Conclusion: The majority of ovarian cancer patients experienced symptoms of CRCI, highlighted by memory and attention problems. Sociocultural and life-and-work adjustments to cope with cancer play an important role in the CRCI symptom experience.

Poster (M21)

Vulvar and Vaginal Cancer

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Good outcome vulvar adenocarcinoma-mucinous with pseudomyxoma type stage IVB-grade I after radical vulvectomy, bilateral inguinal lymphadenectomy, left pelvic lymphadenectomy, vulvar reconstruction (keystone flap), colostomy transversum adjuvant radiation

Sutrisno Sutrisno, Tricia Dewi Anggraeni*

Gynaecology Oncology Division, Dr. Cipto Mangunkusumo Hospital, Jakarta, Indonesia (anggi73@gmail.com)

Objective: To discuss about the role of radical vulvectomy, bilateral inguinal lymphadenectomy, left pelvic lymphadenectomy (external iliac and obturator), vulvar reconstruction (keystone flap), colostomy transversum and adjuvant radiation in vulvar adenocarcinoma of stage IVB - mucinous with pseudomyxoma type: a rare case.

Methods: The 52-year-old woman, para 3, was referred from Adyaksa Hospital with vulvar cancer. Pain in the genital area heavily increased since September 2019. Firstly, at 2017, she complained of mass in her vagina, which was 2 cm and initially was not painful, but it became bigger in the last 2 months, sized about 8 cm and felt painful. She also experienced weight loss of 8 kg in 2 months. She had no complaints on urination or defecation. She consumed pain killer and antibiotics to relieve her pain. In RSUPN Dr. Cipto Mangunkusumo (RSCM), systemic examination was normal, but gynecological examination showed a solid, fixed mass with rough surface covered by skin on the left labia majora 8×8×7 cm, upto 1/3 posterior wall of distal vagina, reddish, with indistinct boundary, easy bleeding, soft, sized 3×4 cm extended and associated with mass in the vulva. Distance to urethra was 2 cm, distance to anus 1.5 cm. The RSCM histopathology was reported on October 10th, 2019, and it was histologically suitable with well differentiated adenocarcinoma intestinal type of the vulva. Magnetic resonance imaging (MRI) of whole abdomen with contrast RSCM was taken on October 17th, 2019:

- In the vulva region, a solid mass appears to sting contrast with the diffusion restriction measuring 8.7×4.1×7.4 cm. The mass involves the perineum and 1/3 of the distal vagina. OUE,

urethra and rectum involvement was not seen. Enlargement of multiple lymph nodes in the bilateral inguino-femoral region (largest diameter on the left side 4.3 cm) to bilateral external parailiacs (largest diameter on the left side 1.2 cm). Lesions in the inguino-femoral region only involve subcutaneous smears, no visible cuticle defects in the region

- In the left adnexal cystic lesion was seen with a bleeding component of 5.7 cm in diameter. In the right adnexa there is a cystic lesion of 2 cm in diameter.
- Uterus anteflexed normal shape and size, does not show mass.
- The liver, gallbladder, spleen, pancreas, kidneys were normal no visible mass or focal lesions.
- Aorta was normal, there is no apparent lymphadenopathy in the para-aorta. On October 24th, 2019, The radical vulvectomy, bilateral inguinal lymphadenectomy, left pelvic lymphadenectomy (external iliac and obturator), vulvar reconstruction (keystone flap), colostomy transversum was done. On February 2020, the adjuvant radiation (28s courses of external beam radiotherapy) was done. At early 2021, colostomy was closed and repair.

Results: On August 5th, 2020, whole abdomen MRI with contrast RSCM was done, revealing no evidence of disease (complete response). At 3–6 months routine evaluation, until September 2021, there was no evidence of disease (complete response).

Conclusion: The radical vulvectomy, bilateral inguinal lymphadenectomy, left pelvic lymphadenectomy (external iliac and obturator), vulvar reconstruction (keystone flap), colostomy transversum and adjuvant radiation was the best treatment option for vulvar adenocarcinoma stage IVB - mucinous with pseudomyxoma.

Poster (M22)

Miscellaneous

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DNA content in ovarian scaffold using various tissue decellularization techniques: a model for fertility preservation in cancer patients

Paweena Thuwanut,^{1,*} Christiani A. Amorim,² Wisan Sereepapong,¹ Pinyada Panyavaranant,¹ Porntip Sirayapiwat¹

¹Department of Obstetrics and Gynecology, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand (Paweena.T@chula.ac.th)

²Department of Gynecology, Université Catholique de Louvain, Brussels, Belgium

Objective: The present study principally aimed to compare efficacy of ionic and non-ionic detergents to eliminate DNA content in ovarian scaffold using tissue decellularization technique.

Methods: Ovarian tissues were retrieved from four premenopausal patients, age 42 to 45 years old, with gynaecologic pathological