Conclusion PRIMMO did not show sufficient evidence of a positive risk-to-benefit ratio to recommend a confirmatory phase III trial.

Abstracts

THE IMPACT OF COVID-19 ON GYNAECOLOGICAL ONCOLOGY SURGERY

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Introduction/Background COVID-19 pandemic affects all fields, including gynaecology surgery, as 19% of deaths correlate with surgeries. This study aims to examine the effect of COVID-19 pandemic on gynaecological oncology surgery at Dr. Hasan Sadikin Hospital, Bandung, Indonesia.

Methodology This study was a retrospective analysis on elective gynaecological oncology surgeries at Dr. Hasan Sadikin Hospital from January 2020 – December 2021. Surgery delays due to COVID-19 was analysed based on parameters such as age, comorbidities, COVID-19 status, Cycle of Threshold (CT)-value, outcome, and interval from initial schedule to actual surgery execution.

Results The highest number of surgery cancellations occurred in May to August 2021. Out of the 42 gynaecology surgeries cancelled due to COVID-19, 21 of them (50%) were gynaecological oncology patients with mean age of 44.7±15.1 years. Two patients (9.5%) who had suspected case of COVID-19, while 19 patients (90.5%) had confirmed case of COVID-19. Fifteen out of 21 patients (71.4%) had comorbidities. Confirmed COVID-19 patients with comorbidities had lower mean CT value compared to those without comorbidities (32.19±7.38 Vs 37.02±1.26). There were 14 (66.7%) gynaecological oncology patients who underwent surgery after recovering from COVID-19, five (23.8%) who did not come back for follow-up, and two (9.5%) who died. Patients who died both had comorbidities with CT values of 28 and 16, respectively. Patients with comorbidities had longer duration of surgery rescheduling compared to those without comorbidities (118.5 ±96.60 Vs 9.5±6.36).

Conclusion In 2021, there were more elective gynaecological oncology surgeries scheduled and cancelled due to COVID-19 compared to 2020. COVID-19 patients with comorbidities tended to have lower CT values and longer surgery rescheduling. Mortality occurs only in comorbid patients. Education and counselling regarding risk of surgery delays compared to COVID-19 need to be delivered.

ENDOMETRIAL STROMAL NODULE: A RARE ENTITY. REPORT OF 2 CASES

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Introduction/Background Endometrial stromal tumors are classified according to their histological characteristics as Endometrial Stromal Nodule (ESN), Low-grade Endometrial Stromal Sarcoma (LGESS), High-grade Endometrial Stromal Sarcoma (HGESS) and Undifferentiated Uterine Sarcoma (UUS). ESN is a rare neoplasm cytologically similar to low-grade endometrial stromal sarcoma, but it is distinguished by its non-invasive capacity and is considered a benign lesion.

Methodology We describe two cases of women with endometrial stromal nodules who underwent total abdominal hysterectomy. The patients were 49 and 54 years old, respectively, and presented with abnormal menstrual bleeding.

Results Histopathologically, several rounded tumors with a myomatous appearance were identified, the largest being 7 x 5 cm, and a 2 cm vascularized lesion with cellular tabs reminiscent of the endometrial stroma without lymphovascular invasion or mitosis. The morphological and immunohistochemical findings are compatible with an endometrial stromal nodule. Low cell proliferation (4 mitoses/10 high power fields