with LNR<0.2 and LNR≥0.2 was 58.5% and 11.6% respectively (p<0.0001) and the 5-year free survival (RFS) was 60.3% and 20.5%, respectively (p<0.0001). On multivariate analysis, LNR was an independent prognostic factor of both OS (HR=5.779, 95% CI=2.282–14.245, p<0.0001) and RFS (HR=2.911, 95% CI=1.468–5.779, p=0.002).

Conclusion LNR is associated with an aggressive tumor and represents an independent prognostic factor of both OS and RFS.

Disclosures NO CONFLICT of interest