open abdominal wounds (hernia, fistula). The fascia was closed with 10% solution normal saline, to prevent ACS. The fascia was closed with 10% solution normal saline, to prevent ACS.

**Conclusion**

Our study is the first work to identify an oncogenic role of TMED9 in EOC tissues and cell lines which may provide insights into the application of TMED9 as a novel predictor of clinical outcome and a potential therapeutic target in EOC patients.

**References**


10.1136/ijgc-2022-ESGO.588

**Introduction/Background**

The aim of this study was to evaluate the indications and management of grade III-IV postoperative complications in patients requiring vacuum-assisted open abdomen after debulking surgery for ovarian carcinomatosis.

**Methodology**

Retrospective study of prospectively collected data from patients who underwent a cytoreductive surgery by laparotomy for an epithelial ovarian cancer that required postoperative management of an open abdomen. An abdominal vacuum-assisted wound closure (VAWC) was applied in cases of abdominal compartmental syndrome (ACS) or intra-abdominal hypertension, to prevent ACS. The fascia was closed with a suture or a biologic mesh. The primary aim was to achieve primary fascial closure. Secondary outcomes considered included complications of cytoreductive surgery (CRS) and open abdominal wounds (hernia, fistula).

**Results**

Two percent of patients who underwent CRS required VAWC during the study’s patient inclusion period. VAWC indications included: (i) seven cases of gastro-intestinal perforation, (ii) three necrotic enterocolitis, (iii) two intestinal ischemia, (iv) three anastomotic leakages and (v) four intra-abdominal hemorrhages. VAWC was used to treat indications (i) to (iv) (which represented 73.7% of cases), to prevent compartmental syndrome. Primary fascia closure was achieved in 100% of cases, in four cases (21.0%) a biologic mesh was used. Median hospital stay was 65 days (range: 18–154). Four patients died during hospitalization, three of these within 30 days of VAWC completion.

**Conclusion**

VAWC for managing open abdominal wounds is a reliable technique to treat surgical post-CRS complications in advanced ovarian cancer and reduces the early post-operative mortality in cases presenting with severe complications.