

NIR imaging to guide the SLN removal. The step-by-step hysterectomy and SNL biopsy by RALS were performed in a tertiary care academic center.

Conclusion/Implications RALS for early-stage endometrial cancer with SLN biopsy using ICG and NIR imaging in a patient with morbid obesity shows that it is feasible and should be widely introduced as a management option in Thailand. In addition, adequate preoperative and intraoperative preparations in patients with morbid obesity are also essential in achieving favorable outcomes.

AS22. Vulvar and vaginal cancer

SF023/#181

SENTINEL LYMPH NODE BIOPSY WITH TECHNETIUM-99M AND FLUORESCENCE INDOCYANINE GREEN FOR VULVAR CANCER

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Introduction The surgical management of vulvar cancer has been evolving. Standard inguino-femoral lymphadenectomy (IFL) is associated with significant postoperative morbidity and lymphedema. Current guidelines suggest performing a sentinel lymph node biopsy with Technetium-99m (Tc99) and blue dye. With the introduction of fluorescence in surgery, the use of indocyanine green (ICG) appears to have a role in improving the detection rate of sentinel lymph nodes. We present a case of sentinel lymph node biopsy with Tc-99 and ICG.

Description 70 yo female with 3-cm vulvar squamous cell carcinoma in the posterior fourchette of the vulva. Physical exam and PET CT scan did not show abnormal groin lymph nodes or distant metastasis. Patient underwent partial radical vulvectomy with sentinel lymph node biopsy with Tc-99 and ICG. Two right sentinel lymph node and one left sentinel lymph node was identified. The post-operative course was unremarkable.

Conclusion/Implications Sentinel lymph node biopsy for vulvar cancer with Tc-99 and ICG appears feasible and may increase

the detection rate of micro metastasis. ICG is an alternative to blue dye.

SF024/#183

SENTINEL LYMPH NODE BIOPSY WITH TECHNETIUM-99M AND FLUORESCENCE INDOCYANINE GREEN FOR MALIGNANT VULVAR MELANOMA

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Introduction The surgical management of vulvar cancer has been evolving. Standard inguino-femoral lymphadenectomy (IFL) is associated with significant postoperative morbidity and lymphedema. Current guidelines recommend sentinel lymph node biopsy with Technetium-99m (Tc99) and blue dye. With the introduction of fluorescence in surgery, the use of indocyanine green (ICG) appears to have a role in improving the detection rate of sentinel lymph nodes. We present a case of sentinel lymph node biopsy with Tc-99 and ICG.

Description Sixty-five yo female with a BMI of 47.50 Kg/m² presented with vulvar biopsy that showed Stage 2b malignant vulvar melanoma. Physical exam showed two black 5-mm lesions in the mons. PET CT scan did not show abnormal groin lymph nodes or distant metastasis. Underwent radical vulvectomy with Bilateral Inguino-femoral sentinel lymph node biopsy with Tc99 and Indocyanine green (ICG). Pre-operative lymphoscintigraphy detected bilateral groin lymph node. During surgery, ICG (25 grams/diluted in 10 ml sterile water) was injected intradermally at the leading edge of the lesion.

Conclusion/Implications Pathology showed one left groin sentinel node with 7 mm metastatic disease. One out of four right groin sentinel node biopsy showed 1 mm disease. All surgical margins were negative for invasive melanoma. The final pathology was pT2a pN2. Sentinel lymph node biopsy with Tc-99 and ICG appears feasible and may increase the detection rate of micrometastasis. ICG is an alternative to blue dye.