in endometrial and cervical cancer (1–4), we wanted to evaluate the expression of cytokeratin 19 (CK19) in vulvar carcinomas in order to perform intraoperative SLNB using OSNA.

Methodology The expression of CK19 was studied in 23 paraffin tissues from vulvar biopsies diagnosed with squamous cell carcinoma from Donostia Hospital from January 2021 to December 2022. And 25 cases from Navarra Hospital from January 2021 to November 2022.

Results The total number of biopsies studied were 48. Of the 23 biopsies of Donostia Hospital, 6 were CK 19 positive (26%). However, in 25 biopsies of Navarra Hospital, CK19 positivity was observed in 10 (40%). Among positive cases, a different rate of staining was observed (8–95%). None of the positive cases was associated with HPV.

A relatively different rate of CK19 expression was observed between centers. One of them approaching the percentage found in another published study (5). On the other hand, the highly diverse rate found in the two hospitals also presents similarities to the difference in CK19 expression described in cervical carcinomas (5–7).

Conclusion Despite showing various positivities and in some cases of low rate, the fact of its existence makes considering the study of CK19 with immunohistochemistry in a protocol manner in biopsies of vulvar squamous cell carcinoma; patients who show such positivity could benefit from the intraoperative SLNB study with OSNA, increasing the detection of micrometastases, and avoiding the complications derived from a second intervention.

Disclosures NONE

#612 RECONSTRUCTIVE SURGERY IN THE TREATMENT OF VULVAR STENOSIS AFTER RADICAL INTERVENTIONS IN PATIENTS WITH VULVAR CANCER

Elena Lentsyeva Dikareva, Olksana Aslanovna Zhamborova, Amina Dzharaeva, Veronika Andreeneva Artemenko, Igor Eugenevich Govorov, Elena Aleksandrovna Ulrikh*. Almazov National Medical Research Centre, Saint-Petersburg, Russia

10.1136/ijgc-2023-ESGO.826

Introduction/Background Surgery remains the most efficient method in treatment of vulvar cancer. With a locally advanced disease, extensive operations are required leading to gross scarring of the perineal tissues, vaginal stenosis, dysuric phenomena, pain, and altered sexual life.

Methodology We propose a method for surgical correction of cicatricial changes of the perineum in patients with malignant neoplasms of the vulva following radical vulvectomy.

Results Since 2018, 8 patients have been admitted to the Almazov National Research Medical Center with complaints of impaired urination (delay, soreness, difficulty, stream deviation), pain in the perineum, and altered sexual function caused by gross scarring in the perineum. All patients (n = 8) had previously undergone radical vulvectomy due to vulvar cancer, three along with postoperative radiation therapy. The average period from surgery to the occurrence of clinically significant changes was 5.8 years, with the earliest manifestations occurring after 21 months in one patient. All patients had a history of drug and/or photodynamic therapy without effect. We performed excision of scar-altered perineal tissues with simultaneous wound defect reconstruction with moved skin-fascial flaps from the posterior thighs’ surfaces. In all cases (n = 8), there were no signs of necrosis or flap ischemia. The use of this surgical method for closing a wound defect (figure 1) minimized the likelihood of postoperative complications leading to the formation of scar tissue changes in the perineum and significantly improved the quality of life of patients, the assessment of which was carried out using FACT-G questionnaires (Version 4, 2002).

Conclusion The use of reconstructive plastic surgery with moved fasciocutaneous flaps from the posterior surfaces of the thighs after excision of scar-altered perineal tissues to correct scarring of perineal tissues after vulvectomy is a promising method of treatment.

