



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

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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.

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

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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 Azaiz 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 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 OS (HR=5.702, 95% confidence interval 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