

neoplasma in appendix and adenomyosis of the ureters. The result of the surgery was complete realising from the pain and tailored surgery on colon and ileum due to low grade neoplasma of appendix.

**Conclusion** Laparoscopy is a perfect method for both tailored and radical surgery in DIE and early stages of cancer as LAMN.

### 2022-VA-1059-ESGO OMENTAL FLAP AS A SPACER TO REDUCE ACUTE BOWEL TOXICITY AFTER ADJUVANT RADIOTHERAPY

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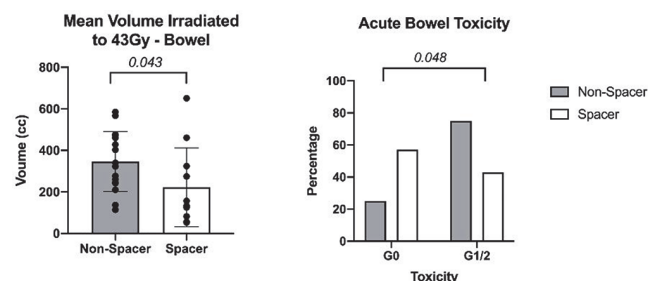
10.1136/ijgc-2022-ESGO.429

**Introduction/Background** Adjuvant pelvic radiotherapy is recommended for selected high-risk patients with cervical and endometrial cancer after surgery. However, the segment of bowel that replaces the empty space in the pelvis may receive an unintentionally high dose of radiation, which increases bowel toxicity. This video and the accompanying data described the use of an omental flap as a spacer to reduce post-radiation bowel toxicity after adjuvant radiotherapy for gynaecological cancers.

#### Methodology

**The Technique** The omentum was mobilised and separated from the hepatic flexure of the transverse colon. The flap was then brought into the pelvis along the left paracolic gutter and placed between the rectum and bladder. There is also the option to mobilise the omentum from the greater curvature of the stomach. Finally, the omental flap was secured with interrupted 2.0 Vicryl sutures to the bladder and lateral pelvic peritoneum.

**Outcome data** Patients who received adjuvant radiotherapy who had data on radiation dosage administered, radiation dosage received on bowel and acute toxicity were included.



Abstract 2022-VA-1059-ESGO Figure 1

**Results** The results of 38 patients who have received adjuvant radiotherapy between 2011–2021 were evaluated (14 had spacers; 24 did not have spacers). There was no significant difference in age, cancer sites, length of follow-up, radiation dosage received (45Gy for both groups) between the two groups. Patients who had spacers had significantly lower

volume of bowel receiving high dose (43Gy) of radiation (133 cc versus 331.5 cc;  $p=0.043$ ) and less acute toxicity (42.9% versus 75% G1/2 acute toxicity;  $p=0.048$ ), compared to the non-spacer group.

**Conclusion** The use of omental spacers could reduce post-radiation acute bowel toxicity; its use should be routinely considered in patients undergoing gynaecological cancer surgery who are likely to require adjuvant radiotherapy.

### 2022-RA-1062-ESGO UTERINE GRANULOCYTIC SARCOMA AS AN EXTRA-MEDULLARY RELAPSE OF ACUTE MYELOID LEUKAEMIA IN AN ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION RECIPIENT

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10.1136/ijgc-2022-ESGO.430

**Introduction/Background** Myeloid Sarcoma (MS) is an uncommon condition characterised by proliferation of immature myeloid cells in extra-medullary sites. The most common are lymph nodes, central nervous system, bones, and soft tissues. MS of the gynaecological tract is rare, especially in the uterine cervix. Patients with acute myeloid leukaemia (AML) are prone to have MS at any moment of the disease, especially after bone marrow transplantation (BMT).

**Methodology** Molecular biology, immunohistochemical and immunophenotypic analysis of an unusual case of MS in the cervix without evidence of bone marrow recurrence, two years after an allogeneic BMT.

**Results** A nulliparous 32-year-old patient, attending the haematological service due to AML since 2018 at a quaternary Brazilian Naval Hospital, complained of neuropathic and acute abdominal pain. Clinical examination revealed several soft tissue tumorations resembling MS and an abdomen/pelvic magnetic resonance imaging (MRI) peculiarly demonstrated a large uterine mass with compression of the right ureter and pyelocalyceal dilation. Gynaecological clinical exam exhibited a large violaceous mass about 4 cm with anterior and right vaginal wall infiltration. The hypothesis was primary cervical cancer stage IV. The biopsy revealed a massive infiltration of immature myeloid cells with the expression of anti-ERG and myeloperoxidase antibodies. The immunophenotypic analysis of the bone marrow aspirates showed the patient still had a complete remission with minimum residual disease (MRD) negative and a variable number of tandem repeats (VNTR) with full donor chimerism. The patient started chemotherapy with a hypomethylating agent and BCL-2 inhibitor Venetoclax.

**Conclusion** Decision making on the treatment of cervical MS is challenging due to the absence of gynaecological classification guidelines. In patients in this age group with no offspring, the choice of therapy should consider the fertility issue. Finally, MS should be a differential diagnosis in a patient with a uterine mass and a previous medical history of AML.