

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,

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 exenteration was performed in 5 (27.8%) patients, anterior resection in 2 (11.1%) patients and 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 flap in 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 pre-malign 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.

Abstract #784 Table 1 Patient characteristics and treatment summary

Age (years)	58.3±16.3 (41-90)
Body mass index (kg/m ²)	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 exenteration	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%)

#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