

Surgical variables, intra and postoperative complications according to Classification of ovarian cancer metastases in the liver area

Variable	Class I N (%)	Class II N (%)	Class III N (%)	Mixed N (%)	p-value	
All cases	337	25	42	161		
SCS	1-2 3	42 (16.4) 275 (83.6)	15 (20.0) 60 (80.0)	11 (26.2) 31 (73.8)	22 (13.7) 139 (86.3)	0.239
OT, mL (median, IQR)		380 (300-462)	400 (310-480)	395 (300-480)	450 (360-560)	<0.001
EBL, mL (median, IQR)		400 (300-600)	400 (300-700)	375 (300-500)	500 (400-1000)	<0.001
IO complications		33 (13.7)	11 (41.7)	2 (4.8)	20 (12.3)	0.297
IO Transfusion		60 (17.8)	14 (51.7)	5 (11.9)	49 (30.4)	0.004
Diaphragmatic injury		22 (6.5)	3 (4.0)	0 (0.0)	9 (5.5)	0.329
Vascular injury		5 (1.5)	6 (8.0)	0 (0.0)	5 (3.1)	0.009
Visceral injury		26 (7.7)	2 (7.7)	2 (4.8)	12 (7.5)	0.417
IO complication, grade		50 (92.6) CTCAE 1-2 4 (7.4) CTCAE 3-5	11 (100) 0 (0.0)	3 (100) 0 (0.0)	25 (96.2) 1 (3.8)	0.713
PO complications		163 (49.0)	45 (60.0)	21 (50.0)	104 (66.6)	0.007
Hilary Fibrosis		1 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)	0.843
Peritoneal collection		4 (1.2)	3 (4.0)	4 (9.5)	10 (6.2)	0.003
Intraoperative Hemostasis/Alcohol		0 (0.0)	0 (0.0)	2 (4.8)	0 (0.0)	<0.001
Plotic effusion		87 (25.8)	25 (33.3)	6 (14.3)	63 (39.1)	0.002
Sepsis		45 (13.4)	4 (5.3)	6 (14.3)	36 (22.4)	0.084
Anemia		81 (24.0)	23 (30.7)	8 (19.0)	58 (36.0)	0.030
Others		111 (32.9)	33 (44.0)	14 (33.3)	71 (45.3)	0.031
Postoperative complications, grade		286 (84.9) Dindo grade 0-1-2 25 (7.5)	59 (78.7) 16 (21.3)	40 (95.2) 2 (4.8)	122 (75.8) 39 (25.2)	0.008

Classification of ovarian cancer metastases in the liver area:
Green area:
Class I or Peritoneal (Ovarian capsule, Ligaments, Gallbladder)
Yellow area:
Class II or Hepatocentric lymph nodes
Black line:
Class III or Liver parenchyma
Class IV or Mixed

Risk factors for Severe postoperative complications: Multivariate analysis

Variable	Multivariate		p-value
	OR (95% CI)		
Surgical timing			
Primary Surgery	Ref		
Secondary Surgery	0.832 (0.218-3.097)		0.772
SCS 3 vs. 1-2	3.922 (1.597-9.629)		0.003
RT >= 9 (vs. 9)	1.748 (1.006-3.037)		0.048
Class			
Mixed		Ref	
I	0.582 (0.361-0.936)		0.026
II	0.936 (0.478-1.835)		0.848
III	0.188 (0.041-0.849)		0.030

Abstract 2022-RA-1387-ESGO Figure 1 Overall survival (A) and disease-free survival (B) curves in patients according surgery modality (PDS or IDS-DDS) and existence of macroscopical residual disease (CC0 or CC1)

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.

2022-RA-1394-ESGO ADULT GRANULOSA CELL TUMOUR OF THE OVARY: AN UNEXPECTED DIAGNOSIS

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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.

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PERIOPERATIVE NON-INVASIVE ADVANCED HEMODYNAMIC MONITORING OF PATIENTS WITH PRIMARY OVARIAN CANCER UNDERGOING MULTIVISCERAL DEBULKING SURGERY

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Introduction/Background Patients undergoing high-risk surgery show an increased haemodynamic instability and have an increased risk of morbidity and mortality. However, the available haemodynamic data concentrate only on the intraoperative period. The aim of this study is to characterize patients hemodynamically throughout the whole intra- and postoperative period non-invasively by thoracic electrical cardiometry (EC) for advanced cardiovascular assessment.

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