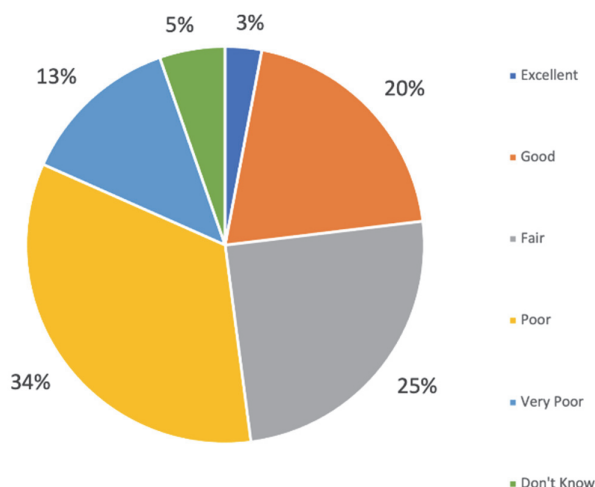


Results We received replies from 10% of trainees. The quality of gynaecology training under the new RCOG curriculum was described as less than good in 75.6% of respondents (figure 1). However, it was observed that the subspecialty trainees were the most satisfied trainees, with 66.7% describing training as good to excellent. The COVID 19 pandemic adversely affected all aspects of gynaecology training. Benign gynaecology, subfertility, urogynaecology, and gynaecology modules training were affected in 94.0%, 85.1%, 89.7%, and 83.5% of trainees, respectively (table 1). During the pandemic, gynaecology teaching was affected in 84.9% of trainees, redeployment occurred in 11.8% of trainees, and 16% suffered adverse ARCP outcomes.



Abstract 2022-RA-816-ESGO Figure 1

Abstract 2022-RA-816-ESGO Table 1 The impact of COVID 19 pandemic on gynaecology training of respondents

Module	Not at all affected	Slightly affected	Moderately affected	Very affected	Extremely affected
Benign Gynaecology	6%	6%	15.8%	37.6%	34.6%
Sub-fertility	14.9%	6.6%	15.7%	31.4%	31.4%
Uro-gynaecology	10.3%	6.3%	14.3%	29.4%	39.7%
Gynae-Oncology	16.5%	16.5%	21.3%	23.6%	22%
Hysteroscopy	14.6%	18.7%	24.4%	20.3%	22%
Colposcopy	22.4%	15.2%	13.6%	24%	24.8%

Conclusion Our survey reveals that the new RCOG curriculum and COVID 19 pandemic have simultaneously compromised the gynaecology training amongst the UK trainees. RCOG and GMC-led more exhaustive survey would be welcomed to

corporate our findings and take necessary actions. Gynaecology training amongst current trainees should be of the highest quality to optimize patient care in line with the professional skills recommended by the GMC.

2022-RA-828-ESGO

A CASE OF 19 YEARS OLD, FEMALE WITH MALIGNANT SPINDLE CELL NEOPLASM; PELVIC MONOPHASIC SYNOVIAL SARCOMA ARISING FROM THE PELVIC LIGAMENTS

Ronald Rodriguez Latap, Leobert Julianne A Dela Pena. *Obstetrics and Gynecology, West Visayas State University, Iloilo City, Philippines*

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Introduction/Background Sarcomas are uncommon arising from mesenchymal elements anywhere in the body. Synovial Sarcoma or Malignant Synovioma arises from different types of soft tissues such as muscles and ligaments. It is classified into biphasic, monophasic or poorly differentiated. Biphasic is composed of epithelial cells, spindle fibroblast-like cells and few epitheloid cells. Monophasic type exhibit abundant spindle cells, epitheloid cells though lacking in clearly defined epithelial component.

Methodology Case of a 19 years old, nulligravid with hypogastric pain and abdominal mass. CT scan revealed complex illdefined mass, moderate ascites and clots. She underwent cytoreductive surgery with findings of pelvic mass attached to the right adnexa and uterus. Histopathologic result revealed malignant spindle cell neoplasm and immunohistochemical studies showed positive CD 99, TLE 1, Bcl-2, S100 and Desmin. Intraoperatively it is classified as Stage 1A according to AJCC Staging System.

Results It is caused by unique chromosomal translocations of t(X;18) (p11.2;q11.2) found in more than 90% of cases. Immunohistochemistry has been proven to be pivotal in its diagnosis. Initial surgery is an important prognostic factor.

Conclusion Synovial sarcoma rare type of soft tissue neoplasm affecting adolescents and young adults. It originates from primitive or uncommitted mesenchymal cells that differentiate to resemble synovial cells. It is caused by unique chromosomal translocations of t(X;18) (p11.2;q11.2) found in more than 90% of cases resulting in formation two fusion genes: SYT-SSX1 or SYT-SSX2. Immunohistochemical studies positive for TLE1, CD99, Bcl-2, S-100 and Desmin. These results are consistent showing reactivity with epithelial membrane antigen, cytokeratin, E-cadherin, S-100 in combination with CD34 negativity are useful and sensitive markers. Initial surgery is an important prognostic factor, it has a 5-year survival rate of 76% after cytoreductive surgery. Adjuvant chemotherapy with ifosfamide with doxorubicin may be given but there are no specific guidelines because of its rarity.