



Abstract 2022-RA-761-ESGO Figure 1 A – MRI scan, the arrows indicate neoplastic lesions of the anterior abdominal wall and pelvis minor, B – defect of the anterior abdominal wall, C – state after application of modified Ramirez surgical technique, D – state after onlay hemia mesh implantation

Conclusion Incidence of ovarian cancer under the age of 40 is very rare. Endometriosis as a benign disease affecting approximately 10–15% of the female population of reproductive age may pose a risk of malignant transformation in 0.7–1% of cases. Endometriosis related ovarian neoplasms (ERONs) develop mainly from the endometrial epithelium of ovarian cysts. In contrast, in women already diagnosed with ovarian cancer, endometriosis foci are present in up to 30% of cases. Histology of endometriosis-associated ovarian cancer is mainly clear cell carcinomas (40–55%) and only less than 10% are serous carcinomas. Patients with low-grade serous ovarian cancer have a limited response to chemotherapy (approximately 23%), thus surgery is the most important element of treatment. The presented case showed that oncological vigilance should be maintained even in young women with symptoms suggestive of endometriosis.

2022-RA-765-ESGO THE IMPACT OF DELAY FROM DIAGNOSIS TO SURGERY IN EARLY OVARIAN CANCER

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Introduction/Background In the COVID-19 era, surgery waiting list is longer and gynecological-oncological units are forced to delay oncological surgery, especially suspected early-stage cancers, like ovarian cancer (OC). The aim of this study is to evaluate the impact of delay on the oncological outcomes of these patients.

Methodology Retrospective analysis of all women with early OC treated in the 1st Department of Obstetrics & Gynecology AUTH at ‘Papageorgiou’ Hospital, from 2012 – 2019. Delay was calculated as the time interval between the day of first examination in the outpatient clinic and the day of

surgery, and a cut-off point at 6 weeks was set. Patient and tumor characteristics, treatment options and follow-up information were collected. Primary outcomes were postoperative complication and survival rates.

Results 72 patients met the inclusion criteria. Based on the 6-week cutoff point, patients were divided into two groups: 38 underwent surgery up to 6-weeks (group A) and 34 over 6-weeks (group B). There was no statistical difference in the age, BMI or comorbidities between the two group, but patients in group A had higher pre-operative CA125 level and patients in group B had a significantly higher blood loss during surgery (300 vs. 200cc, $p=0.0348$). However, no difference was detected in the post-operative complications rate (Clavien – Dindo Classification), hospital stay, ICU admittance and surgery duration. Concerning survival rates, there was no statistical difference in disease-free ($p=0.792$) and overall survival ($p=0.507$).

Conclusion Delaying surgery for suspected early OC over 6 weeks seems to be relatively safe, with no impact on the mortality, morbidity and recurrence rate of these patients. However, it is very important to carefully evaluate our OC patients in the pre-operative setting with all available imaging modalities [CT, MRI, Ultrasound (IOTA Score)].

2022-RA-770-ESGO BENIGN PSEUDOMYXOMA PERITONEI ORIGINATED FROM BOTH OF OVARIES AND APPENDIX WITH SUBCUTANEOUS DEPLOYMENT IN UMBILICAL AND INGUINAL OF AN 68 YEARS OLD WOMAN CASE REPORT

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Introduction/Background Pseudomyxoma Peritonei (PMP) was found almost in borderline or malignant type; therefore, the treatment is followed by Hyperthermic Intraperitoneal Chemotherapy or HIPEC. Data regarding benign PMP is still limited. We reported a 68-years woman with benign PMP who underwent cytoreductive surgical only without the combination with HIPEC in Manado, Indonesia.

Methodology A 68-years old woman para 3 presented to our General Hospital with enlarging abdomen since August 2020. She had a history of abdominal surgery and the histopathological examination revealed suspect of mucinous tissue from pseudomyxoma peritonei. Physical examination showed a convex abdomen with palpable cystic mass at the $\frac{1}{2}$ level of the umbilical – xiphoid process and enlarged on the left inguinal lymph nodes. The CA 125 and CEA levels were increased. Abdominal CT with contrast revealed a multilocular cystic mass with a size of 20 x 14 x 25 cm. Biopsy of the inguinal node revealed myxoid mass and atypical cells. The laparotomy findings showed the gelatinous mucinous peritoneal occupying the whole abdominal cavity and a unilocular cystic mass with a size of 20 x 19 x 18 cm from the left ovary with laceration. The appendix was distended and filled with mucin. Cytoreductive surgery was performed. The histopathological examination revealed mucinous cystadenoma on the appendix and ovary, and mucinous mass on the peritoneum and omentum.