Disclosures Nothing to disclose

#626 THE USE OF PLASMAJET® IN THE TREATMENT OF VULVAR INTRAEPITHELIAL NEOPLASIA: RESULTS FROM 48 PATIENTS IN A UK GYNAECOLOGICAL CANCER CENTRE


10.1136/ijgc-2023-ESGO.827

Introduction/Background Incidence rates of vulvar cancer have risen by over 17% since the 1990s. Development is secondary to cellular changes resulting in vulvar intraepithelial neoplasia (VIN), with VIN II and III carrying an increased risk of developing in to malignancy. Wide local excision is considered the gold standard treatment. Plasmajet®, a relatively new device designed to produce a jet of natural argon plasma used to vaporise tissues, is being used in laparoscopic/open treatment of a number of malignancies as an alternative to tumour excision. To date, long-term data on safety and outcome of the use of Plasmajet® on the vulva is lacking. Here we describe the largest UK series of VIN treatment with Plasmajet® in gynaecological surgery.
Methodology Women with VIN I-III confirmed on vulval biopsy were consented prior to surgery for the use of Plasmapier®. All procedures were performed under general anaesthetic by/under supervision of the lead consultant. Power settings used were per manufacturer’s instructions. Patients were seen two weeks post-operatively then every 3–6 months.

A retrospective audit was undertaken between September 2014 to including September 2022 in a tertiary gynaecological oncology centre. Women with histological diagnosis of VIN I–III were included and data was collected on; demographics, BMI, comorbidities, regular medications, smoking, HPV status, smear results, treatment duration, and outcome.

Results Patients lost to follow-up, who transferred care, or died from unrelated causes, were excluded. 48 women received a total of 131 Plasmapier® treatments (1 died from unrelated causes, were excluded. 48 women –– charged with 12.48% in active follow-up. 10.42% of patients were discharged with 12.48% in active follow-up.

Conclusion The results from this study show Plasmapier® to be an effective treatment in minimizing VIN II–III disease progression, with low rates of complication.

Disclosures Nil

Introduction/Background Carcinoma vulva is a rare disease accounting for 1.3% of all gynecological malignancies. The aim of the present study is to analyze the clinicopathological characteristics of women with squamous and glandular cell carcinoma of the vulva who underwent primary surgical management.

Methodology A retrospective analysis was conducted on 649 consecutive women with primary or recurrent vulvar cancer treated by PE between 2000 and 2022 at Karolinska University Hospital, Stockholm, Sweden. Data were extracted from hospital records. Postoperative complications were categorized according to the Clavien-Dindo classification (CDC) and stratified by age (<70 and ≥70 years). Survival was graphically displayed as Kaplan-Meier curves and differences in survival times by treatment at the recurrent or primary setting tested with the log-rank test.

Results Twenty-eight women with a median age of 65 years were identified. Posterior PE was most prevalent (43%, n=12) followed by anterior (32%, n=9) and total (25%, n=7) PE. Within 30 days after surgery, 82% (n=23) developed at least one complication, of these 36% (n=10) were CDC grade III, predominantly comprising infections. The 30-day mortality was 4% (n=1). There were no distributional differences in postoperative complications by age. After a median follow up respectively for 165 (25.4%) and 141 (21.7%) patients. Recurrence developed in one hundred and seventy-three (26.7%) patients. Of these, 100 (15.4%) were local, 54 (8.3%) were inguinal lymph nodes, and 19 (2.9%) were multiple and/or distant. It was determined that the tumor size was larger (P=0.017) and lymph node involvement was higher (P<0.001) in those who developed recurrence. Also, it was detected that surgical margin status and histological subtype was effect statistically significant the recurrence rate.

Conclusion For patients with squamous and glandular cell carcinoma of the vulva, a surgical operation is the primary. Most important factors effecting recurrence are related to surgical quality.

Disclosures There is no potential conflict of interest (e.g., grant support, consultancy, membership on advisory councils, speaker’s bureau) and source of funding.

Abstract #738 Figure 1 Distribution of complications according to the Clavien-Dindo classification for women <70 and ≥70 years of age. (A) Within 30 days post-operatively, (B) Within 31–90 days post-operatively, (C) Within 91–180 days post-operatively.