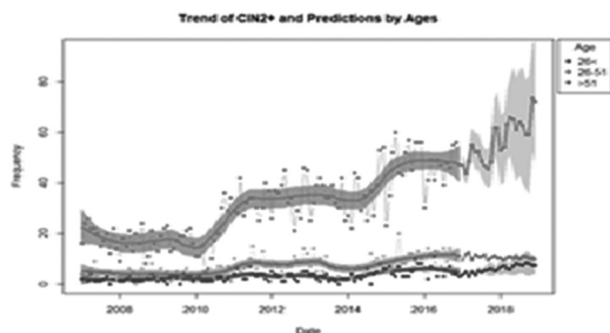


Abstract 352 Figure 2



Abstract 352 Figure 3

**Conclusions** Trends and predictions increasing for CIN2+, age between 26–50, and quintile 3, 4 and 5 but the increase is more important in the Q5.

## IGCS19-0707

### 353 CORRELATION IN CERVICAL CYTOLOGY, COLPOSCOPY AND HISTOPATHOLOGY FOR DETECTION OF PREMALIGNANT LESION OF CERVIX: A STUDY FROM WESTERN RAJASTHAN

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#### Objectives

1. To find out correlation between cervical cytology, and colposcopy in diagnosing premalignant lesions of cervix.
2. To find out correlation in colposcopy and histopathology in detecting premalignant lesion of cervix.

**Methods** A retrospective study was carried out in OBGYN department over a period of 2 years. Data were retrieved from the departmental records and hospital information system.

**Inclusion criteria** screen positives who underwent colposcopy and directed biopsy between the age of 21–70 years.

**Exclusion criteria** Screen positives who did not have colposcopy or where biopsy were not done were excluded. Pregnant women were excluded.

These cases were then analysed for sensitivity and specificity in detecting premalignant lesion taking histopathology as gold standard

**Results** Total of 122 cases were retrieved who fulfilled inclusion criteria, 2 cases were excluded as the biopsy report was inconclusive.

Good correlation was observed between colposcopy and histopathology with a sensitivity of 90% and specificity of 98.7%.

Cervical cytology and colposcopy showed poor specificity of 58%, and cytology and histopathology had specificity of 62%.

Discordance between cytology and colposcopy was seen in 35% of cases.

**Conclusions** Cervical cytology has a poor specificity for detecting premalignant lesion of cervix as compared to colposcopy and histopathology. A well done colposcopy aids significantly in targeting the tissue precisely for identifying premalignant lesion.

## Rare Tumors and Gestational Trophoblastic IGCS19-0381

### 354 MANAGEMENT OF LEIOMYOSARCOMAS OF A GYNECOLOGICAL TRACT AND PROGNOSTIC INDICATORS

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**Objectives** leiomyosarcomas of the gynecological tract (LMS) consist a heterogeneous group of mesenchymal gynecological malignancies with unclear therapeutic recommendations and unspecific but poor prognosis since they usually metastasize and tend to recur very often, even in early stages.

**Methods** We retrospectively analyzed all female patients with LMS treated in our institution over the last 19 years. Clinicopathological data, treatments, and outcomes were recorded.

**Results** Data were retrieved from 16 women with a median age of 51 (range: 31–77) years, at diagnosis. Fifty percent of patients were in the menopause period. The mean symptom was bleeding, followed by pelvic pain. Ten patients had uterine leiomyosarcoma, three patients had cervix leiomyosarcoma, and three patients had vaginal leiomyosarcoma. The mean size was 6.4 (range: 3–10) cm. The staging workup didn't show any metastatic lesion for all the patients. Fifteen patients underwent surgery as initial treatment, while one patient underwent external beam radiotherapy followed by brachytherapy. Adjuvant chemotherapy was done in four patients, and adjuvant radiotherapy was done in 7 patients. Six patients were diagnosed with LMS grade 1, three patients had grade 2, and 7 patients had grade 3. Median of follow up was 61 months. Nine patients had a complete remission; five patients had a progressive disease course, while two patients had a locoregional recurrence. Seven patients died of disease.

**Conclusions** The relative rarity of LMS, as well as their pathological diversity, hinders studies aimed at improving understanding of the disease and makes it difficult to define the optimum management.