used to determine eligibility for primary EC prevention trials and reduce the size and costs associated with such studies.

2022-RA-1641-ESGO THE IMPACT ON BODY IMAGE AND QUALITY OF SEXUAL LIFE OF TRANSVAGINAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY (VNOTES) IN WOMEN WITH HIGH GENETIC RISK OF FEMALE CANCERS

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Introduction/Background Women carrying a mutation in BRCA 1 or BRCA 2 genes face complex decisions regarding strategies for managing their increased breast and gynecologic cancer risk. Prophylactic mastectomy in high genetic risk of female cancers could severely affect body esteem decreasing sexual satisfaction. Risk-reducing bilateral salpingo-oophorectomy (RRBSO) through minimally invasive technique has been shown to reduce the risk of ovarian cancer. Recent evidence has suggested that women with BRCA 1 gene mutations may have an increased risk of uterine serous carcinomas. A new minimally invasive technique, Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES), allows access to the peritoneal cavity through the vagina without skin incisions.

Methodology From June 2021 to February 2022, women carrying a mutation in the BRCA 1 gene, with a history of previous bilateral mastectomy and underwent hysterectomy and RRBSO using vNOTES technique were studied prospectively. We administered validated tools as Female Sexual Function Inventory (FSFI) and Body Image Scale (BIS) to evaluate the impact on cosmetic, psychological and sexual domains.

Results 10 women carring BRCA 1 gene mutation and undergoing vNOTES technique for hysterectomy and RRBSO were enrolled. The mean age was 47 years (range 34–50). 4 (40%) patients had a history of breast cancer and they underwent contralateral prophylactic mastectomy. The mean pain assessment after gynecologic surgery was 2.1 (range 0–5). The complete exploration of the abdomen with peritoneal biopsies were performed in all (100%) cases. 6 (60%) women were high concern with body image. Sexual function decreased progressively with age, but FSFI scores in lubrication, orgasm and pain did not have a statistically significantly change after vNOTES surgery.

Conclusion Risk-reducing surgery may result in changes to patients'appearance. If prophylactic breast surgery severely affects women body esteem, vNOTES for gynecologic prophylactic surgery has the potential to improve surgical experience, provide good long-term functional and cosmetics outcomes.

2022-RA-1681-ESGO BACTERIAL VAGINOSISAND HPV-RELATED CERVICAL LESIONS

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Introduction/Background Shift in the vaginal microbiotafrom the predominant Lactobacillus spp. to the abundance of anaerobic bacteria is quite common among women of reproductive ages,approximately 40–80% of them report no complaints. However bacterial vaginosis (BV) is strongly associated with increased host susceptibility to STI (hrHPV included). Gardnerella Vaginalis (GV) might pave the way for STI causing epithelial cell (EC) damage and shedding, suppressing leukocyte recruitment, thereby leaving underlying mucosal tissue exposed to potential pathogens. Pushing regrowth of EC layers GV may make HPV-infected EC liable for persistent HPV dwelling there and than trigger viral DNA incorporation into host genome and launch neoplastic transformation. GV is a powerful biofilm-producer therefore BV often remains recalcitrant to treatment. Another input to recurrent BV can be made by host genetic variation in stress-related genes and smoking.The study examined the rate of BV among HPV-infected women with LSIL and HSIL (separately).

Methodology The study accrued 116 hrHPV-positive patients with newly recognized LSIL and HSIL who were split in two arms: LSIL (73 pts) and HSIL (43 pts). 50 HPV-negative women were taken as control group. Their vaginal swabs were assessed by Nugent score, neutrophil count, exfoliated EC/clue cell count, biofilm formation (48h-incubation).

Results It turned out that 41.9% HSIL-carriers were recognized with evident BV, 34.9% – with asymptomatic BV, whereas in among LSIL-carriers there were 24.7% and 28.8% respectively (control group: 23.1% and 30%). Furthermore HSIL vaginal swabs showed higher number of exfoliated EC ($p<0.05$) and GV growth ($p<0.003$), lower neutrophil count ($p<0.001$), and thicker biofilms than LSIL group.LSIL and control almost matched.

Conclusion BV, namely GV makes substantialnegative impact on female capacity to clear herself from HPV-infection raising the risk of persistent infection associated with HSIL.Therefore recognition of asymptomatic BV and its treatment is of high priority in order to prevent form HPV-related precancerous lesions.