Methodology Women with VIN I-III confirmed on vulval biopsy were consented prior to surgery for the use of Plasmajet®. 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 Plasmajet® treatments (1–7), with a complication rate of 6.87% (Grade I-III). Median duration from first treatment to disease progression was 18 months (10–64), with progression seen in 16.67% (mortality 2.08%) of patients with VIN II-III. 10.42% of patients were discharged with 12.48% in active follow-up.

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

Disclosures Nil

#668 EVALUATION OF VULVAR SQUAMOUS CELL AND GLANDULAR CELL CANCERS, RETROSPECTIVE MULTICENTER STUDY

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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 vulva who underwent primary surgical management.

Methodology A retrospective analysis was conducted on 649 patients who were treated for squamous and glandular cell carcinoma of the vulva at a multicenter in Turkey.

Results The mean age of patients was 63.2 ± 12.8 years. The most common location for the disease was lateral (55.5%) and then midline (39.6%) and bilateral (0.6%). The surgical treatments for the primary tumor region were radical vulvectomy (80.1%) and simple vulvectomy (19.9%). The surgical margin was negative in 469 (72.3%) patients. The procedure of unilateral or bilateral inguinofemoral lymphadenectomy underwent respectively 77 (11.9%) and 453 (69.8%) patients. The mean number of lymph nodes dissected was 12.8 ± 7.2. The number of patients with lymph node metastasis was 247 (44.5%). Three hundred and eighty-eight cases were in FIGO stage I-II and 234 cases were in stage III. Postoperative adjuvant radiotherapy or chemoradiotherapy were required 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.

#738 PELVIC EXENTERATION IN VULVAR CANCER: POSTOPERATIVE COMPLICATIONS AND SURVIVAL

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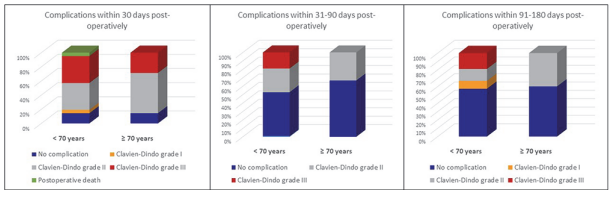
Introduction/Background Pelvic exenteration (PE) may be the only curative treatment option in locally advanced primary or recurrent vulvar cancer (VC), a rare disease mainly affecting elderly women. For this reason, surgeons may be reluctant to perform (PE) when indicated. Data on morbidity and mortality after PE in VC is limited. Our objective was to examine postoperative outcomes after PE in women with VC.

Methodology This descriptive, observational study included all 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.



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.

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

of 44 months (min. 3, max. 136), the 5-year recurrence-free survival was 55% (95% Confidence Interval (CI) 29–75) and the overall survival 68% (95% CI 44–84). There were no significant differences in survival by primary or recurrent disease.
Conclusion PE in women with VC seems to result in acceptable morbidity rates and a low risk of mortality. Albeit the small sample size did not allow for detailed analysis, our results indicate that PE may be a valid treatment option even in elderly women, both in the primary and recurrent setting.
Disclosures None.

#784 MANAGEMENT OF VULVAR AND PERINEAL LESIONS WITH RADICAL RESECTIONS

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Introduction/Background Different reconstruction options are available when large defects that require reconstruction occur. In this study, we present the treatment strategy and results for patients who underwent reconstruction after resection for gynecological cancer in the vulva and perineum. Material and Methods: A total of 22 patients who underwent reconstruction between April 2018 and April 2022 were included in this retrospective study. Demographics and clinical data,

