#522 RADICAL VULVECTOMY WITH TRIPLE INCISION AND BILATERAL INGUINO FEMORAL SUPERFICIAL AND DEEP LYMPHODECTOMY INTREATMENT OF SQUAMOUS CELL CARCINOMA
1Kadir Güzin, 2Ayşe Akbulut*. 1Hişar Intercontinental Hospital, Istanbul, Turkey; 2Hişar Intercontinental Hospital, Istanbul, Türkiye
10.1136/ijgc-2023-ESGO.820

Introduction/Background Vulvar carcinomas comprise almost 5% of all malignant tumors of the female genital tract. The final diagnosis is made after histologic examination of biopsy specimens obtained from different sites in the vulva. Primary therapeutic approach in all cases is surgery, whereas the operative procedure depends on the size and location of the lesion, stage of the disease, general condition and age of the patient, as well as on the condition of the surrounding tissue and possible continuance of sexual life.

Methodology A 54-year-old female patient presented with a vulvar tumor of about 30x25 mm in size arising 1/3 upper side of the right vulva.

Results She underwent radical vulvectomy with triple incision and bilateral inguinal lymph node dissection. Histopathological report showed well differentiated SCC of vulva with no lymphnodes involvement. All surgical margins and base of growth were free of tumor.

Conclusion Radical vulvectomy associated with bilateral inguinal-femoral lymphadenectomy is a standard procedure in surgical treatment of invasive stages of vulvar carcinoma protruding more than 1 mm.

Disclosures All authors declare that they have no conflicts of interest to report.

#530 MANAGEMENT OF INGUINAL LYMPHADENECTOMY IN PATIENTS WITH VULVAR CANCER IN GERMAN GYNECOLOGICAL DEPARTMENTS
Lina Judit Schiestl*, Theresa-Louise Buehrer, Annette Hasenburg, Roxana Schwab. University Medical Center of Mainz, Mainz, Germany
10.1136/ijgc-2023-ESGO.821

Introduction/Background Lymph node involvement is the most important prognostic factor for recurrence and survival in vulvar cancer. Therefore, systematic inguino-femoral lymphadenectomy (IL) is a standard procedure in patients with metastatic disease in one or more inguinal lymph nodes.

Methodology To assess the current management of diagnostic and surgical procedures concerning IL in patients with vulvar cancer, a web-based survey was e-mailed to 612 German gynecological departments. Data were presented as frequencies of selected items. Logistic regression analysis was employed to assess differences in PL procedures concerning demographic variables of the respective departments.

Results A total of 191 hospitals (31.21%) answered the questionnaire concerning the management of PL. 75.4% of participants performed a lymphadenectomy of the pelvis, even if preoperative imaging procedures showed no metastatic lymph node involvement, while 24.6% would not perform lymphadenectomy, respectively. Being a certified gynec-oncological center significantly increased the odds of performing PL (OR 2.197; 95% CI 1.029–4.689; p=0.042).

74.6% of respondents performed the pelvic lymphadenectomy by laparoscopic procedure. 24.8% of respondents would remove the lymph nodes attached to the ipsilateral iliocal external vessels, 4.2% would perform this procedure bilaterally, 68.5% would perform an ipsilateral pelvic lymphadenectomy, and 12.7% would opt for a bilateral lymphadenectomy (multiple answers possible). Univariate logistic regression analyses detected no significant differences concerning the anatomical sites of the removed pelvic lymph nodes when adjusted for the demographic characteristics of the hospitals.

Conclusion Being a specialized gyneco-oncological center significantly increased the odds of adhering to German national guidelines. Nevertheless, we observed heterogeneity of surgical management concerning the potentially involved