Conclusion There are no differences between PDS/CC1 and IDS/CC0 when compared in terms of OS or DFS. PDS can be considered when complete or minimal residual disease can be obtained.

Perioperative non-invasive advanced hemodynamic monitoring of patients with primary ovarian cancer undergoing multivisceral debulking surgery

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Methodology In a prospective, observational, monocentric study, EC measurements were obtained before surgery, during surgery, and repeatedly throughout the hospital stay in 30 patients with primary ovarian cancer undergoing multivisceral cytoreductive surgery. The inflammatory markers interleukine-6 (IL-6) and inter-cellular-adhesion-molecule-1 (ICAM-1) were analyzed perioperatively. Severe postoperative complications were classified according to the Clavien-Dindo classification and used as a binary grouping criterion (≥3 and <2 or no complications).

Results Throughout the perioperative course, patients showed a longitudinally reduced cardiac index (CI, p<0.0001), while the stroke volume index (SVI, p=0.0528) remained unchanged. Patients suffering from postoperative complications differed over the longitudinal perioperative course in the index of contractility (ICON, p=0.0435) and the systolic time ratio (p=0.0008), without showing differences in CI (p=0.3337). Also, the groups differed during the longitudinal perioperative course in IL-6 (p = 0.0343) and ICAM-1 (p=0.0398).

Conclusion Longitudinally over the perioperative time course CI showed a relevant decrease. Patients with postoperative complications differed from patients without complications in the markers of cardiac function, ICON and STR, as well as showing a lower SVI. These data show haemodynamic alterations during surgery in all patients and especially the association of alterations to complications during the postoperative course. Therefore, they are a first approach to improve non-invasive haemodynamic patient assessments and interdisciplinary perioperative care in the future.

Adul granulosa cell tumour of the ovary: An unexpected diagnosis

Introduction/Background Ovarian sex cord-stromal tumours (SCTs) are a group of benign and malignant neoplasms that develop from different types of cells, mostly specialized in the production of steroid hormones. In contrast to the more common epithelial ovarian malignant neoplasms, most patients with malignant SCTs are diagnosed with early-stage disease. Histology is generally low grade, lymph node metastases are rare and prognosis is usually good.

Methodology To present a clinical case of an unexpected diagnosis of an adult granulosa cell tumour of the ovary with review of the literature.

Results A 37-year-old woman was admitted to the emergency department with abdominal pain. The patient did not have any relevant medical history. As a contraceptive method, she used the subcutaneous implant with etonogestrel. On physical examination, she had pain and tenderness on the right iliac fossa. The transvaginal ultrasound demonstrated a 6 cm ovarian cyst on the right side (with regular walls and anechoic content) but with decreased doppler flow. The blood work revealed light leucocytosis. Faced with a possible diagnosis of adnexal torsion, the patient was then proposed for diagnostic laparoscopy. She was submitted to a diagnostic laparoscopy that had to be converted to laparotomy due to extensive pelvic adhesions – the surgery confirmed the adnexal torsion and she underwent right adnexectomy and left salpingectomy. The anatomopathological examination of the surgical specimen confirmed that it was an adult granulosa cell tumour of the ovary. As the patient didn’t want any more children, she was latter submitted to total hysterectomy + contralateral oophorectomy and surgical staging.