

## IGCS20\_1373

## 349 CLEAR CELL ADENOCARCINOMA OF THE PERITONEUM ARISING ON A BACKGROUND OF ENDOMETRIOSIS – A RARE CASE

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A 38 year old woman presented with a longstanding history of pain secondary to endometriosis. She had previously undergone major surgery with a segmental bowel resection seven years earlier. On assessment she was found to have a 3.7 cm right uterosacral ligament nodule with atypical appearances on transvaginal ultrasound scan. CA125 was 120 and risk of ovarian malignancy algorithm (ROMA) score was not suggestive of malignancy. A subsequent MRI scan, however, suggested suspicious findings. MDT discussion led to the decision to excise the mass along with a hysterectomy, bilateral salpingoophorectomy and excision of pelvic endometriosis. Histology from the right uterosacral ligament nodule showed fragments of an adenocarcinoma with a tubulopapillary architecture and hyalinised cores. The tumour cells were predominantly clear cells with some admixed eosinophilic cells, consistent with a clear cell carcinoma. There was no evidence of primary disease elsewhere within the gynaecological tract. The uterus was lined by proliferative endometrium and both ovaries contained foci of endometriosis but no evidence of atypia or carcinoma. There was extensive endometriosis throughout the remaining pelvic specimens but no further evidence of malignancy. The patient was referred to a tertiary centre for ongoing care and continues with this. Most recently she has suspected recurrent disease invading the right sacrum and pelvic nodes and is undergoing chemotherapy. Primary peritoneal clear cell carcinoma is rare, with only fourteen cases previously reported in the literature. Patients have been treated as per ovarian carcinoma with a variable response and it is considered to have a poor prognosis.

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## 350 FACTORS ASSOCIATED WITH ACUTE KIDNEY INJURY IN PATIENTS UNDERGOING OPEN GYNECOLOGIC SURGERY ON AN ENHANCED RECOVERY AFTER SURGERY PATHWAY

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**Introduction** Enhanced recovery after surgery (ERAS) pathways use goal-directed fluid therapy (GDT) to reduce postoperative complications from fluid imbalance. Our study aimed to determine the incidence and risks of acute kidney injury (AKI) in patients on an ERAS pathway.

**Methods** AKI was defined as acute risk, injury, or failure by RIFLE criteria. Chi-squared, Fisher's Exact, and Wilcoxon rank-sum tests were used. Propensity score analysis with 1:1 matching compared AKI in ERAS and pre-ERAS cohorts and modeled the probability of AKI as a function of ERAS.

**Results** Among 1127 patients on an ERAS pathway, 140 had AKI (12.4%, 95% CI 10.5%-14.5%). Patients with AKI were more likely to be older (median age 65 vs 57,  $p<0.001$ ) and black (18% vs 11%,  $p=0.04$ ) with more comorbidities (Charlson Comorbidity Index  $\geq 3$  in 74% vs 48%,  $p<0.001$ ) including diabetes (21% vs 12%,  $p=0.005$ ), and had higher estimated blood loss (median 400 vs 250 mL,  $p<0.001$ ), postoperative hypotension (6% vs 2%,  $p=0.01$ ), readmission (20% vs 9%,  $p<0.001$ ), and reoperation (5% vs 1.3%,  $p=0.008$ ) with longer median hospital stay (4 vs 3 days,  $p<0.001$ ). In 140 matched pairs, 9 pre-ERAS patients (6.4%) and 17 ERAS patients (12.1%) had AKI, with no effect of ERAS on AKI incidence (OR 0.5,  $p=0.11$ ).

**Conclusions** A total of 12.4% of patients developed AKI, but ERAS itself was not associated with AKI incidence in the matched cohort. Highest AKI risk factors included older age, black race, more comorbidities, and blood loss.

