

AD. There were misunderstandings about AD in several aspects, such as 69% of participants understood that AD has not been legally effective in Thailand. Perceived knowledge was significantly related to the intention to prepare AD ($B=0.346$, $p<0.001$), whereas the objective knowledge, past experiences of illness and loss, perceived health, and age did not.

Conclusions Low level of knowledge and completion rates of advance directives among Thai gynecologic cancer patients highlights the importance of giving more information and education on the advance directives in the country, especially to the cancer patients and their families.

Pre-invasive Disease

IGCS19-0229

346 THE NEW APPROACH IN MANAGEMENT OF BENIGN OVARIAN TUMORS COMPLICATED BY INFERTILITY

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Objectives The aim of our research was to improve the management of benign ovarian tumors (BOT) complicated by infertility.

Methods The hypothalamus-hypophysis-adrenals-ovaries, protease-protease inhibitors systems and uterus-ovaries vascular Doppler figures were examined in 120 reproductive age (27.3 ± 1.47 years) women with BOT suffering from infertility (2–7 years) before and after organ-saving operations along with 25 healthy non-pregnant women (25.3 ± 1.32 years) as a control group.

Results After the operations the obtained figures of regulatory systems functional state were not normalized leading to tumor relapses and other reproductive system organs diseases. They showed imbalance in hormonal correlations, significant elastase decrease with elevation of some protease inhibitors and local character of the ovarian vessels functional state.

For that reason after the surgery the differential therapy was performed by combined abdominal and vaginal pulsing vacuum daily for 14 days separately and in a concert with hormonal therapy (estrogen-gestagen complexes) during 3–6 menstrual cycles.

The differential approach was based on the severity of obtained systemic disorders and menstrual cycle type.

After the treatment in most of the patients we revealed the significant improvement and normalization of hypothalamus-hypophysis-adrenals-ovaries, protease-protease inhibitors systems and uterus-ovaries vascular Doppler figures.

During the first year of observation 84 women became pregnant (70%).

Conclusions The proposed approach for management of women with BOT suffering from infertility is effective and pathogenetically grounded, normalizing woman's hormonal

axis, protease-protease inhibitors and ovarian vascular systems function, leading to menstrual and reproductive system restoration.

IGCS19-0696

347 ENDOCERVICAL MICROGLANDULAR HIPERPLASIA IN A 21 YEARS OLD PATIENT

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Objectives Endocervical microglandular hiperplasia (MGH) is a reactive type of glandular lesion that may be confused with endocervical adenocarcinoma from the macroscopic and the colposcopic findings, as well as from a histological. Differential diagnosis is important.

Methods Case report.

Patient aged 21 years, with losses smelly and caused metrorrhagia. She has been on oral contraceptives. Examination: exuberant and friable cervix. A budding papillary lesion of the cervix circumferential. Cervix 2–3 cm in diameter, free parameters. Colposcopy with new biopsy confirming florid endocervical microglandular hyperplasia in a context of endocervicitis. Cytology normal. Oncogenic Papillomavirus positive. Ultrasound: mixed tissue image stretching the endocervix by $35*27*14$ mm surrounded by vessels but not vascularized. MRI: atypical image, ulceration. Tumor origin? In view of the very atypical aspect, we propose a conisation and endocervical curettage with a view to diagnosis. Histology of conisation: microglandular cervical hyperplasia associated with subacute and chronic cervicitis. Immunohistochemiste: p16 negative.

