LONG TERM FOLLOW-UP AND OUTCOMES OF BORDERLINE OVARIAN TUMOURS – A TEN YEAR REVIEW OF THE SOUTH EAST WALES GYNAECOLOGICAL ONCOLOGY CENTRE (SEWGOC)

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Introduction/Background Borderline ovarian tumours (BOT) are low malignant potential tumours. There is no consensus on how best to follow up those patients. The aim of this service evaluation project is to assess our current management and long-term outcomes and follow up in women diagnosed with borderline ovarian tumours over a ten-year period.

Methodology All women with confirmed histological diagnosis of BOT who underwent primary surgery at SEWGOC between 1st January 2007 to 31st December 2016 were included. Retrospective review of patients’ electronic medical records was undertaken. Information regarding FIGO stages, management (fertility preserving surgery/pelvic clearance), follow up and recurrence were analysed.

Results Seventy-nine patients were diagnosed with BOT. The mean age was 48 years (range 18 – 86). Of these, 67 were stage I, 4 stage II and 8 stage III. Fertility sparing surgery (mean age 38) was performed in 32 patients (30 stage I, 2 stage III). Of these, 22 had follow-up. Four of 32 (12.5%) had recurrences. Pelvic clearance (mean age 55) was undertaken in 47 patients. Of these, 23 had follow up. Three of 47 (6%) patients presented with recurrence. All recurred within 5 years.

Conclusion This evaluation shows that recurrence in women who undergo fertility sparing surgery is doubled versus pelvic clearance. All patients with recurrence presented with symptoms within 5 years of initial surgery. Symptom-led follow up could be a suitable modality especially in those who underwent pelvic clearance.

INTRODUCTION/BACKGROUND Laparoscopic surgery for female patients with high BMI is still challenging despite it has been shown safe in obese patients. According to available literature, laparoscopic to laparotomic conversion rate in these patients is 57%, mostly for inadequate surgical exposure and anaeasthetics indications. The aim of this prospective study is to assess feasibility, laparotomic conversion rate and perioperative complications after low-pressure laparoscopy (LPL) using a new subcutaneous abdominal wall-retraction device (LaparoTenser) in morbidly obese patients with gynecological diseases.

Methodology Inclusion criteria were patients aged > 18 years, with BMI >30 kg/m2 who were eligible for laparoscopic surgery for gynaecological disease. We excluded patients with preoperative diagnosis of extra-uterine disease and contraindication to upfront general anesthesia/mini-invasive surgery. Anamnestic, surgical, postoperatively complications and hospitalization related data were prospectively collected.

LOW PRESSURE LAPAROSCOPIC PROCEDURES IN MORBIDLY OBESE GYNECOLOGICAL PATIENTS USING A NEW SUBCUTANEOUS ABDOMINAL WALL-RETRACTION DEVICE: A SAFETY AND FEASIBILITY STUDY

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Results We enrolled 24 patients since October 2020 to May 2022. Table 1 summarizes the main characteristics of patients included in the study. The operating field visualization was optimal in 23 out 24 cases (95.8%) with a median (range) CO2 pressure of 3 (3–5) mmHg. Conversion rate for inadequate exposure was 4.1% (1/24). 2/24 patients underwent laparotomic conversion to be radically treated because of advanced disease. Operative time, blood loss, and hospital stay were similar to standard laparoscopy. No intraoperative
complication or complication requiring second surgery was reported. One hematoma related to insertion of the subcutaneous needle of the wall lifter occurred and solved spontaneously. Early complications rate was 4.1% considering Dindo Classification ≥ 2.

Conclusion LPL with LaparoTenser device is a feasible and safe technique. The subcutaneous retractor may assist both surgeon and anaesthesiologist creating a large intra-abdominal operative space using low-pressure, reducing hemodynamic and respiratory risks due to high pressure and consequently the conversion risk. Further studies could confirm our results.

Introduction/Background Increased cancer prevalence among women is alarming. Modifiable risk factors account for more than four out of ten cancer-related deaths. This study aimed to investigate the prevalence of exposure to modifiable risk factors along with telomere shortening and DNA damage among women.

Methodology The participants were 134 women without any known medical illness, aged 20–50 years. Validated questionnaires assessed physical activity (PA), working pattern, smoking habits, body mass index (BMI), sleep quality, and psychological distress. Leucocyte telomere length (LTL) and DNA damage levels were evaluated. Hair heavy metals were quantified using inductively coupled plasma-mass spectrometry.

