2022-RA-369-ESGO CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN PATIENTS WITH ADVANCED OVARIAN CANCER 2 YEAR SURVIVAL ANALYSIS

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Introduction/Background More than 80% of patients with advanced ovarian cancer present with recurrence within five years. During the last decades, Cytoreductive Surgery plus Hyperthermic Intraperitoneal Chemotherapy has been introduced as a new protocol for treatment of advanced and or recurrent ovarian cancer. However, there is no consensus on its long-term efficiency, and is still under debate. This study aims to evaluate the effectiveness of Cytoreductive Surgery Plus Hyperthermic Intraperitoneal Chemotherapy in patients with Advanced Ovarian Cancer in Iran.

Methodology Thirty patients with Stage IIIc and IV advanced Ovarian Cancer underwent cytoreductive surgery plus Hyperthermic Intraperitoneal Chemotherapy at Jam hospital with a fixed surgical team in Tehran, Iran, from 2019 to 2021. Fourteen patients were new cases, and sixteen of them were recurrent cases. At the end of cytoreductive surgery, by using a Hyperthermic Intraperitoneal Chemotherapy device, Cisplatin was circulated in the peritoneal cavity for 90 minutes at a dose of 80–100 mg/m2 at 43 ° C di;}

Results Among thirty patients with 54.97±10.74 years of mean age, the mean overall survival was 564.967 days, and 2-year survival rates were 66.7%. According to Fisher's exact test, there was a statistically significant relationship between disease-free after surgery and mortality rate (p=0.00). However, there was no statistically significant relationship between recurrence after surgery and mortality rate (p=0.093).

Conclusion Cytoreductive surgery plus Hyperthermic Intraperitoneal Chemotherapy might increase the survival of Advanced Ovarian Cancer patients.

2022-RA-371-ESGO IMMATURE TERATOMA OF THE OVARY DIAGNOSED AFTER NORMAL DELIVERY: A CASE REPORT

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Introduction/Background Immature teratoma is also known as malignant teratoma or teratoblastoma or Embryonal teratoma and includes less than 1% of all teratomas and one third of malignant teratomas. The tumor is uncommon during pregnancy. The aim of this report is to introduce a case of immature teratoma of the ovary diagnosed after normal delivery.

Methodology The patient was a 26 years old woman who had undergone surgery two years ago due to bilateral ovarian cyst and abdominal pain, and the pathology reported the mature cystic teratoma. The patient again referred due to enlarged abdomen following normal delivery. Laparotomy was performed due to large ovarian mass, and salpingo-oopherectomy was performed with report of immature teratoma in frozen section. After the surgery, the patient received four courses of BEP-regimen chemotherapy. Now, the patient is followed-up and tumor markers, sonography and examination of the patient are normal.

Results Given the rare nature of the disease and the importance of early diagnosis of malignant ovarian masses in order to increase the patients' survival rate, it is necessary to pay more attention to the adnexa in ultrasonography and clinical examinations of pregnant women.

Conclusion Given the rare nature of the disease and the importance of early diagnosis of malignant ovarian masses in order to increase the patients' survival rate, it is necessary to pay more attention to the adnexa in ultrasonography and clinical examinations of pregnant women.

2022-RA-372-ESGO IS TRANSVAGINAL CORE NEEDLE BIOPSY A SAFE METHOD IN DIAGNOSIS OF OVARIAN CANCER?

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Introduction/Background The optimal management of highly invasive ovarian cancer has changed from adjuvant chemotherapy after surgery to neoadjuvant chemotherapy followed by interval debulking surgery. Generally, tissue specimen for definitive diagnosis of ovarian malignancy is necessary. However, abdominal wall metastasis is a complication, known as transabdominal ascites aspiration or percutaneous core needle biopsy. When neoadjuvant chemotherapy is indicated, transvaginal core needle biopsy under sonographic guidance provided enough tissue specimens. In addition, resection of most of upper vaginal wall during surgery prevents needle site metastasis. The aim of this study is to evaluate transvaginal core needle biopsy as a safe method for diagnosis of ovarian cancer.

Methodology This clinical trial study was performed on patients who were candidate for neoadjuvant chemotherapy and were referred to gynecology oncology department of Ghaem Hospital, Mashhad University of Medical Sciences during 2014 to 2015.

Results Twelve women with a presumptive diagnosis of stage III c or IV ovarian cancer were selected. Adequate sample was obtained by transvaginal core needle biopsy, and cancer diagnosis was confirmed in all cases. This procedure resulted in optimal debulking surgery in 2/3 of cases.

Conclusion Transvaginal core needle biopsy is a safe diagnostic method of ovarian cancer. © 2017, Cancer Research Center (CRC), Shahid Beheshti University of Medical Sciences.

2022-RA-374-ESGO PRIMARY OVARIAN NON-HODGKIN'S LYMPHOMA: A CASE REPORT

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Introduction/Background Non-Hodgkin's lymphoma in the genital system is uncommon and ovary is one of the most common sites of involvement. Ovarian involvement in non-hodgkin's lymphoma is often secondary and is a part of the

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