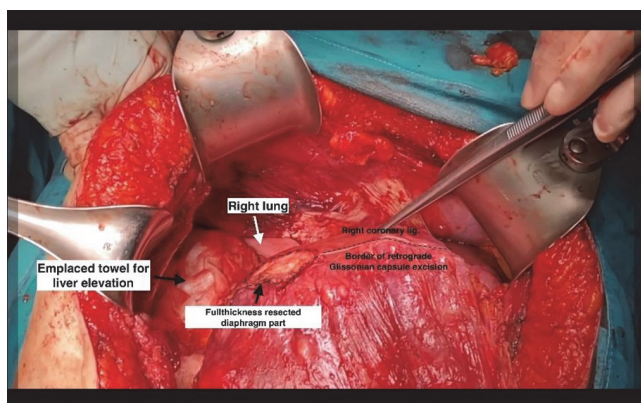


Introduction/Background We recently developed an anatomo-surgical classification for ovarian cancer (OC) metastases in the liver area consisting in 5 different types (Type-1:Glisson's, Type-2:Ligamentous, Type-3:Gallbladder, Type-4:Hepatic hilum, Type-5:Liver parenchymal). This study aims to evaluate whether this classification is able to identify patients at greater risk of intra and postoperative complications and with increased surgical complexity.

Methodology All epithelial advanced-OC patients who underwent primary or secondary surgery with perihepatic liver involvement were retrospectively retrieved. Patients were classified according to our published anatomo-surgical classification and further clustered into four major Classes: Class-I or 'Peritoneal' (including Type 1,2,3), Class-II or 'Hepatoceliac lymph-nodes' (Type-4), Class-III or 'Parenchymal' (Type-5) and Class IV or Mixed (≥ 2 classes).

Results 615 patients were identified, and Class I resulted as the most commonly represented (337 cases, 54.8%). The distribution of surgical complexity score (SCS) was superimposable among classes ($p=0.239$) while operative time and estimated blood loss were significantly longer/higher in Class IV (Mixed) ($p<0.001$). Intraoperative transfusions were more frequent in Class IV (30.4%) and less reported in Class-III (11.9%) ($p=0.004$); vascular injuries were significantly grouped in Class II (8%) ($p=0.009$). Class II and IV were more frequently associated to severe postoperative complications ($p=0.008$). Moreover, specific complications were found in each Class: perihepatic collection and intrahepatic hematoma/abscess in Class-III (respectively: $p=0.003$, $p>0.001$); pleuric effusion, sepsis, anemia and 'other complications' in Class IV (respectively: $p=0.002$, $p=0.004$, $p=0.03$, $p=0.03$). At Multivariate analysis SCS 3 and macroscopic residual tumor were identified as risk factors for severe postoperative complications (respectively: OR: 3.922, $p=0.003$ and OR: 1.748, $p=0.048$). Conversely, Class-I and III resulted to be at decreased risk for severe postoperative complications compared to Class IV.



Abstract 2022-RA-1456-ESGO Figure 1

Conclusion Our classification represents a useful and reliable tool, able to stratify patients with OC metastases in the liver area in Classes with different surgical outcomes and different postoperative complication profile.

2022-RA-1459-ESGO MALIGNANT STRUMA OVARIII IN AN ASYMPTOMATIC NULLIPAROUS 20-YEAR-OLD PATIENT: A CASE REPORT

Eleftherios G Klonos, CH Zimperdikas, G Pados, G Grimbizis, T Theodoridis, S Tsaipakidou, A Tolkos, T Karalis. *st. Department of Ob/Gyn Papageorgiou General Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece*

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Introduction/Background Adnexal pathology and adnexal tumors are common accidental findings in a regular gynecological screening visit. Ovarian teratomas are germ cell tumors that derive from the three germ layers and commonly contain teeth, hair, bone, or thyroid tissue. They consist of 20% of all ovarian tumors. Ovarian teratomas which contain at least 50% thyroid tissue are known as struma ovarii. Malignant struma ovarii are found in less than 2% of mature benign teratomas.

Methodology A 22-year-old nulliparous woman, with a history of an adnexal tumor in 2020 in her annual gynecological screening. Ultrasound (US) examination showed the presence of a cystic lesion on the left ovary with a maximal diameter of 6.5 cm and mild free fluid in the pouch of Douglas. To further assess the findings, a magnetic resonance imaging (MRI) was performed during a 12-month follow-up and confirmed a moderate adnexal cystic lesion measuring 67 mm x 82 mm x 56 mm, lying in the anatomical position of the left ovary. Tumor markers and thyroid function blood tests were within normal limits. The patient underwent a laparoscopic cystoscopy after two years of observation. The intraoperative finding was an anteverted mobile uterus with a cystic lesion in the left ovary about 8 mm x 5.5 mm x 6 mm. It was removed with an endobag. The cyst was opened, and there were serous and solid elements inside. The pathology report showed a malignant struma ovarii.

Results The patient underwent a full thyroid screening with normal findings. After detailed counseling, she decided on a twice-a-year follow-up by us and the endocrinologists. She remains asymptomatic and euthyroid.

Conclusion Malignant struma ovarii is a rare ovarian tumor, which is only diagnosed by pathology reports after surgery. There is controversy regarding its management, and it should be individualized.

2022-RA-1464-ESGO CLINICAL BEHAVIOR OF HIGH-GRADE OVARIAN CANCER (HGOC) PATIENTS WITH NON CONTRIBUTIVE GIS RESULTS (NA) BY MYRIAD

¹Felix Blanc-Durand, ²Sophie Cotteret, ²Catherine Genestie, ²Etienne Rouleau, ²Judith Michels, ²Emeline Colomba-Blameble, ²Maria Kfoury, ²Patricia Pautier, ²Alexandra Leary. ¹Medical Oncology, Institut Gustave Roussy, Villejuif, France; ²Institut Gustave Roussy, Villejuif, France

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Introduction/Background Platinum sensitivity and homologous recombination deficiency (HRD) are predictive biomarkers for PARP inhibitors (PARPi) benefit in HGOC patients. The only