rearranging the position of the ports and bringing them closer to the tip of the femoral triangle. A 30 degree telescope helped in visualising the tip of the triangle better to remove the nodal tissue enbloc at completion of surgery.
Results Improved techniques led to easy identification of sartorius and standardization of the procedure.
Conclusion Issues and tips for improvement in surgical techniques especially in novel areas like robotic Inguino-femoral node dissection surgery are addressed.
Disclosures This surgical video was presented at IGCS Conference 2019.

453 INTRA-TUMOURAL ELECTRO-CHEMOTHERAPY (ECT) WITH BLEOMYCIN FOR PALLIATION OF CUTANEOUS RECURRENCE IN GYNAECOLOGICAL MALIGNANCY

[1]Stuart Rundle, [1]Christine Ang, [2]Tani Fasih, [1]Porfyrios Korompelis, [1]Nithya Ratnavelu. *[1]Northern Gynaecological Oncology Centre; Queen Elizabeth Hospital; [2]Queen Elizabeth Hospital; Breast and General Surgery*

10.1136/ijgc-2020-ESGO.183

Introduction/Background ECT utilises pulsed electrical current to transiently increase cell membrane permeability to the cytotoxic agent, bleomycin. We present the use of ECT in patients with recurrent gynaecological malignancy previously treated with a combination of surgery or radiotherapy, experiencing symptoms from cutaneous lesions. This report presents evidence of the role for ECT in second and third line treatment.
Methodology Between July 2017 and August 2019, 6 patients with cutaneous recurrence of gynaecological malignancy (5 vulvar SCC and 1 high grade serous ovarian cancer) were treated with intra-tumoural bleomycin (9000 iu or 15000 iu, dependent on tumour volume) and pulsed-probe electroporation. Response was assessed clinically in routine follow up or following self-referral with return of symptoms. Post procedure pain scores were collated as part the quality of life evaluation.
Results Median treated tumour diameter was 6 cm (range 2 – 12 cm). Pain scores peaked between day 2 and day 7 post-procedure. The median progression free interval was 3.6 months (range 0.8 – 6.7 months).

Following ECT treatment 2 patients continued to receive supportive care. Two patients underwent repeat treatment with ECT and reported symptom improvement with each treatment. Due to further progression two patients underwent radical surgery and one patient received palliative chemotherapy.
Conclusion ECT should be considered for patients with symptomatic cutaneous recurrence of gynaecological malignancy who have previously had multi-modal treatment. It can achieve symptom control and reduce the need for radical surgery in this palliative setting.
Disclosures The Authors have no conflicts of interest to disclose.

469 NEW VARIANT OF RECONSTRUCTIVE SURGERY FOR ADVANCED VULVAR CANCER TREATMENT

[1]Olha Bubliieva, [2]Yevgeniy Kostiuchenko, [1]Valentyn Svintsitskiy, [3]Igor Motuziuk, [1]Nataly Tsip, [1]Sergiy Nespryadko, [1]Alena Samokhvalova, [3]Oleg Sydorchuk. *[1]National Cancer Institute; [2]National Cancer Institute; O.O. Bogomolets National Medical University; [3]O.O. Bogomolets National Medical University*

