

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 LaparoTensor 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.

2022-RA-1087-ESGO PREVALENCE OF EXPOSURE TO CANCER RISK FACTORS AMONG APPARENTLY HEALTHY CHILDBEARING AGE WOMEN

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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 habit, body mass index (BMI), sleep quality, and psychological distress. Leucocyte telomere length (LTL) and DNA damage were evaluated. Hair heavy metals were quantified using inductively coupled plasma-mass spectrometry.

Results The mean values (\pm SE) of BMI and LTL were $26.3 \pm 0.5 \text{ kg/m}^2$ and $5544.9 \pm 26.2 \text{ bp}$, respectively. Whilst only 4% 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 ($< 50 \text{ nmol/L}$). 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 1.5%, 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.

2022-RA-1097-ESGO ACUTE TORSION OF THE ENLARGED FIBROID UTERUS IN A POSTMENOPAUSAL WOMAN

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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 torsted 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 unrecognised torsion and delay of surgical treatment may lead to serious complications such as hemorrhage, coagulopathy and sepsis.

2022-RA-1118-ESGO 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

case of PMP arising from malignant transformation of a mature teratoma, followed by review of current literature.

Methodology

Case presentation A 57-year-old female presented to gynaecology clinic with abdominal distension and radiological findings of a large pelvic mass and large volume mucinous ascites. At laparotomy, a pre-operatively ruptured 30 cm right ovarian mucinous mass, with 20L of gelatinous mucinous ascites and mucoid material adherent to multiple peritoneal surfaces (Peritoneal Cancer Index 23) in keeping with PMP was found. An incomplete cytoreduction was performed. A high grade appendiceal-like mucinous neoplasm arising in mature teratoma was diagnosed, with positive CK7 and CK20 staining. The appendix was microscopically normal. Peritoneal mucoid deposits were found to be acellular. Recommendation was made for conservative management with no further cytoreductive surgery or hyperthermic intraperitoneal chemotherapy (HIPEC). Patient has no evidence of progression at 3 months post-surgery.

Results There are 13 published manuscripts describing PMP arising from ovarian teratoma with a total of 29 cases. Immunohistochemistry profile including CK7 and 20 appear to be variable. Most cases were treated with cytoreductive surgery, with a small number of cases having adjuvant chemotherapy or HIPEC. The risk of intra-abdominal recurrence in patients treated for PMP arising from ovarian teratoma remains unknown, however this review indicates a more favourable prognosis compared to the classic PMP from LAMN.

Conclusion PMP arising from ovarian teratoma remains a rare entity with paucity of evidence to guide optimal treatment. Prognosis is difficult to ascertain due to the lack of longitudinal follow-up data.

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DOES ROBOTIC SURGERY IMPROVE SURGICAL OUTCOMES AND SURVIVAL COMPARED TO CONVENTIONAL LAPAROSCOPY IN GYNECOLOGICAL CANCER?

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Introduction/Background Several scientific publications that compare robotic and conventional laparoscopy surgery reveal some advantages for the patient of robotic surgery in certain gynecological procedures and pathologies. However, some authors consider the use of the surgical robot inefficient. Our aim is to evaluate whether robotic surgery could be a real benefit in terms of perioperative outcomes and morbidity without affecting oncological safety.

Methodology Data from 534 patients were collected, 347 of them were operated by robotic surgery (RS) and 187 by conventional laparoscopic approach (CL). A comparative study between both approaches was performed in a tertiary hospital from 2007 to 2019. Patients with endometrial, ovarian and cervical carcinoma were included. Basic demographic characteristic, surgical outcomes, morbidity and survival were compared. Procedures performed were hysterectomy with double adnexectomy, hysterectomy with lymphadenectomy (pelvic or

pelvic and para-aortic), radical hysterectomy and para-aortic lymphadenectomy.

Results Total operation time was significantly longer in patient operated by robotic surgery (RS 209 minutes vs. 191 min CL; $p=0.006$). Blood loss was reduced in patients operated by robotic approach (RS 112 ml vs. CL 136 ml; $p=0.020$). No differences were found in hospital stay, number of pelvic or paraaortic nodes, laparotomic conversion or re-intervention rate and intra or postoperative complications between both surgical approaches. Overall survival was similar in both surgical approaches although disease free survival was 85% in the robotic group and 90.7% in the laparoscopic group (HR: 0.47; IC95%:0.26–0.86; $p=0.015$). In a multivariate analysis the only independent factor related to disease free survival was FIGO stage.

Conclusion Robotic surgery and conventional laparoscopy are comparable in terms of perioperative morbidity, conversion rate, hospital stay, number of nodes obtained, or overall survival. Robotic surgery increases total operative time and reduces intraoperative bleeding compared to laparoscopy.

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MANAGEMENT OF IMMUNE-RELATED ADVERSE EVENTS IN PATIENTS WITH SOLID TUMOURS TREATED WITH DOSTARLIMAB IN THE GARNET STUDY

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Introduction/Background Dostarlimab is an approved programmed death 1 (PD-1) inhibitor. PD-1 therapy can lead to immune-related adverse events (irAEs). Here we report on the management of irAEs across multiple tumour types evaluated in GARNET.

Methodology GARNET is a multicentre, open-label, single-arm phase 1 study with dose expansion in multiple tumour types: mismatch repair deficient solid tumours, mismatch repair proficient endometrial cancer, non-small cell lung cancer, and platinum-resistant ovarian cancer. Patients received 500 mg of dostarlimab intravenously Q3W for 4 cycles, then