

improved R0 resection rates at primary cytoreductive surgery. This study has described select the patients that would achieve the most benefit from primary surgery.

Laparoscopic scoring allowed for a more personalized approach to the management of patients with advanced-stage ovarian cancer at our institution. It resulted in an objective triage of patients to primary cytoreduction or NACT, and improved R0 resection rates at primary cytoreductive surgery. The present study has designed to assess the patients that would experience the maximum benefits from primary surgery.

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HOW TO DO RETROPERITONEAL EN BLOC POSTERIOR PELVIC EXENTERATION IN ADVANCED OVARIAN CANCER: HUDSON-DELLEPIANE PROCEDURE IN 10 STEPS

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10.1136/ijgc-2021-ESGO.480

Introduction/Background* The aim of cytoreduction in advanced ovarian cancer is complete removal of gross disease. Retroperitoneal approach is crucial in radical surgery for advanced ovarian cancer. Hudson-Delle Piane is a radical procedure which allows en-bloc removal of uterus, ovaries, pouch of Douglas peritoneum, recto-sigmoid with a retrograde approach in cases where recto-sigmoid sparing is not an option.

Methodology We present an educational video on how to perform retroperitoneal en bloc posterior pelvic exenteration in advanced ovarian cancer with a step-by-step procedure. The patient was a 52-year-old woman, with body mass index of 21.1 who presented with abdominal pain and distension; the CT-scan showed peritoneal carcinomatosis. The different phases of the Fagotti's score performed at diagnostic laparoscopy to triage for the operability, are demonstrated. The Vizzielli's score was used to determine the risk of post-operative complications in case of primary debulking surgery is also presented.

Result(s)* Immediately after the diagnostic laparoscopy a conversion to laparotomy with a cytoreductive surgery was performed. The Hudson-Delle Piane technique is demonstrated in 10 steps. The surgery lasted 360 minutes and the estimated blood loss was 400 ml. No peri-operative complication was recorded. The histology revealed a FIGO stage IIIC high-grade serous ovarian cancer.

Conclusion* The present video demonstrates that retroperitoneal approach to advanced ovarian cancer with high volume pelvic disease, allows en bloc tumor debulking with safe handling of important structures.

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THE ROLE OF CYTOREDUCTIVE MULTIVISCERAL SURGERY IN OVARIAN GROWING TERATOMA SYNDROME – CASE SERIES

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10.1136/ijgc-2021-ESGO.481

Introduction/Background* Immature teratomas are rare germ cell ovarian tumours occurring in about 1% of ovarian cancers. Growing Teratoma Syndrome (GTS) is a rare clinical situation where seemingly successful chemotherapy is followed by a rapid tumor progression, while tumour markers normalize. Despite radiological progression, the phenomenon is characterised by the maturation of the teratoma, and in most cases there is hardly any immature component left. In these rare cases radical surgical treatment is usually effective and can lead to complete recovery.

Methodology case report

Result(s)* A joint working group of the Department of Gynecology and Department of Genitourinary, Medical Oncology and Clinical Pharmacology of the National Institute of Oncology, Hungary diagnosed three immature ovarian teratoma cases with extended pelvic/abdominal tumor mass which showed progressive growth during and following chemotherapy. In all three cases, we had to perform multivisceral cytoreductive surgery with peritonectomy leading to complete cytoreduction. All patients are currently tumor-free. Postoperative histological findings showed 80-100% maturation, one of them operated 19 years after the primary treatment.

Conclusion* By presenting these 3 patients, our goal is to raise awareness of the possibility of GTS and to emphasize the importance of adequate treatment.

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STUDY OF THE LYMPHATIC MAP AND DETECTION OF THE SENTINEL LYMPH NODE IN OVARIC MASSES WITH SUSPECTED MALIGNANCY

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10.1136/ijgc-2021-ESGO.482

Introduction/Background* Systematic pelvic and paraortic lymphadenectomy is part of the initial epithelial ovarian cancer (EOC) staging surgery but this procedure is associated with potential severe morbidity. Moreover, there is no evidence suggesting a possible therapeutic value. The detection of the sentinel lymph node (SLN) in the early stage of EOC is in the experimental phase and there is little literature about it. This study evaluates the lymphatic mapping with radiotracer and indocyanine green (ICG) and the detection of ovarian SLN.

Methodology Prospective cohort study in ovarian masses suspected of malignancy or re-staging surgery after confirmed malignancy. Albumin [^{99m}Tc] Tc-nanocolloid was injected into the utero-ovarian and infundibulo-pelvic ligaments. After 15 minutes, intraoperative images were acquired with a portable gammacamera. Subsequently, the adnexectomy and intraoperative pathological analysis were performed. In the cases in which malignancy was confirmed, ICG was injected proximally to the sectioned area of the ligaments and the lymphatic chains were traced with the fluorescence camera prior to the pelvic and paraortic lymphadenectomy. Ultrastaging of the SLN was done. The follow-up for possible adverse events lasted 30 days after surgery.

Result(s)* 20 patients were included between September-2020 and May-2021. Ovarian carcinoma was confirmed in 8 (40%) cases. In all cases gamma probe was used, in 60% the gamma camera and 40% the fluorescence camera. Some SLN was