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

THE IMPACT OF COVID-19 ON GYNAECOLOGICAL ONCOLOGY SURGERY

Fedia Erfandi, Al Budi Harsono, Siti Salima. Obstetrics and Gynecology, Faculty of Medicine Universitas Padjadjaran – Dr. Hasan Sadikin Hospital, Bandung, Indonesia

10.1136/ijgc-2022-ESGO.402

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%) 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). 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.

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 risk of increasing peri-operative mortality and morbidity due to COVID-19 need to be delivered.

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

1Amina Lubrano Rosales, 1Elena Perez Morales, 2Francisco Granados Pacheco, 2Lauroena Leon Aronobia, 2Aranza Ruiz del Pozo Lodo, 1Elena Cortes Cros. 1Gynecology, Complejo Hospitalario Universitario MaternoInfantil de Canarias, Las Palmas de G.C., Spain; 2Pathology, Complejo Hospitalario Universitario MaternoInfantil de Canarias, Las Palmas de G.C., Spain

10.1136/ijgc-2022-ESGO.404

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 than 0.2% of all ovarian tumors; they are most often responsible for virilization syndrome.

Methodology We report the case of a 57-year-old woman who presented with postmenopausal virilism for 2 years revealing a well-differentiated Sertoli-Leydig cell tumor of the ovary.

Results A 57-year-old patient, with a history of type 2 diabetes, arterial hypertension, hypothyroidism. The history of the disease was marked by the progressive installation of signs of virilization (hirsutism, hoarseness, hypertricosis, hair loss), a high level of testosterone was found. The scanner showed a hypodense formation at the level of the right ovary of 24 mm. The patient was discharged under cyproterone acetate, with clinical and biological monitoring. Four years later, she was rehospitalized in the face of the persistence of signs of virilism. She presented an abnormal hair distribution (severe hirsutism with Ferriman and Gallway SCORE over 25). Gynecological examination showed an enlarged clitoris, atrophy of the vaginal mucosa, the cervix was healthy. The intravaginal ultrasound was without abnormality. The patient underwent laparoscopic surgery. Intraoperatively, the ovaries were small, without mass, the uterus and fallopian tubes were without abnormality, there was no peritoneal carcinomatosis. A bilateral adnexectomy was performed. Clinical improvement of the signs of virilization was noticed 3 weeks later. The histological examination of the specimen revealed a hilar Leydig cell tumor that measured 8 mm in its largest axis.

Conclusion Stromal tumor and sex cords are very rare, sertoli-leydig cell tumors are the most. The differentiated forms have a low potential for malignancy, the treatment is surgical, the prognosis after surgery is good.

OVARIAN LEYDIG CELL TUMOR: CAUSE OF VIRILIZATION IN A POSTMENOPAUSAL WOMAN

1Mariem Garci, 2Siham Bouzidi, 3Sawssem Armi, 2Cyrine Belghith, 2Olfa Slimani, 2Nabil Mathlouthi, 1Charels nicolle Hospital, Tunis, Tunisia; 2Charles nicolle Hospital, Tunis, Tunisia

10.1136/ijgc-2022-ESGO.403

Introduction/Background Sertoli-Leydig tumors are hormone-secreting tumors, which belong to the group of stromal tumors and sex cords; they are very rare, it accounts for less than 0.2% of all ovarian tumors; they are most often responsible for virilization syndrome.

Methodology We report the case of a 57-year-old woman who presented with postmenopausal virilism for 2 years revealing a well-differentiated Sertoli-Leydig cell tumor of the ovary.

Results A 57-year-old patient, with a history of type 2 diabetes, arterial hypertension, hypothyroidism. The history of the disease was marked by the progressive installation of signs of virilization (hirsutism, hoarseness, hypertricosis, hair loss). A high level of testosterone was found. The scanner showed a hypodense formation at the level of the right ovary of 24 mm. The patient was discharged under cyproterone acetate, with clinical and biological monitoring. Four years later, she was rehospitalized in the face of the persistence of signs of virilism. She presented an abnormal hair distribution (severe hirsutism with Ferriman and Gallway SCORE over 25). Gynecological examination showed an enlarged clitoris, atrophy of the vaginal mucosa, the cervix was healthy. The intravaginal ultrasound was without abnormality. The patient underwent laparoscopic surgery. Intraoperatively, the ovaries were small, without mass, the uterus and fallopian tubes were without abnormality, there was no peritoneal carcinomatosis. A bilateral adnexectomy was performed. Clinical improvement of the signs of virilization was noticed 3 weeks later. The histological examination of the specimen revealed a hilar Leydig cell tumor that measured 8 mm in its largest axis.

Conclusion Stromal tumor and sex cords are very rare, sertoli-leydig cell tumors are the most. The differentiated forms have a low potential for malignancy, the treatment is surgical, the prognosis after surgery is good.