

Introduction/Background Tuberculosis is currently a serious global problem and its incidence has increased in recent years. However, peritoneal tuberculosis is rare in the western world, its incidence is estimated at 1–2% of patients with pulmonary tuberculosis. This extrapulmonary tuberculosis is very difficult to diagnose due to its non-specific signs and symptoms, which sometimes leads to gynecological oncology diagnosis such as advanced ovarian carcinoma.

Methodology Our experience using laparoscopy as a diagnostic modality to accurately diagnose peritoneal tuberculosis which mimics a carcinomatosis of ovarian origin, is presented.

Results A 37-year-old Saharawi woman presented with a 1-month history of abdominal distention and loss of appetite and weight. A CT-scan of the abdomen and pelvis reported ascites with multiple peritoneal nodules suspicious for carcinomatosis peritonei. CA125 was 356 UI/ml. Based on these imaging features along with elevated CA 125 levels, peritoneal carcinomatosis of an ovarian carcinoma was suspected. Laparoscopic examination revealed peritoneal carcinomatosis and omental cake, the uterus remains normal, both ovary and tubes were normal, but all peritoneal cavity was covered by millary nodule. The histopathological examination revealed a granulomatous reaction associated with tuberculosis infection, showing epithelioid granulomas, with caseating necrosis, giant cells, as well as a chronic inflammatory infiltrate. PCR was successful for the direct detection of *Mycobacterium tuberculosis*. Moreover, there was no histopathological evidence of malignancy. The diagnosis of peritoneal tuberculosis was established. The patient is being treated with daily administration of isoniazid, rifampicin, ethambutol and pyrazinamide for two months, followed by four months of daily dual therapy combining isoniazid and rifampicin.



Abstract 2022-RA-1669-ESGO Figure 1

Conclusion Laparoscopy is considered as the best modality to differentiate between peritoneal carcinomatosis of ovarian origin and peritoneal tuberculosis. In countries with migratory

flows, the possibility of peritoneal tuberculosis should be kept in mind to gynecologist oncologist as a differential diagnosis of carcinomatosis of ovarian origin.

2022-RA-1672-ESGO

IMPACT OF SEPSIS ON THE ONCOLOGIC OUTCOMES OF ADVANCED EPITHELIAL OVARIAN CANCER PATIENTS: A MULTICENTER RETROSPECTIVE PILOT STUDY

¹Sherin Abdo Said, ¹Joanne A de Hullu, ²Maike A van der Aa, ³Ruud LM Bekkers, ⁴Brigitte FM Slangen, ⁵Peter Pickkers, ⁵Anne M van Altena. ¹Department of Gynecology and Obstetrics, Radboud university medical center, Nijmegen, Netherlands; ²Netherlands Comprehensive Cancer Organization, Utrecht, Netherlands; ³Department of Gynecology and Obstetrics, Catharina Hospital, Eindhoven, Netherlands; ⁴Maastricht University Medical Center, Maastricht, Netherlands; ⁵Radboud university medical center, Nijmegen, Netherlands

10.1136/ijgc-2022-ESGO.771

Introduction/Background Recently, a case of spontaneous regression of a histologically confirmed FIGO stage IIIC EOC following sepsis was reported. Experimental studies reported that sepsis could induce an antitumor response in other cancers. Studies also shown that the persistent immunosuppression seen in sepsis patients could lead to unfavorable oncologic outcomes of cancer patients. The aim of our pilot study was to assess the impact of sepsis on the oncologic outcomes of advanced stage EOC patients.

Methodology Gynecologic oncologic patients admitted to the Intensive Care Unit (ICU) of three oncologic centers between 01-01-2006 and 01-01-2019 were identified. Patients who experienced sepsis following advanced stage EOC diagnosis or treatment were selected. A descriptive analysis of the impact on the oncologic and survival outcomes of the advanced stage EOC patients was conducted. In addition, differences in survival outcomes between sepsis patients and advanced stage EOC patients from the Netherlands Cancer Registry (NCR) were assessed using Kaplan-Meier survival curves. To correct for differences in case-mix, propensity score matching (PSM) using 1:3 nearest neighbor matching was conducted in a sensitivity analysis after which survival analysis were repeated. Possible mechanisms of antitumor responses following sepsis were also discussed.

Results A total of 18 advanced stage EOC patients who experienced sepsis were identified. Sepsis patients had similar patients, tumor, and treatment characteristics as the NCR cohort. 3/18 patients died from the complications of sepsis. Most patients who survived sepsis developed recurrent EOC at different time-periods. The median OS in months was 31 months for the sepsis cohort and 36 months for the unmatched NCR cohort. The median PFS was 16 months for both cohorts. Similarly, PSM of the two groups did not reveal differences between survival outcomes.

Conclusion Sepsis does not seem to have a positive impact on oncologic and survival outcomes of advanced stage EOC patients.