Abstract #784 Table 1 Patient characteristics and treatment summary

Age (years)	58.3±16.3 (41-90)
Body mass index (kg/m2)	29.8±4.8(22.1-39.0)
Comorbidity	
Hypertension	9 (40.9%)
Hypothyroidism	4 (18.1%)
Diabetes	2 (9.0%)
Coronary artery disease	4 (16.7%)
Arrhythmias	3 (13.6%)
Smoking	4 (16.7%)
Other	3 (16.7%)
Preoperative neo-adjuvant therapy	
Radiotherapy	7 (38.9%)
Chemotherapy	6 (33.3%)
Previous cancer history (another system)	
Breast cancer	1 (4.5%)
Hodgkin lymphoma	2 (9.0%)
Resection operation performed	
Vulvectomy	15 (68.1%)
Anterior Resection	5 (22.7%)
Pelvic exentration	2 (9.0%)
Reconstruction operation performed	
Bilateral fasciocutaneous flap	15 (68.1%)
Unilateral fasciocutaneous flap	4 (16.7%)
Rectus abdominis myocutaneous flap	1 (4.5%)
Skin grafting	2 (9.0%)
Complications	
Wound infection-detachment	7 (31.8%)
Partial flap necrosis	1 (4.5%)
Relapse	2 (9.0%)
Pathology	
Squamous cell carcinoma	11 (61.1%)
High-grade squamous intraepithelial lesion	4 (22.2%)
Paget's disease	2 (11.1%)
Malignant melanoma	1 (5.6%)

Methodology A total of 22 patients who underwent reconstruction between April 2018 and April 2022 were included in this retrospective study. Demographics and clinical data, the resection operation, characteristics of the defect, and the reconstruction methods applied were evaluated. Postoperative treatment strategy and complication rates were evaluated.
Results The mean age was 58.3±16.2 (41–90) years. 88.9% of the patients had additional diseases. Pelvic exentration was performed in 5 (27.8%) patients, anterior resection in 2 (11.1%) patientsand vulvectomy in 11 (61.1%) patients. The most common malignancy was squamous cell carcinoma Reconstruction was performed with Bilateral fasciocutaneous flap in 15 (68.1%) patients, Unilateral fasciocutaneous flapin 4 (16.7%) patients, Rectus abdominis myocutaneous flap in 1 (4.5%) patient.and skin graft in two (9.0%) patient. Wound complications occurred in 7 (31.8%) patients, partial flap necrosis in one (5.6%) patient, and recurrence in one (9.0%) patient in the long term.
Conclusion Gynecological oncological radical resections are an effective way to treat gynecological malignancies and premalign lesions.Reconstructive surgery could be required.

The technique of reconstruction should be chosen carefully and a multidisciplinary approach should be used when needed. Patients who underwent vulvectomy are at a higher risk of surgical site complications.
Disclosures There are no known conflicts of interests among the authors.

#791 THE NEED FOR VULVAR BIOPSY IN WOMEN WITH CHRONIC ITCHING: A SINGLE-CENTER STUDY

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Introduction/Background The primary causes of vulvar long-lasting pruritus are evaluated in order to determine its significance.
Methodology From January 2018 to December 2022, women who complained of vulvar pruritus with no lesions to Hacettepe University Hospital were included in this retrospective case series. Patients underwent vulvar colposcopy and biopsy after a preliminary evaluation. The term 'chronic vulvar pruritus' refers to vulvar itching that lasts more than six weeks.
Results N= 207 patients underwent vulvar biopsy and 174 (84.1%) of them have long-duration pruritus. In 124 (71.2%) pathology, 53(30.5%) of them resulted as natural epidermis with no pathologic lesion. 32(18.4%) of them resulted as inflammation, 10(5.7%) of them as allergic dermatitis, 7(4%) of them lichen simplex 7(4%) of them condyloma acuminatum, 4(2.3%) of them candidiasis the rest of the 11(6.3%) was other nonspecific benign lesions. 48(27.5%) premalign lesions in total presented with chronic pruritus. 44(25.2%) of them with lichen sclerosis, 2 of them LSIL(1.1%), 1 of them VIN1(0.6%) and 1 of them resulted as VIN3(0.6%). 2(1.1%) squamous cell carcinoma presented with long-duration pruritus as malign lesions.
Conclusion There is currently no screening procedure for vulvar malignant and premalignant lesions, and vulvar pruritus can occur in both patients with benign vulvar disease and patients with premalignant lesions. Our findings highlight the