Methods an analysis of one hundred and nine patients with complicated vaginal HSIL (32 patients in the RALV group and 77 patients in the CLV group) who underwent minimally invasive vaginectomy was conducted retrospectively.
Results Compared with the CLV group, patients in the RALV group demonstrated less estimated blood loss, a lower rate of intraoperative complications and shorter durations of paralytic ileus time, urinary catheter indwelling time and postoperative hospitalization time (all P<0.05). However, the RALV group had significantly higher hospital costs than the CLV group (P<0.05). The total operative time, postoperative complications, positive surgical margins, pathology upgrading or treatment outcomes did not significantly differ between the two groups (all P>0.05).
Conclusion/Implications Our results demonstrated that both RALV and CLV can achieve satisfactory treatment outcomes, while RALV has the advantages of less intraoperative blood loss, fewer intraoperative complications and faster postoperative recovery. RALV has the potential to become a better choice for vaginectomy without regard to the burden of hospital costs.

EP416/#595 PREDICTIVE FACTORS OF LYMPH NODE INVOLVEMENT IN VULVAR CANCER

[1]Ines Zemni, [2]Houyem Mansouri*, [1]Mohamed Ali Ayadi, [1]Amani Jellali, [1]Riadh Chargui, [1]Tarek Ben Dhiab. *[1]Salah Azaiz Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Surgical Oncology, Tunis, Tunisia*; *[2]Regional Hospital of Jendouba, University of Tunis ELManar, Department of Surgical Oncology, Jendouba, Tunisia*

10.1136/ijgc-2023-IGCS.457

Introduction The aim of this study was to identify histological factors associated to lymph node metastasis (LNM) in vulvar cancer (VC).
Methods We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. We analyzed the clinical and histological factors correlated with LN invasion.
Results The mean age was 64.93± 13.817 years (range, 24–104 years). Surgery consisted on a radical vulvectomy, hemivulvectoy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases. Lymph node (LN) dissection was bilateral 88.5% of cases.The mean tumor size was 42.21± 24.018 mm. Tumors were classified as stage FIGO I, II, III and IV in 55.2%, 9.4%, 32.8% and 2.6% of cases. Perineural invasion (PNI) and lymphovascular space invasion (LVSI) were detected in 13.5 and 2.7% of cases.LNM was assessed in 67 patients (34.9%) with bilateral groin metastasis in 24 cases (35.8%). On univariate analysis, LN invasion was significantly correlated to the age < 70 years (41.8 vs 26.2% in patients aged more than 70 years, p=0.027), the presence of LVSI(100% vs 39.8%, p=0.037) and PNI (80% vs 35.4%,p=0.001) and the tumor size exceeding 40 mm (45.8% vs 28.8%, p=0.017).On multivariate analysis, independent factors of LN metastasis were the presence of PNI (OR=0.298, 95% CI=0.174–0.686; p=0.001) and the tumor size (OR=0.199; 95%CI=0.021–0.379, p=0.029).
Conclusion/Implications Since LNM represent an independent prognostic factor for survival, a nomogram based on histological and clinical characteristics could lead to better detection of patients with a high risk of LN metastasis.

EP417/#599 PROGNOSTIC FACTORS OF SURVIVAL AND RECURRENCE IN VULVAR CANCER: A TUNISIAN RETROSPECTIVE STUDY OF 192 PATIENTS

[1]Ines Zemni, [2]Houyem Mansouri*, [3]Nedia Boujelbene, [1]Fatma Saadallah, [1]Mohamed Ali Ayadi, [1]Tarek Ben Dhiab. *[1]Salah Azaiz Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Surgical Oncology, Tunis, Tunisia*; *[2]Regional Hospital of Jendouba, University of Tunis ELManar, Department of Surgical Oncology, Jendouba, Tunisia*; *[3]Salah Azaiz Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Pathology, Tunis, Tunisia*

10.1136/ijgc-2023-IGCS.458

Introduction To identify the prognostic factors correlated to the overall survival (OS) and recurrence-free survival (RFS) in vulvar cancer (VC).
Methods We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. Clinical, pathological, and evolutionary data were reported. Survival curves were generated by the Kaplan-Meier method and predictive factors of outcome were analyzed using Cox proportional hazards models.
Results The mean age was 64.93± 13.817 years. Surgery consisted of a radical vulvectomy, hemivulvectoy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases followed by adjuvant radiotherapy in 38.5% of cases. Lymph node (LN) dissection was bilateral in 88.5% of cases. The mean tumor size was 42.21± 24.018 mm. LN metastasis was assessed in 67 patients (34.9%). Lymph node ratio LNR=0, LNR0–0.2, and LNR≥0.2 were recorded in respectively 64.7%,22.1%, and 13.2% of cases. Tumors were classified as stage FIGO I, II, III, and IV in 55.2%, 9.4%, 32.8%, and 2.6% of cases respectively. With a mean follow-up time of 35.48±35.48 months, the 5-year OS was 52.5% and the 5-year RFS was 55.8%. On multivariate analysis, the independent prognostic factor of OS was the LNR (HR=5.702; 95% CI= 2.282–14.245;p<0.0001), FIGO stage (HR=2.089; 95% CI=1.028–4.277;p=0.042) and free margins R0(HR=2.247; 95% CI=1.215–4.155;p=0.01). Recurrence was recorded in 37.5% of cases. Independent prognostic factor of RFS were the LNR (HR=2.911;95% CI=1.468–5.779;p=0.002),FIGO stage (HR=1.835;95% CI=1.071–3.141;p=0.027) and free margins (HR=2.091; 95% CI=1.286–3.999;p=0.003).
Conclusion/Implications LNR, FIGO stage, and complete resection were the independent prognostic factors of survival and recurrence in VC.

EP418/#626 WHAT IS THE IMPACT OF THE NUMBER OF RETRIEVED LYMPH NODE IN THE RECURRENCE FREE SURVIVAL OF VULVAR CANCER?

[1]Houyem Mansouri*, [2]Ines Zemni, [2]Mohamed Ali Ayadi, [2]Amani Jellali, [3]Nedia Boujelbene, [2]Tarek Ben Dhiab. *[1]Regional Hospital of Jendouba, University of Tunis ELManar, Department of Surgical Oncology, Jendouba, Tunisia*; *[2]Salah Azaiz Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Surgical Oncology, Tunis, Tunisia*; *[3]Salah Azaiz Institute, Faculty of Medicine of Tunis, University of Tunis El Manar, Department of Pathology, Tunis, Tunisia*

10.1136/ijgc-2023-IGCS.459

Introduction To investigate the impact of the number of retrieved lymph nodes (NRLN) in the recurrence-free survival (RFS) of patients with vulvar cancer (VC).
Methods We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. The

Int J Gynecol Cancer: first published as 10.1136/ijgc-2023-IGCS.458 on 7 November 2023. Downloaded from http://ijgc.bmj.com/ on November 3, 2024 by guest. Protected by copyright.