EXPERT ULTRASOUND EXAMINATION, MRI OR ROMA FOR DISCRIMINATING BENIGN FROM MALIGNANT IN INCONCLUSIVE ADNEXAL MASSES AS DETERMINED BY IOTA SIMPLE RULES

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Introduction/Background To determine which would be the best second step approach for discriminating benign from malignant adnexal masses classified as inconclusive by IOTA Simple Rules (SR).

Methodology Single center prospective study performed (January 2018-Decembre 2021) comprising a consecutive series of patients diagnosed as having an adnexal mass classified as inconclusive according to IOTA SR by non-expert examiners. All women were underwent ROMA analysis, DC-MRI interpreted by an expert radiologist and ultrasound (US) examination by expert gynecological sonologist. Pregnant patients and patients with less than 12 months of follow-up were excluded. Cases were clinically managed according to the result of the US expert examination by either serial follow-up for at least one years or surgery. Reference standard was histology (patient was submitted to surgery if any of the tests was suspicious) or follow-up (Masses with > 12 months and no signs of malignancy were considered as benign). Diagnostic performance of all three approaches were calculated and compared. Direct cost analysis of the test used was also performed.

Results 80 women were included. Seventeen patients were managed expectantly and 63 patients underwent surgery. 23 masses were malignant. Diagnostic performance of all three approaches is shown in table. Both US expert examination and MRI had significantly better diagnostic performance that ROMA. There was no difference in terms of diagnostic performance between US and MRI. Direct costs were significantly lower for US than for MRI and similar to ROMA.

Abstract 2022-RA-1559-ESGO Table 1 Diagnostic performance of ROMA, MRI, Expert US examination

Method	Sensitivity	Specificity
ROMA	26%	93%
MRI	91%	77%
Expert US	100%	91%

Conclusion US expert examination is the best second step approach in inconclusive adnexal masses as determined by IOTA Simple Rules.

PRE-OPERATIVE ULTRASOUND ASSESSMENT OF RECTOSIGMOID INFILTRATION IN ADVANCED OVARIAN CANCER

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Introduction/Background It is essential to perform a detailed preoperative description of disease's extension which can improve patient management, including preoperative work-up, operative time and postoperative care. Ultrasound (US) is a reliable method for differentiation between benign and malignant adnexal tumors and for local staging of endometrial and cervical cancers. Few studies have pointed the use of US evaluating the extent of disease in advanced ovarian cancer and evaluation of operability. The objective of this study is to asses the accuracy of US predicting rectosigmoid tumor infiltration in patients with advanced ovarian cancer.

Methodology This observational prospective study includes 55 patients with an US diagnosis of adnexal mass suspected of malignancy which was confirmed histologically. 39 patients underwent primary surgery and 16 interval surgery. US was performed to assess disease's extension. Rectosigmoid infiltration was evaluated by perioperative findings.

Results Rectosigmoid infiltration was confirmed in 36 patients. Rectosigmoid resection was performed in 12 cases and visceral peritoneum stripping in 3. In the other 21 cases bowel surgery was not performed due to unresectable disease. Rectosigmoid carcinomatosis was correctly detected by US in 24/36 patients. In 9/36 it was not detected and in 3/36 rectosigmoid wall was not assessable. In 2/24 cases miliary carcinomatosis was identified and 22/24 had nodular carcinomatosis with a nodule mean diametre of 26 mm. In 23/24 there was a douglas lock. The Sensitivity of US in detecting rectosigmoid carcinomatosis was 72.7%, and specificity was 93.7%. Positive predictive value of 96% and negative predictive value of 62.5%. The absence of ascites, high BMI, dimensions of adnexal mass and abundant bowel content could affect the accuracy of US.

Conclusion US is an accurate method for the pre-operative assessment of rectosigmoid infiltration in advanced ovarian cancer and it can be used for adequately preoperative planning and predict need of surgery on rectosigmoid carcinomatosis.

TRICKS TO IMPROVE THE LAPAROSCOPIC EXTRAPERITONEAL SPACE IN PARA-AORTIC LYMPHADENECTOMY

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