10.1136/ijgc-2020-ESGO.184

Introduction/Background Surgical treatment of advanced vulvar malignant tumors usually requires immediate reconstruction. Large defects after pelvis, vagina, vulva, groin and perineum wide excision require closure with the usage of difficult reconstructive techniques. In this case the most suitable myocutaneous flap for reconstruction is rectus abdominis muscle flap, which provides the biggest volume of tissues to cover those large defects.
Methodology Woman 67 y.o. initially presented with the combined treatment of cervical cancer stage IIB. Within 5 month was diagnosed the lymphedema in the left lower extremity. Approximately 2 years she presented the vulvar tumor measured 15 × 10 cm. A biopsy was performed the lymphangiosarcoma.
Results In the National Cancer Institute of Ukraine we investigated a new variation of large defects reconstruction using rectus abdominis muscle flap. To collect a donor flap, we perform 3 arcuate incisions: one vertical by the medial line around the umbilicus, and two oblique incisions towards upper anterior iliac spine of one of the sides. In this way we use only one half of the abdomen, and in case of any complications with the flap or relapse of the disease we will have the second donor site for possible future re-operation. There is a narrow 'bridge' of tissues we leave between the excised donor and recipient sites. It is extremely important to preserve blood supply not only to the flap, but also to the 'bridge' to avoid complications. We perform a tunnel under the 'bridge' as small as possible to preserve all inferior epigastric vessels, but enough to transfer the flap and not to squeeze the pedicle. After the surgery we have a half-inverted Y-shaped scar on of the sides of the abdomen, an inverted triangular scar at the pelvis area, circumumbilical scar and a short vertical scar on the flap to imitate pudendal cleft with central structures of vulva (urethra and vaginal tube).
Conclusion We consider our variation of this type of surgery the most safe and efficient, with the opportunity of re-operation if needed. Advanced vulvar malignancies are quite rare, so we will keep working on development and enhancement of the technique to help these patients.
Disclosures Authors declare no disclosures.

474 VULVAR RECONSTRUCTION IN PATIENTS WITH ADVANCED MALIGNANCIES

[1]Olha Bubliieva, [2]Yevgeniy Kostiuchenko, [3]Igor Motuziuk, [1]Valentyn Svintsitskiy, [1]Sergiy Nespryadko, [1]Nataly Tsip, [3]Oleg Sydorchuk, [1]Alena Samokhvalova. *[1]National Cancer Institute; [2]National Cancer Institute; O.O. Bogomolets National Medical University; [3]O.O. Bogomolets National Medical University*

10.1136/ijgc-2020-ESGO.185

Introduction/Background Vulvar malignant tumors are the rarest oncological disease of women's reproductive system in Ukraine. In 2018 there were registered only 477 new cases of vulvar cancer among all Ukrainian women. It is approximately three cases per 100 thousand among female population. However there are less common histological types, such as leiomyosarcoma, melanoma and lymphangiosarcoma, which make up approximately 1% of all cases. The main goal in surgical treatment is to obtain gross surgical margins, which sometimes require the usage of reconstructive techniques.
Methodology

Results We presented two types of vulvar reconstructions at the time of primary treatment, using different types of flaps: medial thigh flap and rectus abdominal muscle flap. The histological types of tumors were vulvar squamous cell carcinoma and lymphangiosarcoma. The operation time was 320 and 420 minutes, the blood loss – 200 ml and 350 ml, the length of hospitalization was 12 and 14 days respectively. Both of patients suffered pain before surgery, and were relived after. There were no postoperative complications. None of patients had flap loss.
Conclusion The use of skin flap for reconstruction in treatment of advanced vulvar cancer can improve functional status. It is associated with the low rate of postoperative complications and decreasing pain, which significantly better the women's quality of life.
Disclosures Authors declare no disclosures.

475 VULVAR CANCER: 20 YEAR OF EXPERIENCE FROM A REFERRAL CENTER IN MEXICO

Yuridia Evangelina Rodríguez Rosales, Abraham Guerra Cepeda, David Hernández Barajas, Óscar Vidal Gutiérrez. *Centro Universitario Contra el Cáncer – Hospital Universitario 'Dr. José Eleuterio González'*

10.1136/ijgc-2020-ESGO.186

Introduction/Background Vulvar cancer is one of the less frequent gynecological tumors, with only 4% occurrence in patients, with a mean age at diagnosis of 68 years. In Mexico, it represents 0.22% of all tumors, however, its incidence in the last few years has been rising in hand with human papillomavirus infection and smoking. The most common symptoms are pruritus, ulcers, vaginal discharge, or pain.

Squamous cell carcinoma is the most common histology (75%), followed by melanoma, basal cell carcinoma, and adenocarcinoma. At diagnosis, 59% are in early stages, 30% involve locoregional and 6% distant metastases, with an overall 5-year survival of 72%.
Methodology Retrospective analysis of the database of Centro Universitario Contra el Cáncer from 1999 to 2019.
Results We identified 61 patients with diagnosis of vulvar cancer, with a median age of 68 years (27 – 95), 20% history of diabetes mellitus, 80% overweight or obesity, 10% positive smoking, 85% postmenopausal, 46% had more than 3 children, 85% status performance 0 – 1 and incidence of 4 cases/year.