**Abstract 350 Table 1** Patient demographics and clinical characteristics associated with AKI within ERAS

Variable	no AKI N = 987	AKI N = 140	P-value
Age [median (min, max)]	57.0 (18.0, 87.0)	65.0 (33.0, 86.0)	< 0.001
Charlson Comorbidity Index (CCI)			< 0.001
0	115 (11.7%)	3 (2.1%)	
1-2	400 (40.5%)	34 (24.3%)	
3+	472 (47.8%)	103 (73.6%)	
Comorbidity - Diabetes Mellitus (yes)	121 (12.3%)	30 (21.4%)	0.005
BMI			< 0.001
Normal	631 (66.9%)	59 (42.1%)	
Obesity Class I	163 (16.5%)	31 (22.1%)	
Obesity Class II	82 (8.3%)	18 (12.9%)	
Obesity Class III	92 (9.3%)	32 (22.9%)	
Unknown	19 (1.9%)	0 (0%)	
Ethnicity			0.548
Hispanic or Latino	156 (15.8%)	25 (17.9%)	
Not Hispanic or Latino	796 (80.6%)	108 (77.1%)	
Unknown	35 (3.5%)	7 (5.0%)	
Race			0.036
White or Caucasian	682 (69.1%)	93 (66.4%)	
Black or African American	106 (10.7%)	25 (17.9%)	
Asian	61 (6.2%)	2 (1.4%)	
Native Hawaiian or Other Pacific Islander	2 (0.2%)	0 (0%)	
American Indian or Alaskan Native	2 (0.2%)	1 (0.7%)	
Unknown	134 (13.6%)	19 (13.6%)	
Prior Chemo (yes)	384 (38.9%)	58 (41.4%)	0.567
Prior Radiation (yes)	23 (2.3%)	5 (3.6%)	0.378
Tumor Type			< 0.001
Benign	209 (21.2%)	15 (10.7%)	
Malignant	672 (68.1%)	117 (83.6%)	
Recurrent	106 (10.7%)	8 (5.7%)	
Organ Site			< 0.001
Cervix	42 (4.2%)	3 (2.1%)	
Uterine	127 (12.9%)	39 (27.9%)	
Fallopian Tube, Ovary, Peritoneum	503 (51.0%)	75 (53.6%)	
Benign	209 (21.2%)	15 (10.7%)	
Recurrent	106 (10.7%)	8 (5.7%)	
Preop Hemoglobin [median (min, max)]	12.0 (6.3, 16.4)	11.5 (7.1, 15.8)	0.002
Preop creatinine [median (min, max)]	0.7 (0.4, 10.4)	0.8 (0.5, 1.7)	< 0.001
Preop creatinine clearance [median (min, max)]	96.1 (8.5, 299.2)	89.3 (30.6, 217.6)	0.288
Estimated Blood Loss (ml) [median (min, max)]	250 (5, 5550)	400 (20, 4000)	< 0.001
OR Time (minutes) [median (min, max)]	211 (33, 1437)	263 (58, 686)	< 0.001
IV Tylenol (yes)	509 (51.6%)	55 (39.3%)	0.007
Goal-directed therapy (yes)	560 (56.8%)	89 (63.6%)	0.144
Crystalloids (mL) [median (min, max)]	1500 (0, 4510)	1700 (350, 6600)	< 0.001
Colloids (mL) [median (min, max)]	500 (25, 3000)	1000 (250, 2500)	< 0.001
Net Fluid Balance (mL) [median (min, max)]	1250 (-6420, 618)	1515 (-936, 7170)	< 0.001
Length of stay (days) [median (min, max)]	3 (1, 43)	4 (2, 57)	< 0.001
Readmission	92 (9.3%)	28 (20.0%)	< 0.001
Reoperation	13 (1.3%)	7 (5.0%)	0.008
Hypotension	18 (1.8%)	8 (5.7%)	0.010
Hypertension	16 (1.6%)	6 (4.3%)	0.045
Any Grade 1-2 complications	527 (53.4%)	140 (100.0%)	< 0.001
Any Grade 3+ complications	59 (6.0%)	33 (23.6%)	< 0.001