Abstract 2022-RA-1400-ESGO Table 1 Diagnostic performance of GI-RADS and O-RADS

System	Sensitivity	Specificity	LR+	LR−
GI-RADS	100% (95% CI: 86%-100%)	91% (95% CI: 87%-94%)	11.5 (95% CI: 7.5–17.1)	NA
O-RADS	96% (95% CI: 79%-99%)	92% (95% CI: 88%-95%)	12.2 (95% CI: 7.7–19.4)	0.05 (95% CI: 0.007–0.321)

Conclusion GI-RADS or O-RADS systems perform similarly for managing adnexal masses

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COMPARISON OF ADNEXMODEL, O-RADSAND THE COMBINEDIOTA SIMPLE RULES WITH SIMPLE RULES RISK ASSESSMENT AND SIMPLE RULES WITH ADNEX MODEL IN DISCRIMINATING BETWEEN BENIGN AND MALIGNANT ADNEXALMASSES

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Introduction/Background To compare the IOTA Assessment of Different NEoplasias in the adneXa (ADNEX) model, the Ovarian-Adnexal Reporting and Data System (O-RADS) and the combined IOTA Simple Rules (SR) with Simple Rules Risk (SRR) assessment and SR with ADNEX model in the preoperative discrimination of benign and malignant adnexal masses (AM).

Methodology We conducted a monocentric retrospective study performed between January-2018 to December-2021 which includes consecutive women with AM. Surgery with histology represented the reference standard. We classified the AM using the ADNEX model, O-RADS and SR in the same cohort of patients. When SR resulted 'inconclusive', we combined SR with SRR assessment and SR with ADNEX model. Sensitivity (SE), specificity (SP) and diagnostic accuracy (DA) were determined for each testing modality to compare the performance of ADNEX model, O-RADS, SR + SRR and SR + ADNEX model.

Results Of the 514 women, 400 (77.8%) had a benign ovarian tumor and 114 (22.2%) had a malignant tumor. The malignancy risk threshold was set at >10%. SE, SP and DA of the ADNEX model were 92,1% (95%CI, 85,5%-96,3%), 88,3% (95%CI, 84,6%-91,2%) and 89,1% (86,1%-91,7%), respectively. SE, SP and DA of O-RADS were 93,0% (95% CI, 86,6%-96,9%), 89,3% (95%CI, 85,8%-92,1%) and 90.1% (95%CI, 87,2–92,5%), respectively. When we applied SR, 109 (21.2%) cases resulted inconclusive. SE, SP and DA of the SR + SRR assessment were 87,7% (95%CI, 80,3%-93,1%), 91,8% (95%CI, 88,6%94,3%) and 90,9% (95%CI, 88,0%-93,2%), respectively. SE, SP and DA of the SR + ADNEX model were 90,4% (95%CI, 83,4%-95,1%), 93,3% (95%CI 90,3%-95,5%) and 92,6% (90%-94,7%), respectively.

Conclusion The ADNEX model and O-RADS had similar SE and higher SE than SR + SRR assessment and SR + ADNEX model in the preoperative discrimination of malignant and

benign AM; SR + ADNEX model had higher DA than ADNEX model, O-RADS and SR + SRR assessment.

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INTRACARDIAC INTRAVENOUS LEIOMYOMATOSIS WITH MALIGNANT HYSTOLOGICAL FEATURES

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Introduction/Background Intravenous leiomyomatosis (IVL) is defined by the presence of smooth muscle nodules beyond the vessels of an uterine leiomyoma and into the extrauterine venous system. Its extension into the right-sided cardiac chambers can be fatal. Most cases lack marked nuclear atypia or elevated mitotic activity. Transition from a non-invasive leiomyoma to an invasive IVL is not clearly understood. The objective is to report a patient with intracardiac IVL with malignant histological features consistent with sarcoma.

Methodology 63 year old female, hemodynamically stable, referring a painful mass that occupied the pelvic cavity up to the hypogastrium, associated to abnormal uterine bleeding. Abdominal-pelvic magnetic resonance image (MRI) reported a solid tumor originating in the posterior wall of the uterus, and a solid tumor that extended through the right external iliac vein up to the right atrium (RA) partially occupying the inferior vena cava (IVC) and the right common iliac vein. Chest computed tomography showed no pulmonary metastasis. Cardiac MRI reported an intravascular thrombus of tumoral origin that extended from the IVF to the RA protruding through the tricuspid valve (TV) into the right ventricle (RV). Tran-sesophageal echocardiography revealed a 37x13 mm vascularized irregular mass extending from the IVC into the RA going through the TV into the RV, with no effect on valvular function.

Results A one stage procedure was performed including pelvic tumor resection, hysterectomy, adnexectomy, dissection of the IVC with removal of the endovascular tumor and removal of the intracardiac tumor. Due to nonsurgical bleeding, a mediastinal packing was necessary with posterior unpacking 24 hours later. Final pathology examination reported a high grade sarcomatous malignant tumor within the pelvic mass and histological findings consistent with IVL.

Conclusion IVL has a quasi-malignant behavior. Complete tumor removal impacts prognosis and recurrence rates. Reports on IVL with malignant histological features are scarce.

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ECO-LEAK: A NOVELL STRATEGY FOR ANASTOMOTIC LEAKAGE DIAGNOSIS IN GYNECOLOGIC CANCER PATIENTS

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Introduction/Background Anastomotic leakage can be checked intraoperatively with a leak test after pelvic instillation of serum followed by transrectal air insufflation,