the mitotic index, which was >20%. The patient was referred for adjuvant chemotherapy.

**Conclusion**

E-GISTs are rare neoplasms, with generally low malignancy potential. However, these tumors can have metastatic potential and require aggressive treatment.

**Disclosures**

All authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this case report.

---

**Abstract #938 Table 1**

<table>
<thead>
<tr>
<th>Biologic type</th>
<th># of patients</th>
<th>Age (years)</th>
<th>Clinical Presentation</th>
<th>Inguinal involvement</th>
<th>Distant metastasis</th>
<th>Treatment</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paget’s disease</td>
<td>2</td>
<td>60</td>
<td>Ulcerative lesion</td>
<td>No</td>
<td>Yes</td>
<td>Total resection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>Ulcerative lesion</td>
<td>Yes</td>
<td>No</td>
<td>Eight partial resection</td>
<td>Complete remission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>Ulcerative lesion</td>
<td>Yes</td>
<td>No</td>
<td>Total resection + bilateral modified radical lymph node dissection</td>
<td>Locoregional recurrence after 4 years</td>
<td></td>
</tr>
<tr>
<td>Verrucous Carcinoma</td>
<td>2</td>
<td>74</td>
<td>Ulcerative lesion</td>
<td>Yes</td>
<td>No</td>
<td>Total resection + bilateral modified radical lymph node dissection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>White scaly lesion</td>
<td>Yes</td>
<td>No</td>
<td>Total resection</td>
<td>Complete remission</td>
<td></td>
</tr>
<tr>
<td>Bowen’s disease</td>
<td>2</td>
<td>56</td>
<td>Hyperkeratotic lesion</td>
<td>No</td>
<td>No</td>
<td>Total resection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>Ulcerative lesion</td>
<td>Yes</td>
<td>No</td>
<td>Partial fulguration</td>
<td>Complete remission</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>1</td>
<td>48</td>
<td>Dark blue nodule</td>
<td>No</td>
<td>Yes</td>
<td>Partial fulguration with sentinel lymph node dissection</td>
<td>Local recurrence after 7 years</td>
</tr>
<tr>
<td>Myxoid Sarcoma</td>
<td>1</td>
<td>31</td>
<td>Ulcerative lesion</td>
<td>Yes</td>
<td>Yes</td>
<td>Partial fulguration with sentinel lymph node dissection</td>
<td>Complete remission</td>
</tr>
</tbody>
</table>

**Conclusion**

Vulvar malignancies are uncommon the diagnosis depends on histological examination. Management of vulvar neoplasms depends on histopathologic type and ranges from wedge resection with or without lymph node biopsy or dissection, to radiotherapy therapy with chemother- or immunotherapy. Overall survival varies by diagnosis.

**Disclosures**

None

---

**Abstract #1002**

**COMPARATIVE EVALUATION OF CK19 EXPRESSION IN VULVAR CARCINOMA AND SENTINEL LYMPH NODE METASTASIS, TO DETERMINE A CUT-OFF POINT FOR THE APPLICATION OF ONE-STEP NUCLEIC ACID AMPLIFICATION**

Arantza Lekuona, Marta Rezola, María Camillo, Rubén Ruiz, Manuel Moreno, Paloma Cobas, Iraide Bernal, Mikel Gorostidi, Miguel Angel Resano, Juan Cespedes, Irene Ruiz, Ibon Jaunarena*. Donostia Hospital, San Sebastián, Spain

10.1136/ijgc-2023-ESGO.838

**Introduction/Background**

Analysis of sentinel lymph nodes (SLN) by means of One-Step Nucleic Acid Amplification (OSNA) is a quick and accurate method. This assay detects the expression level of cytokeratin 19 (CK19) which is present in 57.9% of vulvar carcinoma with different pattern of expression. We compare CK19 expression in vulvar carcinoma biopsies and corresponding SLN metastases, in order to detect false negatives in OSNA analysis and determine a cut-off point.

**Methodology**

Ck19 was studied in paraffin tissues of SLN with metastatic infiltration of squamous carcinomas and in their corresponding vulvar biopsies between 2016 and 2022 in Donostia Hospital. SLN was carried out in 21 patients, 6 of them tested positive for metastatic squamous cell carcinoma. 1 of these cases, is also included in the OSNA validation study on vulvar carcinomas. In one case, It has not been possible to study the percentage of CK19 in the biopsy, neither in two SLNs.

**Results**

CK19 expression found in biopsies range between negative to 95% of positivity, not exceeding 20% in 4 of them. In SLNs they range between negative and 95%, being half of positivities greater than 30% (40–95%).

Correlation has been found in 2 cases: One with low expression in biopsy as in the SLN metastasis and another with high expression in biopsy and SLN metastasis. In a third one, there is greater positivity for CK19 in SLNs than in biopsy.

**Conclusion**

Although there might seem there is correlation between biopsy and SLN, the study alone of CK19 in SLN under diagnose the tumor in most cases, except in diffuse positivity. In those cases where expression is maintained in SLN, correlation with OSNA technique was demonstrated.

Diffuse expression in biopsy would be required in order to perform SLN study with OSNA to avoid under diagnosed metastases, especially micro metastases. More cases are needed to obtain more accurate data.

**Disclosures**

None

---

**Abstract #1035**

**CANCER OF THE VULVA: CLINICAL AND OUTCOME ASPECTS ABOUT FIFTEEN CASES**

Majdouline Zemmari*, Sidi Mohamed Ben Abdallah University of Fes, Faculty of Medicine, Pharmacy and Dentistry., Fès, Morocco

10.1136/ijgc-2023-ESGO.839

**Introduction/Background**

Vulvar cancer is rare. Its incidence is around one case per 100,000 women. It is a squamous cell carcinoma in more than 90% of cases. Our study aims to analyze the clinical and outcome aspects of vulvar cancers.

**Methodology**

This was a descriptive and retrospective study over five years. We included all patients admitted with vulvar cancers. We collected and analyzed medical data and