

418 GROWING TERATOMA SYNDROME ARISING FROM A BENIGN MATURE CYSTIC TERATOMA

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Introduction/Background* Growing teratoma syndrome is a rare clinical entity presenting as enlarging benign tumours during or after chemotherapy for malignant germ cell tumours. It has an incidence of 12% in ovarian NSGCT. Complete surgical resection of the tumour is the current gold standard in treating this condition, and prognosis is excellent once the tumour is completely removed. However, it is when the mass is deemed inoperable that the management of this condition becomes a challenge.

Methodology This is a case of a 33-year-old, nulligravid who presented with abdominal enlargement and ascites. Transvaginal ultrasound revealed 13.0 x 12.0 cm solid mass with cystic components. The patient underwent exploratory laparotomy, peritoneal fluid cytology, total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymph node dissection, and infracolic omentectomy, with intraoperative staging of IIIC. Final histopathologic report revealed a benign mature cystic teratoma of the right ovary. Despite this result, the patient had recurrence of the ascites. Hence, underwent paracentesis and chemotherapy with Bleomycin, Etoposide, and Cisplatin. After the second cycle, the patient developed multiple masses involving the right adnexa, right hepatic lobe, right hepatorenal, epigastric, and pelvic areas. Ultrasound-guided biopsy of the liver mass was done revealing a teratomatous process. The patient was referred to a hepato-pancreato-biliary surgeon, however, due to the extensive liver involvement, surgery was deferred and arterial embolization of the masses was done instead.

Result(s)* Arterial embolization of the masses was done resulting in resolution of the abdominal enlargement and bloatedness, and change in the consistency of the mass becoming more cystic than solid. However, repeat CT scan was done which revealing a further increase in size of the masses.

Conclusion* We are presented with a case of GTS, originating from a benign mature teratoma, which is non-resectable due to extensive liver involvement. Though with benign nature, GTS poses a great challenge in its management. Being a rare clinical entity, there is limited experience with the treatment options available, especially in inoperable cases. Arterial embolization has not been widely used in documented cases of GTS. This case explores the possible role of arterial embolization in the management of non-resectable GTS.

432 FACTORS AFFECTING RECURRENCE FOLLOWING PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCIES: A RETROSPECTIVE COHORT STUDY

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Introduction/Background* Pelvic exenteration is an ultraradical surgical procedure that is performed in patients with pelvic malignancies that refractory to primary treatment. The purpose of the present study is to evaluate differences in patient

and tumor characteristics of patients that experience recurrence of the disease following the procedure to those that remain disease free.

Methodology We conducted a retrospective study that was based on patient records of patients treated with pelvic exenteration in our department between 2006 and 2020. We sought to determine differences in terms of tumor and patients' characteristics that might influence the postoperative course of these patients.

Result(s)* Ninety-four women were recruited of whom 33 developed recurrence. The median follow-up was 18 months (4 – 72 months). We observed that patients treated for recurrent disease had comparable relapse rates to those that were primarily treated with pelvic exenteration. Neither the presence of positive surgical margins ($p=.546$), nor the type of malignancy ($p=.434$) significantly differed among patients that developed recurrence and those that did not. Parametrial involvement and positive pelvic lymph nodes were also equally distributed among the two groups. Patients with refractory disease to chemotherapy had, however, substantial higher risk of relapse ($p=.002$). On the other hand, the percentage of patients that had been priorly treated with radiotherapy did not differ among the two groups ($p=.859$). Patients with parametrial involvement had significantly higher rates of local relapse ($p=.035$).

Conclusion* The findings of our study reveal that it is still difficult to determine which proportion of patients that undergo pelvic exenteration will benefit from the procedure in terms of recurrence free rates. Patients with parametrial involvement are more likely to develop local relapse; however, this does not seem to be influenced by the presence of positive surgical margins. Larger studies are needed to fully elucidate this field.

437 THE VALUE OF PROGNOSTIC NUTRITIONAL INDEX IN DETERMINING GYNECOLOGIC ONCOLOGY PATIENTS AT RISK OF DEVELOPING INFECTIOUS MORBIDITY: AN INTERIM ANALYSIS

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Introduction/Background* The nutritional adequacy of patients undergoing major surgery is an important prognostic indicator of survival. Studies in other surgical subspecialties highlight the importance of the nutritional status during the perioperative period of patients undergoing surgery for oncological purposes. In the present interim analysis, we aim to evaluate differences in the values of the prognostic nutritional index among gynecologic oncology patients that develop postoperative infectious morbidity and those that have an uneventful postoperative hospitalization.

Methodology The study is based on a prospective series of patients who underwent surgery for gynecological malignancies. The PNI index was calculated on the basis of admission data as follows: $10 \times \text{serum albumin (g/dl)} + 0.005 \times \text{total lymphocyte count (per mm}^3\text{)}$. Data on postoperative infections were retrieved and analyzed with SPSS (IBM Corp. Released 2019.).

