

infiltration with DW-MRI had a sensitivity, specificity and accuracy of 76.2%, 84.4% and 82.9% respectively. Association of both techniques increased sensitivity and specificity up to 84.6% and 93.2% and provided a low false negative rate (2.3%).

Conclusion* The combination of 3D-TVUS and DW-RMI offers a high sensitivity and specificity to identify deep myometrial infiltration in patients with endometrioid G1 or G2 EC, thus these patients might benefit from performance of both techniques in preoperative evaluation.

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THE SIGNIFICANCE OF SINGLE VERSUS MULTIPLE POLYPS AT HYSTEROSCOPY IN POST MENOPAUSAL BLEEDING

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Introduction/Background* The significance of endometrial polyps in women presenting with post menopausal bleeding (PMB) is uncertain, with variable risk of malignancy between 3.5% and 6%. Outpatient hysteroscopy is now the standard of care for endometrial assessment with hysteroscopic polypectomy is increasingly performed in this setting. We aimed to establish the relevance and malignancy risk in women with solitary or multiple polyps presenting with PMB.

Methodology A retrospective review of prospectively recorded data between October 2017 and December 2019; during which 449 patients underwent outpatient hysteroscopy and polypectomy for bleeding. Records were interrogated for patient, procedural and histological factors.

Result(s)* The mean age of patients undergoing polypectomy was 63 [IQR 55-70] years. Of these only 69/449 (15%) did not have polyps detected on ultrasound prior to hysteroscopy. Vaginoscopic hysteroscopy was attempted in 398 cases was successful in 359 (90%) of cases. Quality of assessment was determined by stated visualization of both ostia, this was achieved in 400 (89%) cases. Only 98 cases (21%) were described as difficult of which the main causes were cervical stenosis, cervical tortuosity or uterine lie.

For patients undergoing a single polypectomy (n=286). 276 cases were benign, 9 had hyperplasia without atypia, 7 had hyperplasia with atypia and 17 had cancers with one sample insufficient.

For patients undergoing multiple polypectomy (n=162). 137 cases were benign, 10 had hyperplasia without atypia, 7 had hyperplasia with atypia and cancer was diagnosed in 21.

The rate of cancer in multiple polyps and single polyps was 13% and 6% respectively, with multiple polyps conveying a 2.04 x increased risk of malignancy.

Conclusion* Outpatient polypectomy is a safe and well tolerated procedure with low complication rates. Multiple polyps can be resected in outpatient see-and-treat setting and should be encouraged due to the increased rates of cancer seen in those with multiple polyps.

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ABSTRACT WITHDRAWN

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TRANSVAGINAL ULTRASOUND-GUIDED CORE BIOPSY—OUR EXPERIENCES IN A COMPREHENSIVE CANCER CENTRE

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Introduction/Background* Histological diagnosis of female pelvic tumours is essential in their adequate and early clinical management. Ultrasound-guided biopsy is a routine diagnostic method to obtain tissue samples and used widely in different types of tumours. Pelvic solid masses can be biopsied via transabdominal, transvaginal, transrectal or transperineal routes. Generally, lesions located deep within the female pelvis are not easy to access transabdominally due to various bowel loops, major vessels, uterus, urinary bladder and ureter being in the path of the needle.

Methodology We report our experience of transvaginal ultrasound (TVUS)-guided core biopsies involving 303 patients referred to the gynaecological ultrasound unit of our national comprehensive cancer centre. All patients who underwent a transvaginal, ultrasound-guided core needle biopsy sampling between March 2019 and December 2020 were included.

Result(s)* Adequate histologic specimens were obtained in 299 patients (98.7%). The most common sites of biopsy sampling were the adnexa (29.7%), the vaginal stump or wall (13.5%), the uterus (11.6%) and the peritoneum (10.2%). Malignancy was confirmed in two-thirds of patients (201/303) and a primary malignancy was diagnosed in 111 of the 201 histologically verified malignant cases (55.2%). Interestingly, 23.9% (48/201) of malignant tumours were proven to have a non-gynaecological origin. Among them, gastrointestinal tumours occurred the most frequently (31/48 patients). Three abscesses were discovered following the biopsy procedure, resulting in a complication rate of 1%. In 94 (31%) patients, subsequent surgery allowed the comparison of the ultrasound-guided and surgically obtained histologic results. We found inaccuracy in 12 cases (12.8%), which is discussed in this paper in detail. Sensitivity, specificity, PPV and NPV to diagnose malignancy was 94.8%, 94.1%, 98.7% and 80.0%, respectively.

Conclusion* According to our experience, TVUS-guided NCB is a safe and effective histological sampling procedure, providing adequate tissue for pathological evaluation in 99% of cases. It can reliably guide therapy as its performance is satisfactory compared to surgically obtained histology. As infectious complications might rarely occur, routine preoperative vaginal disinfection is suggested. In case of the suspicion of malignancy despite negative biopsy histology, further investigation is proposed due to the 80% NPV.

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BONE SCAN IN GYNECOLOGICAL CANCER

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Introduction/Background* Bone metastases of gynecological cancer are rare. To complete the initial staging of the disease,