

Methodology We retrospectively reviewed the all cases of abdominal surgery open or laparoscopically from 2017-2020. Patients that was included in the Enhanced Recovery After Surgery Protocol were excluded in order to avoid bias in our outcomes. The parameters that were documented were intraoperative complications, complications during the hospitalization of the patient, readmission of patients, reoperation of patients, patients' comorbidities, the charlson comorbidity index (CCI) and body mass index(BMI) . Secondary events were classified according to the Clavien Dindo classification.

Result(s)* In total 1006 patients records were reviewed. 438 (43,3%) were in patients with advanced stage disease. Mean CCI was 3,5 and BMI 28,78. Class 1 and 2 complication rates were documented in 193 patients (19,1%) . The mean hospitalization times of these patients were 13,1 days in contrast to the uncomplicated patients that was 3,53 days.

Class 3 complications were documented in 54 cases (5,36%). 19 cases were reoperated. The reasons for reoperation were massive hemorrhage in 3 cases, urinary tract complication in 6 cases, surgical wound dehiscence in 5 cases and 5 cases of gastrointestinal tract leakage.

Totally, 12 patients succumbed after surgery. 4 of the patients were emergency operations due to peritonitis, 2 patients succumbed due to complications from respiratory tract infections, in 3 cases from sepsis due to leakage from the gastrointestinal tract and 3 patients from cardiovascular events.

Conclusion* The increased radicality of gynecological oncology procedures increase hospitalization days as well as the perioperative morbidity and mortality.

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HIGH- GRADE POORLY DIFFERENTIATED SARCOMA OF UNKNOWN ORIGIN

C Pappa*, M Abdalla, S Smith, HJ Jiang, H Soleymani Majd. , *Gynaecological Oncology , Oxford*

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Introduction/Background* We present a rare case of high-grade poorly differentiated sarcoma. Due to the advanced nature of the disease this presented significant challenges regarding surgical management.

Methodology A 67-year-old lady with previous caecal cancer presented with significant procidentia descending 4-5cm below the introitus, which was ulcerated and friable. The patient was diagnosed with Covid-19 infection prior to surgery resulting in delayed management and need for prolonged catheterisation due to tumour related urinary retention. Type 3 radical hysterectomy was performed after we devascularized the uterus by division of the uterine artery at origin- the uterus was completely inverted pulling the round ligament, ureters and iliac vessels. Given the fact that it was not clarified whether it is cervical or uterine malignancy and following the LACC trial, we completed all steps via laparoscopy and colpotomy was performed via a 10cm transverse suprabupic incision to avoid spillage.

Result(s)* Histopathology indicated high-grade poorly differentiated sarcoma of unknown origin extending from beyond the cervix within the vaginal vault inwards, enveloping the cervical and lower uterine walls. The endometrium was inactive,

the myometrium did not contain any leiomyomatous or stromal lesion and both adnexa were normal. Catheter was removed 4 months after her presentation.

Conclusion* The cornerstone of the optimal management of such rare and complicated cases is a combination of continuous multidisciplinary team consensus, precise surgical management and close surveillance of the patient.

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LAPAROSCOPIC REPAIR OF LEFT

¹C Yalcinkaya*, ²S Bostan. ¹Umraniye Research Hospital, Gynaecological Oncology, Istanbul, TURKEY; ²Umraniye Research Hospital, ObstetricsandGynaecology, Istanbul, TURKEY

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Introduction/Background* Renal vein injury is a rare but dangerous complication of paraaortic lymphadenectomy, and if happens during laparoscopic procedure; oftenly requires conversion to urgent laparotomy. In this video case, we report a circumaoctic left renal vein injury and its laparoscopically repair.

Methodology In our case, there was a circumaoctic left renal vein. A normal left renal vein passing anterior to the aorta and an accessory left renal vein passing posterior to the aorta. This retroaortic arm injured during paraaortic lymphadenectomy. The injured area was repaired laparoscopically with bulldog clamp and polypropylene sutures. The patient was 63 year old female with endometrial carcinosarcoma.

Result(s)* Our procedure was completed succesfully after the repair as planned. There was no bleeding after repair. The patient was discharged postoperative day 3.

Conclusion* Major vessel injuries during laparoscopic paraaortic lymphadenectomy are a common cause of urgent laparotomy. In this report, we managed the injury laparoscopically.

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OVARIAN CANCER IN BRCA 1 AND BRCA 2 MUTATIONS CARRIERS, CLINICOPATHOLOGICAL FEATURES

¹A Laura, ²MDLR Oliver*, ²E Felipe Pardo, ²J Montero Olmeda, ¹A Sofia, ³M De Miguel Reyes, ²C Alvarez, ²A Tejerizo. ¹Hospital Universitario 12 de Octubre, Gynecological and Obstetrics department, Breast unit; ²University Hospital October 12, Gynecological oncology, Madrid, Spain; ³Hospital Universitario 12 de Octubre, Genetics department

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Introduction/Background* Mutations in the BRCA1 or BRCA2 susceptibility genes are associated with most hereditary breast cancers with an identified pathogenic variant. These genes are implicated in about 5-10% of women with familial ovarian cancer. The aim of this study is to evaluate clinicopathological features of ovarian cancer diagnosed in BRCA1/2 mutations carriers.

Methodology A retrospective descriptive study of all women diagnosed with BRCA gene mutations at a high-volume center between January 2007 and October 2020 was performed. Patients' history of breast and ovarian cancer was collected. IBM SPSS Statistics® v25.0 was used for statistical analyses.

Result(s)* We included 165 patients diagnosed with BRCA1 and BRCA2 mutation, 114 prophylactic salpingo-