

was successful in 50% of nodes attempted. Radioisotope use was documented in 76.5% of surgeries. The saphenous vein was spared in 61.9 % of GND. 87.5% of surgeries achieved tumour-free margins.

Conclusion This audit provides a comprehensive picture of recent practice in ARI for managing VSCC. In the majority of cases, recommendations for practice were followed.

#611

Distribution Of HPV Types Among Patients With Histologically Proven Vulvar Intraepithelial Neoplasia And Invasive Vulvar Cancer

Marjan Stojovski, Ivana Kijajova, Viktorija Jovanovska, Daniel Milkovski, Vlatko Gjirevski, Romir Kadriu, Marija Joksimovic. *University clinic of gynecology and obstetrics, Skopje, North Macedonia*

<https://doi.org/10.1016/j.ijgc.2024.101520>

Introduction/Background The study aimed to determine the baseline prevalence of human papillomavirus (HPV) types among the female population in R. N. Macedonia with histologically proven vulvar intraepithelial neoplasia and invasive vulvar cancer in order to plan the vaccination program better.

Methodology This study retrospectively statistically (using Statistica SPSS for Windows) analyzed histological findings positive for vulvar intraepithelial neoplasia and invasive vulvar cancer and HPV genotyping results of 54 patients who came to the University Clinic for Gynecology and Obstetrics due to an abnormal vulvar smear test during 2 years.

Results HPV isolation showed the presence of human papillomavirus 45 of the total of 54 subjects. Human papillomavirus was detected in 15/17 (88.23%) cases of IVC, 10/14 (71.42%) cases of VIN 1, 6/8 (75%) cases of VIN 2, 14/15 (93.33%) cases of VIN 3. In cases where HPV was detected, the majority of low-grade and high-grade lesions contained a single HPV type. However, a minority of cases were found to have multiple HPV types. Of the VIN 1 cases, a low-risk virus was seen in 6 (60%), with HPV 6 or 11 accounting for 3 (30%). A high-risk virus was detected in 4 (40%) of cases of which 1 (10%) contained HPV 16. Of the VIN 2 cases, a low-risk virus was seen in 3 (50%), with HPV 6 or 11 accounting for 2 (33.33%). A high-risk virus was detected in 3 (50%) of cases of which 2 (33.33%) contained HPV 16. Of the VIN 3 cases, all had high-risk HPV of which 13 (92.86 %) were found to have HPV 16. High risk HPV was present in 12 /15 (80 %) of cases with IVC. Human papillomavirus 16 was present in 53.3 % of HPV positive IVC, and HPV 6, 11 were present in 4 and 12 % respectively.

Conclusion Nearly all cases of VIN 3 and two thirds of IVC cases were positive for high-risk HPV. Given the high prevalence of HPV in IVC and VIN 3 cases, prophylactic vaccines have the potential to decrease not only the incidence of cervical abnormalities but also the incidence of vulvar neoplasia and invasive vulvar cancer.

#668

Hidradenoma Papilliferum Of The Vulva

Celal Akdemir¹, Denizhan Bayramoglu¹, Ali Onur Arzik¹, Serkan Karaoglu¹, Ayse Gül Besler¹, Gülin Özüyar simsek¹, Neslihan Güney², Muzaffer Sancı^{1,3}. ¹Izmir City Hospital, Department of Gynecologic Oncology, Izmir, Turkey; ²Izmir City Hospital, Department of Pathology, Izmir, Turkey; ³Izmir Faculty of Medicine, Izmir, Turkey

<https://doi.org/10.1016/j.ijgc.2024.101521>

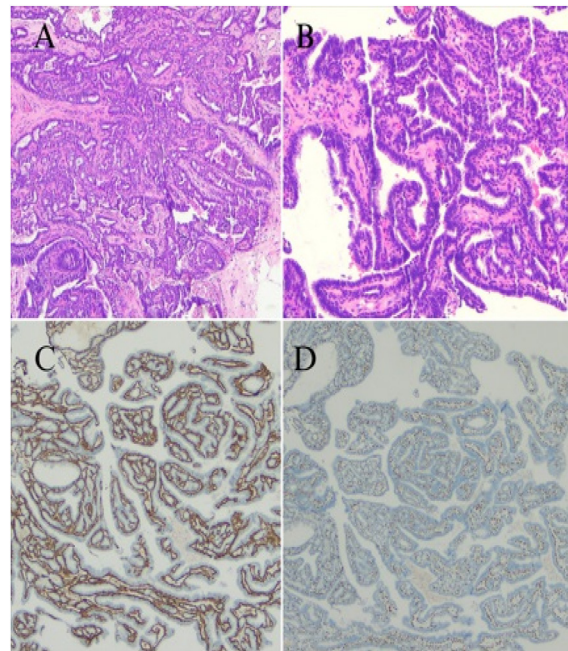
Introduction/Background Hidradenoma papilliferum (HP) typically manifests in middle-aged women, with the differentiation of eccrine and apocrine glands occurring in a localised manner within the anogenital region. Hidradenoma papilliferum is a rare, cystic, papillary, well-circumscribed, and slow-growing benign tumour. These lesions are frequently located in the vulva and are typically asymptomatic. However, they may manifest with symptoms such as bleeding, pain, pruritus, and ulceration.

Methodology A 70 year-old woman was referred to our institution with a presumptive diagnosis of vulvar cancer due to the presence of a lesion on the left

vulvar region at the 5 o'clock position for a period of five months. The examination revealed the presence of a well-circumscribed red nodule, measuring 1×1 cm, on the inner side of the left labium majus. Upon palpation, the lesion was observed to be firm and non-painful. No additional findings were observed in the surrounding area, such as impaired skin integrity or increased temperature. Routine laboratory values were within the normal range, and excision was performed under local anaesthesia. Following the excision of the lesion with a 1 cm incision made on the inner part of the left labium majus, the incision line was repaired primarily and the intervention was terminated. Histopathological examination of the material revealed that the lesion was a hidradenoma papilliferum.

Results HP is a rare benign tumour that arises from apocrine glands in middle-aged women. Hidradenoma papilliferum typically manifests as a solitary, painless, and slow-growing nodule (2-3 cm) on the labium majus or minus in 90% of cases. Its clinical presentation can be highly variable, and it can be mistaken for vulvar neoplasms. Therefore, a histological diagnosis is essential for accurate diagnosis.

Conclusion In middle-aged female patients presenting to the polyclinic with anogenital nodular lesions, a diagnosis of HP should be considered alongside sexually transmitted diseases and other benign and malignant vulvar tumours.



A:H&E Benign Epithelial Proliferation Forming Papillary, Cystic and Glandular Structures X4 B: X10 H&E C: SMA, Staining in Myoepithelial Cells D: P63, Staining in Myoepithelial Cells

#683

ANTERIOR EXENTERATION FOR MULTIFOCAL VAGINAL CARCINOMA

RAJU Kvn, MADHUNARAYANA Basode, Sravanthi Nuthalapati. *Sindhu hospitals, Hyderabad, India*

<https://doi.org/10.1016/j.ijgc.2024.101522>

Introduction/Background vaginal carcinomas usually require multimodality therapy. They are rarely operable during presentation. Localised adenocarcinomas in general respond poor to radiation therapy and multifocal disease poses challenges in delivering radiation therapy and also increases significant toxicity to patient.

Methodology multifocal localised vaginal adenocarcinoma is treated with anterior exenteration. laparoscopically pedicles of bladder and uterus is dissected and secured. Laparoscopic mobilisation done for uterus and bladder.