Results The mean values (±SE) of BMI and LTL were 26.3 ±0.5 kg/m² and 544.9±26.2 bp, respectively. Whilst only 4% of the participants were smokers, 62% were secondhand smokers. Most participants reported sleep disturbance (95.6%), difficulty in sleep latency (73.1%); 44.8% were poor sleepers. The majority of participants (63.4%) were physically inactive. PA did not meet WHO recommendations and walking contributed the most to the total PA. Psychological distress profile score showed a normal depression and stress levels with a mild level of anxiety. Notably, 56% of the participants were overweight or obese, 35% had abdominal obesity, 48% had at least one metabolic risk factors with 96.3% had vitamin D deficiency (< 50 nmol/L). The amount of fruits and vegetable intake did not meet the Malaysia Dietary Guideline. The prevalence of those who had higher than the normal limit for hair arsenic, cadmium, mercury, lead and chromium were 1.3%, 3.7%, 4.5%, 16.4%, and 66.4% respectively. Also, 50.7% had raised% of tail DNA, and 11.2% had raised tail moment indicating DNA damage.

Conclusion The exposure to cancer risk factors were high among this population, and the potential impact was seen in DNA damage level and telomere shortening, possibly explaining the increasing incidence of cancer.

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PREVALENCE OF EXPOSURE TO CANCER RISK FACTORS AMONG APPARENTLY HEALTHY CHILDBEARING AGE WOMEN
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Introduction/Background We present the case of a 76-year-old woman who presented with vague lower abdominal pain, diarrhea and vomiting. She was hypotensive and tachycardic at the Emergency Department. This rapidly improved upon intravenous fluid hydration and left lateral tilt. She had a distended abdomen with a 24-week sized uterus. Ultrasound pelvis showed multiple enlarged fibroids. She developed worsening intestinal obstruction.

Methodology A computed tomography (CT) scan showed multiple enlarged fibroids, showing a whorled appearance via a stalk. This suggested a torsion either of a large pedunculated fibroid or possible torsion of the uterus. The descending colon was compressed by this mass and there was mild dilatation of the small bowel, with hemorrhagic contents in the pelvis.

She underwent surgery Intra-operatively, blood stained ascites was found, and the uterus was enlarged with multiple fibroids. The uterus was torted 3 times at the isthmus and both fallopian tubes and ovaries appeared hyperemic. The patient underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Histology showed hemorrhage in the myometrium and extensive hemorrhagic infarction of the fallopian tubes and ovaries, in keeping with uterine torsion. There was no malignancy.

Results Uterine torsion is defined as a rotation of greater than 45 degrees along the longitudinal axis of the uterus. This is uncommon in the gravid uterus, and is an even rarer occurrence in the elderly population. An enlarged fibroid uterus is a risk factor. Torsion of the uterus is a difficult diagnosis to make based on ultrasound alone, and CT imaging as well as laparotomy helped clinched the diagnosis. A high index of suspicion is required.

Conclusion Uterine torsion is rarely reported in the literature. It is difficult to diagnose but is an important consideration as an unrecognised torsion and delay of surgical treatment may lead to serious complications such as hemorrhage, coagulopathy and sepsis.

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ACUTE TORSION OF THE ENLARGED FIBROID UTERUS IN A POSTMENOPAUSAL WOMAN
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Introduction/Background Herein, we report a case of apparent acute torsion of the enlarged fibroid uterus in a postmenopausal woman which presented with vague lower abdominal pain, diarrhea and vomiting.

Methodology A computed tomography (CT) scan showed multiple enlarged fibroids, showing a whorled appearance via a stalk. This suggested a torsion either of a large pedunculated fibroid or possible torsion of the uterus. The descending colon was compressed by this mass and there was mild dilatation of the small bowel, with hemorrhagic contents in the pelvis.

She underwent surgery Intra-operatively, blood stained ascites was found, and the uterus was enlarged with multiple fibroids. The uterus was torted 3 times at the isthmus and both fallopian tubes and ovaries appeared hyperemic. The patient underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Histology showed hemorrhage in the myometrium and extensive hemorrhagic infarction of the fallopian tubes and ovaries, in keeping with uterine torsion. There was no malignancy.

Conclusion Uterine torsion is rarely reported in the literature. It is difficult to diagnose but is an important consideration as an unrecognised torsion and delay of surgical treatment may lead to serious complications such as hemorrhage, coagulopathy and sepsis.

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PSEUDOMYXOMA PERITONEI ARISING FROM MATURE OVARIAN TERATOMA: A CASE REPORT AND REVIEW OF CURRENT LITERATURE
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Introduction/Background Pseudomyxoma peritonei (PMP) is a clinical syndrome characterised by disseminated mucinous deposits within the peritoneal cavity. Majority of PMP arises from ruptured low-grade appendiceal mucinous neoplasm (LAMN). PMP arising from ovarian teratoma is a rare entity with limited case reports in the literature. Herein, we report a