In relation to the disease characteristics, the median size of the tumor was 48 mm. The most common histological subtype was squamous cell carcinoma, 85% with invasive component, 78% moderately differentiated, 50% lymphovascular invasion and 8% perineural invasion present; 46% had negative nodes, 38% N1 and 16% N2.

The most frequent clinical stage at diagnosis was III and only 3 patients presented distant disease (lung, bone, and rectum). Initial treatment was surgical in 60%, with radical vulvectomy in 43%, 22% unilateral lymphadenectomy, and 13% bilateral, with positive margins in 32% of cases. 30% received radiotherapy as initial treatment (dose of 30Gy/10 Fx - 50Gy/25 Fx), 10% concurrent weekly cisplatin with RT 45-60Gy and 20% adjuvant RT with complete response rates 25% of cases.

Only 10% of the cohort received initial chemotherapy (carboplatin or carboplatin/paclitaxel) in unresectable disease or not suitable for concurrent treatment, with a mean of 4 cycles.

From those patients that received any treatment, 40% presented recurrence or progression disease, with disease-free survival of 10.8 months and progression-free survival of 13.5 months.

Of the 61 patients, only 4 patients are alive disease-free and 3 patients with active disease at the time of analysis.
Conclusion Vulvar cancer has a higher prevalence and incidence in developing countries in comparison to developed countries, with the diagnosis of the disease in more advanced stages, as observed in our study of 60% stages III-IV vs 36% reported form the USA and early stages 10% vs 59% respectively.

About treatment, 2/3 underwent initial surgical treatment, nevertheless, one of every 3 patients ended with positive margins, regardless of more radical surgery, which did not translate in better oncologic outcomes but major psychosexual sequels and related morbidities.

Vulvar cancer incidence was significative higher in postmenopausal and multiparous women. For better oncological outcomes on this rare gynecologic tumor, a multidisciplinary approach must be assessed.
Disclosures No disclosures.

484 RESULTS OF SURGICAL TREATMENT OF VULVAR CANCER USING RECONSTRUCTIVE PLASTIC SURGERY

[1]Elena Dikareva, [1]Eduard Komlichenko, Tatiana Pervunina, [1]Igor Govorov, [2]Elena Ulrikh. *[1]Almazov National Medical Research Centre; [2]Almazov National Medical Research Centre; North-Western State Medical University, N.N.Petrov National Medical Research Centre of Oncology; Oncology*

10.1136/ijgc-2020-ESGO.187

Introduction/Background The most effective treatment of vulvar cancer is surgery. The results of treatment are influenced by the volume of tissues removed during the operation. Radial excision of tumors is associated with the formation of extensive wound defects. In most cases, traditional suturing of the wound edges after radical vulvectomy leads to postoperative complications. The use of displaced fascial skin flaps on the pedicle for the closure of wound defects can reduce the number of postoperative complications, improve oncological results and the quality of life of patients.
Methodology A retrospective analysis of the results of surgical treatment of patients with malignant neoplasms of the vulva (n = 202) was carried out. First group (n = 92) included the patients with displaced fascial skin flaps used in covering of perineal wound defect. The second group (2) included patients, with suturing the wound edges (n = 110). The patients in the groups were identical by age (median 68 years old), stage of the disease. Predominant stages were II and III: 35.7% and 33.3% (in the 1st group), 37.3% and 31.8% (in the 2nd group). There were no differences between the groups in number of inguinal-femoral lymphadenectomy. Patients in the 1st group were significantly more likely to undergo surgical interventions with resection of the urethra (23.8% vs 3.1% in the 2nd group), which was associated with the localization of the primary tumor.

The observation time ranged from 2 to 20 years. The analysis of postoperative complications, disease-free and overall survival in each was carried out for the period from 1995 to 2015.
Results Significantly less number of postoperative complications (suppuration, rough healing of postoperative wounds, rough scars, vaginal stenosis) were registered in the 1st group: 4.8%