Result(s)* Overall 100 patients were followed-up for a period of 30 days postoperatively. Of those 26 patients developed postoperative infectious morbidity. Preoperative PNI was significantly lower among patients that developed infections compared to those that had uneventful recovery (43.0 (12.7-59.1) vs 50,1 (8.1-140.0). Using multiple logistic regression that took into account co-factors of age, BMI, ECOG status, pre-operative Hgb, smoking, transfusion rates, implementation of ERAS protocol and PNI we observed that the latter was a significant moderator of post-operative infectious morbidity (HR 0.924, 95% CI 0.876, 0.974). Receiver operative characteristics (ROC) analysis revealed that PNI had a moderate value in determining postoperative infectious morbidity (AUC 0.782, Sensitivity 77%, Specificity 68% using an optimal cut-off of 45.4).

Conclusion* Taking into consideration the results of this interim analysis we believe that PNI could be a valuable tool in clinical practice that may help determine patients at risk of developing postoperative morbidity. Future studies may also use this index as a prognostic factor that could indicate the nutritional status of patients undergoing prehabilitation in anticipation of major surgical operations.

440 SURVIVAL ANALYSIS OF UTERINE SARCOMAS IN THE PROVINCE OF LAS PALMAS 2009–2018

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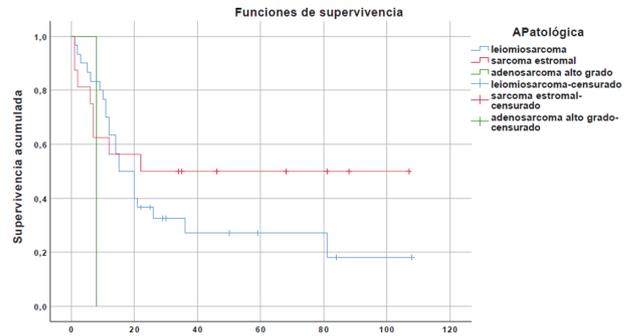
Introduction/Background* Sarcomas represent 1% of gynecological tumors and between 3-7% of uterine neoplasms. Given its low incidence, the available evidence and literature is limited. We provide our data as a self-assessment and analysis of our healthcare practice

Methodology Retrospective study of patients with uterine sarcomas diagnosed and treated in CHUIMI in the period 2009-2018. We included epidemiological variables, stage at diagnosis, treatment, anatomic-pathological features, follow-up and current status of the patients.

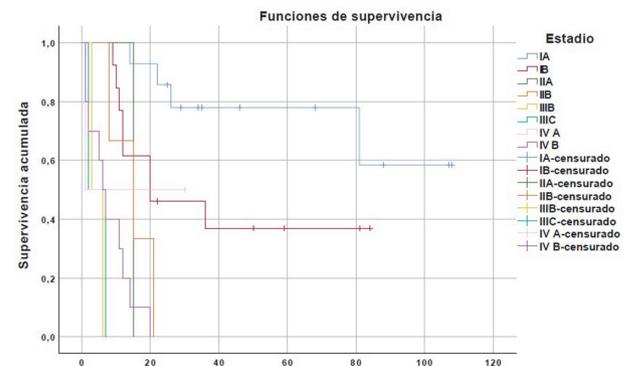
Result(s)* The total number of patients diagnosed with uterine sarcoma was 47, with a mean age of 56.8 years [31-85]. 42.6% of patients were in an advanced stage at diagnosis [Stage I 57.4% (27), II 8.5% (4), III 8.6% (4) and IV 25.6% (12)].

Regarding histology, we found that 63.8% (30) were Leiomyosarcomas, 34% (16) were Stromal sarcomas and 2.1% (1) High-grade adenosarcomas. Overall survival at 5 years is 36.17% with a median of 20 months. After 5 years of follow-up, 27.2% of leiomyosarcomas lived (median 15 months), 50% of sarcomas stromal (median 22 months), and none of the high-grade adenosarcomas (median 8 months). Globally, in relation to the stage of the disease at diagnosis, after 3 years of follow-up 59.25% of the stages I survived (stable up to 5 years), and none of stages II, III or IV survived.

Regarding the type of treatment, 87.2% of the patients underwent surgery (61.7% LPT; 23.4% LPC). Of these, only 21.3% did not receive adjuvant treatment (34% RT, 17% QT, 14.9% RT + QT). Globally, 21.3% of the patients relapse



Abstract 440 Figure 1



Abstract 440 Figure 2

(most frequently in the lung, 8.5%, followed by local recurrence 6.4%, abdominal 4.3% and bone 2.1%) compared to 51.1% who progress.

There was fragmentation of the surgical piece in 19.1% (no morcellation). 34% of tumors are > 10 cm. 31.9% had a low mitotic index (<5). 29.8% presented lymphovascular invasion

Conclusion* Our epidemiological and survival data coincide with what has been published in the literature. It is important to provide evidence on a pathology that, although rare, presents so much impact on our patients, thus contributing to achieve better clinical practices.

447 PROGNOSTIC FACTORS RELATED TO UTERINE SARCOMA

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Introduction/Background* The objective of this study was to analyze prognostic factors related to uterine sarcoma.

Methodology Retrospective observational cohort study conducted at the CHUIMI in the canary islands from 01/01/2009 to 12/31/2018. We included all patients with a diagnosis of uterine sarcoma (n: 46). Variables analyzed in the study were age and BMI at diagnosis, histology, staging, if Morcellation and/or tumor fragmentation occurred, if free margins were obtained