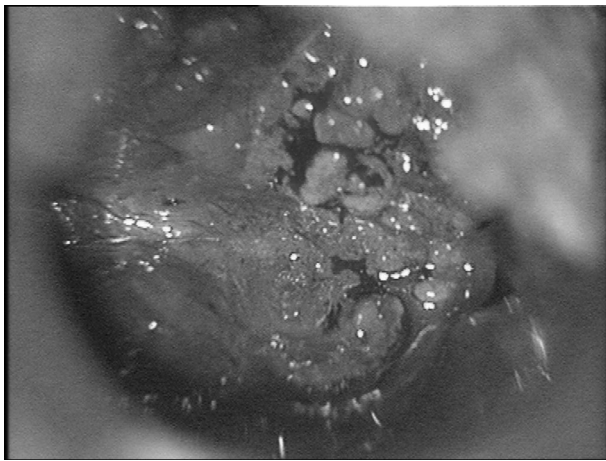
Results



Abstract 347 Figure 1



Abstract 347 Figure 2



Abstract 347 Figure 3

Conclusions MGH incidence is about 15% and generally is found in young women. MGH seems to be associated to the effects of endogenous hormones, pregnancy or to iatrogenic effects of prolonged hormone therapy or contraceptives. But in some studies the association between MGH and the use of long-term of hormones is not clear because it can also be found in post-menopausal women with or without a history of hormone replacement therapy. In conisation specimens normally is associated to CIN (Cervical intraepithelial neoplasia) Immunohistochemical markers like p53, CEA, MIB1 and Ki67 can be useful for the differential diagnosis if histology is not clear.

IGCS19-0751

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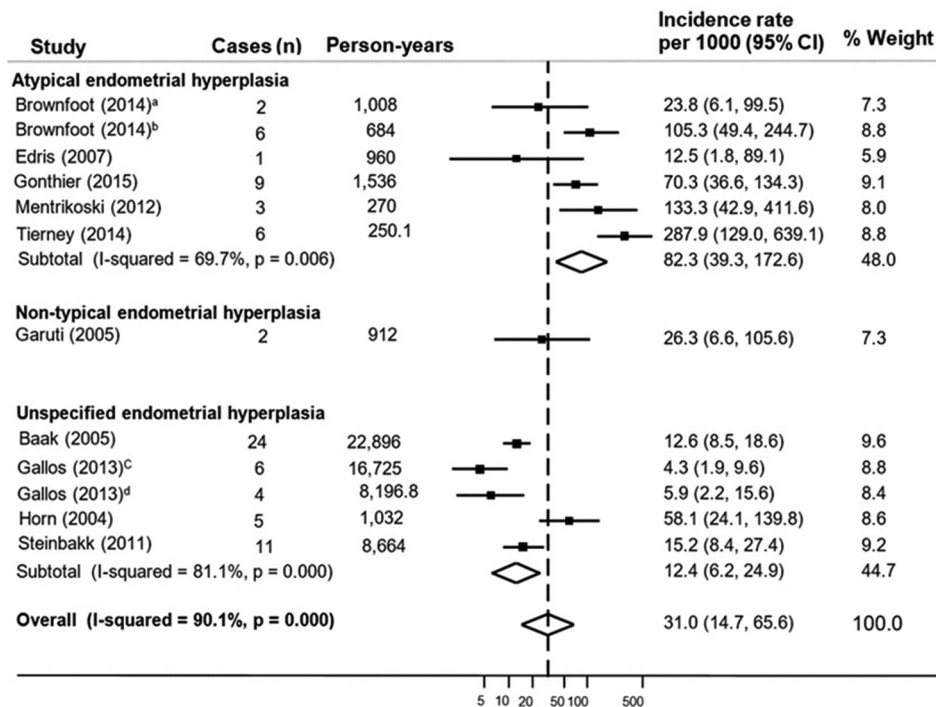
CONCURRENT AND FUTURE RISK OF ENDOMETRIAL CANCER IN WOMEN WITH ENDOMETRIAL HYPERPLASIA: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives To avoid 'missed' cancers in women with endometrial hyperplasia, there is a need to quantify the potential for concurrent endometrial cancer and the future risk of progression to cancer. We systematically identify studies that evaluated concurrent and future risk of endometrial cancer in women diagnosed with endometrial hyperplasia.

Methods EMBASE, MEDLINE and Web of Science databases were searched for relevant articles. Random-effects meta-analyses were used to calculate pooled estimates and 95%



Abstract 348 Figure 1 Progression to Endometrial Cancer by Hyperplasia Type

^aPremenopausal women, ^bPostmenopausal women, ^cLNG-IUS(levonorgestrel intrauterine system) treated group, ^dOral progesterpme-treated group.