conservatively (preservation of the uterus and at least a part of one ovary) to promote subsequent fertility were specifically analyzed.

Results Between 1971 and 2017, 212 patients were identified and followed-up. Among these patients, 65 underwent conservative treatment; eight patients had invasive implants. Among patients treated conservatively, 38 (58%) patients recurred. Twenty-eight recurrences were observed under the form of borderline tumor on the spared ovary and/or noninvasive implants, but eight patients had a recurrence under the form of invasive disease. Compared with radical surgery, the use of conservative treatment ($p < 0.0001$) was a prognostic factor on disease-free survival (DFS), but without an impact on overall survival (OS). Nevertheless, three deaths occurred. Twenty-four pregnancies (13 spontaneous) were observed in 20 patients (29 patients wanted to become pregnant).

Conclusion In this series collecting the largest number of patients undergoing conservative surgery for stage II/III SBOTs, spontaneous pregnancies can be achieved after conservative treatment of advanced-stage disease, but the recurrence rate is high and three deaths were observed. These patients were spared their fertility but with a high rate of recurrence. Uncertainties regarding the safety of conservative treatment should be exposed to these patients.

2022-RA-427-ESGO THE RESULTS OF FERTILITY-SPARING TREATMENT AND OBSTETRIC OUTCOMES IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA AND EARLY ENDOMETRIAL CANCER: A CASE SERIES FROM BELARUS

[1]Alena G Milishkevich, [1]Siarhei A Mavrichev, [1]Olga P Matylevich, [1]Alena V Dalamanava, [2]Sviatlana Y Shelkovich. *[1]NN Alexandrov National Cancer Centre of Belarus, Minsk, Belarus; [2]Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus*

10.1136/ijgc-2022-ESGO.365

Introduction/Background Atypical endometrial hyperplasia (AEH) is an obligate precancer of the endometrium, which in terms of standard treatment, like the treatment of endometrial cancer (EC), involves the removal of the uterus. By the time of the primary diagnosis of AEH and EC, 5–7% of women are below 45 years at diagnosis have not completed childbearing. In these cases, the use of alternative therapies to preserve fertility and the possibility of delayed motherhood is very relevant. The aim of this study was to evaluate oncologic and reproductive outcomes in young women with AEH/EC, who underwent fertility-sparing treatment.

Methodology The study included data from 64 patients (AEH – 48, EC – 18) who were treated at NN Alexandrov National Cancer Centre (November 2017 – April 2022). The median age was 33 (range 20–42) years. After performing hysteroresectoscopy the following hormone therapy schemes were used: 1) levonorgestrel releasing intrauterine device (LNG-IUD), 2) medroxyprogesterone (500 mg/d orally), 3) LNG-IUD + GnRH analogues (3.75 mg orally once per 28-day, no.3). The duration of treatment was 3–6 months.

Results Median follow-up time was 17.7 (range 1–55) months. A complete response (presence of endometrial atrophy in the morphology report) was noted in 47/48 (98.0%) and 14/18 (78.0%) patients, respectively. After hormonal therapy of AEH, spontaneous pregnancy occurred in 10 (21.3%) women: in two of them it ended in term delivery, in 8 – in spontaneous miscarriages. After hormone therapy of an EC, pregnancy occurred in 4 (28.6%) patients, in 2 cases the pregnancy ended in term delivery.

Conclusion In our study, the fertility-sparing approach demonstrated a safe and effective outcomes in young women with AEH/EC (complete response rates – in 98.0% and 78.0% patients, respectively; fertility rates – 21.3% and 28.6%, respectively) because patient selection, treatment, and follow-up were centralized and limited to a single Cancer Center.

2022-VA-578-ESGO TRANSVAGINAL SINGLE PORT LAPAROSCOPIC FOR LEFT OVARIAN CYST REMOVAL AND BILATERAL TUBAL ANASTOMOSIS

Ling Min, Lin Chen. *Obstetrics and Gynecology, West China Second Hospital of SChuan University, ChenDu,SChuan, China*

10.1136/ijgc-2022-ESGO.366

Introduction/Background With the opening of China's fertility policy, more and more 'Single Child Families' have the need to have children again.However, China's 'Family planning' has been carried out for decades. Under the influence of this policy, many women will choose to have their fallopian tubes ligated to avoid the risk of accidental pregnancy after they have given birth to a child. For these women, it is particularly important to restore the normal function of their fallopian tubes.The patient in this video was found to have a left ovarian cyst (50×48×60 mm) during regular physical examination, and she had a need to have a second child, so the indications for surgery were clear.In addition, the patient is a model, and she hopes that there is no scar on her abdomen. After detailed communication, transvaginal single port laparoscopic technique is proposed to complete the operation.

Methodology Transvaginal single port laparoscopic for left ovarian cyst removal and bilateral tubal anastomosis.

Results The operation was smooth and the fallopian tube anastomosis was successful.The operation took 90 minutes and the blood loss was about 15 ml. The patient aerofluxused and urinated 4 hours after operation, and was discharged on the third day after operation. There were no surgical complications.Pathological diagnosis of left ovarian cyst:mature cystic teratomas of the ovary.The patient was reexamined three months after operation:TVS: No abnormality was observed in uterus and bilateral appendages.HSG: Contrast agent was found in both oviduct and diffused in pelvic cavity.

Conclusion Transvaginal single port laparoscopic surgery fully embodies the concept of 'transvaginal natural passage', which is more minimally invasive, effective and safe than traditional laparoscopic surgery. On the premise of strictly mastering the indications, it can be used for micro non-invasive surgical treatment of gynecological diseases.