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**

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

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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%) had suspected case of COVID-19, 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.

**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 compared to those without comorbidities (118.5±96.60 Vs 9.5±6.36).

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

1Mariem Gari, 2Siham Bouzidi, 3Sawssem Armi, 2Cyrine Belghith, 2Ofila Slimani, 2Nabil Mathlouthi, 1Charels Nicole Hospital, Tunis, Tunisia; 2Charels Nicole Hospital, Tunis, Tunisia

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**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 adnexitomy 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.

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

1Amina Lubrano Rosales, 1Elena Perez Morales, 1Francisco Granados Pacheco, 2Laurenio Leon Aroldia, 2Aranca Ruiz del Pazo Lodo, 1Elena Cortes Coss, 1Gynecology, Complejo Hospitalario Universitario Materno Infantil de Canarias, Las Palmas de G.C., Spain; 2Pathology, Complejo Hospitalario Universitario Materno Infantil de Canarias, Las Palmas de G.C., Spain

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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

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**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 adnexitomy 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.
and Ki 67 < 5%). Positivity for CD 10 and ER and PR focally for Vimentin and negativity for Caldesmon and Actin.

Conclusion ESN is described as a nodule composed of endometrial stromal cells located in the myometrium. It is characterized by its circumscribed and non-invasive nature. From the histological point of view, cell tabs simulating infiltration of less than 3 mm and without vascular invasion are typical. Generally, the definitive diagnosis is made in a hysterectomy sample, because an evaluation of the tumor edges is required to eliminate an LGESS and immunohistochemical criteria are required.

Abstract 2022-RA-744-ESGO Figure 1 Proportion of patients with complete hepatitis B triple-screening at initiation of gynecologic chemotherapy (P-Chart)

Abstract 2022-RA-744-ESGO Figure 2 Proportion of gynecologic chemotherapy prescribers ordering HBV screening with chemotherapy initiation (Run Chart)

Abstract 2022-RA-778-ESGO RARE GYNECOLOGICAL CANCERS IN A GYNECOLOGIC CANCER CENTER: 11-YEAR EXPERIENCE OF KEM

Introduction/Background Many gynecologic cancers fulfill the criteria of a rare tumor with an annual incidence of <6 per 100,000 women. As these tumor entities are difficult to treat, specialized knowledge and skills are necessary. We analyzed the 11-year experience with rare tumors in a tertiary gynecologic oncology center.

Methodology All consecutive patients with rare gynecological cancers treated at our department between 2011 and 2021 were included.

Conclusion Implementation of four interventions to increase HBV screening in gynecologic oncology chemotherapy patients significantly improved screening rates, achieving our target at 9 months with sustained improvement. Risk factor-based screening lacks sensitivity compared to universal screening which impacts management.