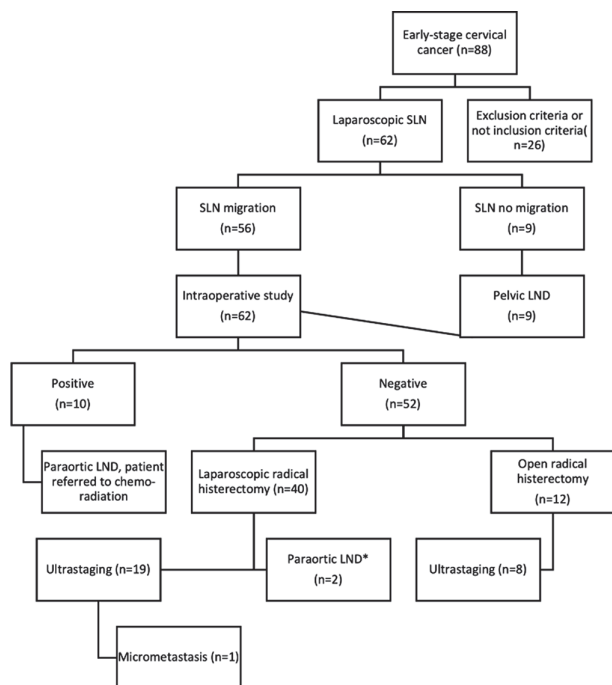


were categorized a priori into two groups based on the surgical approach of the radical hysterectomy (laparoscopy vs laparotomy).

Results A total of 88 patients with early-stage cervical cancer between January 2010 and July 2021 were evaluated. Sixty-two patients met the inclusion criteria. Fifty-two patients (84%) had a negative intraoperative SLN performed by laparoscopy: 40 patients who underwent laparoscopic radical hysterectomy vs. 12 with open radical hysterectomy. Ten patients (16%) had a positive intraoperative SLN and the radical hysterectomy was discarded, paraortic lymphadenectomy was performed and the patients were referred to definitive treatment with chemoradiation.



Abstract 2022-RA-971-ESGO Figure 1

Conclusion Laparoscopic SLN biopsy with an intraoperative analysis before open radical hysterectomy spare a 16% of futile laparotomies.

2022-RA-984-ESGO

HIGH-RISK HUMAN PAPILLOMAVIRUS (HR-HPV) VIRAL LOAD: A NEW APPROACH FOR HIGH-GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN) TREATMENT?

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Introduction/Background Standard treatment of high-grade cervical intraepithelial neoplasia (CIN) is conization. Merely one conization out of four is an overtreatment due to regression of lesion from biopsy to cone. Beside increasing unnecessarily the costs, CIN overtreatment might hamper the feasibility of follow-up and negatively affect reproductive outcomes. The

aim of this study is to develop a new approach for high-grade CIN treatment.

Methodology Consecutive women with a diagnosis of high-grade CIN undergoing laser CO₂ conization were recruited at the Outpatient Service of Central Tuscany (Florence, Italy) from September 2015 to October 2018. Before conization, cervical samples were collected for each patient and viral load of HR-HPV was assessed with Hybrid Capture 2 (HC2), which considered as positive only samples with viral load above a defined threshold. Histology reports of both biopsy and cone, as well as clinical data, were collected for each patient. Statistical analysis was performed with IBM SPSS statistics 23.0 software, using contingency tables, Pearson's chi-square test and nonparametric tests.

Results 295 patients were enrolled. Cone histology showed a lesion regression (negative for high-grade CIN) in 40,5% of CIN II at biopsy (62/153) and in 26,9% of CIN III (25/93). Viral load in cervical samples at conization was statistically associated with CIN grade at cone histology ($p < 0,001$): 75,7% of negative samples resulted in CIN I at cone histology, whereas 72,8% of positive ones resulted in high-grade CIN or worse at cone histology. Furthermore, all the lesions that progressed from biopsy to cone were positive at HC2 and presented higher viral load compared to those that regressed ($p < 0.001$).

Conclusion HR-HPV testing with viral load assessment at the time of scheduled conization might be used to stratify patients referred to the procedure, identifying those who are eligible to repeat biopsy versus those who have indication to proceed with conization.

2022-RA-991-ESGO

ASSESSMENT OF HIGH-RISK HUMAN PAPILLOMAVIRUS INFECTIONS AND CERVICAL DYSPLASIA IN HUMAN IMMUNODEFICIENCY VIRUS-POSITIVE PREGNANT WOMEN IN GERMANY: A PROSPECTIVE CROSS-SECTIONAL TWO-CENTER STUDY

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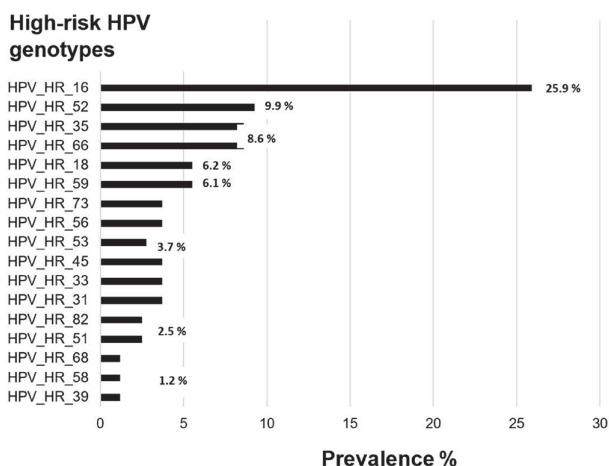
10.1136/ijgc-2022-ESGO.79

Introduction/Background Cervical dysplasia up to cervical carcinoma are in almost 100% associated with a high-risk HPV (HR-HPV) infection. The immunosuppressive influence of Human Immunodeficiency Virus (HIV) and the immunocompromised period of pregnancy are risk factors for acquisition and persistence of HR-HPV infections and their progression to precancerous lesions and HPV-associated carcinoma. There is still a lack of guideline-defined approaches, due to the lack of sufficient research, especially in Europe, for the screening and follow up of pregnant women living with HIV (WLWH) to prevent HPV-related cervical dysplasia.

Methodology HIV-positive pregnant women were included (n=81). HPV test and genotyping HPV test (multiplexed genotyping with BSGP5+/6+ PCR and Luminex read-out),

cytology and colposcopy was done. A medical history questionnaire was used to record the clinical- and HIV data of the participants. Results are given in percentage. For continuous variables, mean or median was calculated. Categorical variables were compared by using χ^2 test, whereas for continuous variables Mann-Whitney-U test was used. A p-value ≤ 0.05 was regarded statistically significant (CI 95%).

Results The HR-HPV prevalence in our study population was 45.7%. Multiple HPV infections were present in 27.2% of women, of whom all had at least one HR-HPV genotype included. HR-HPV16 and HR-HPV52 were the most common genotypes and were always present when high-grade squamous intraepithelial lesion (HSIL) was found (figure 1). Overall, 95.1% of study participants had an adequately treated HIV infection. HIV viral load < 50 copies/mL and a CD4 cell count ≥ 350 cells/ μ L correlated with a lower HR-HPV prevalence. In addition, a shorter HIV diagnosis time showed an increased prevalence of HR- and multiple HPV infections.



Abstract 2022-RA-991-ESGO Figure 1 Prevalence of HR-HPV genotypes in pregnant WLWH

Conclusion HIV-positive pregnant women require particularly attentive and extended HPV screening, where clinical and HIV-related risk factors should always be taken into account.

2022-RA-1002-ESGO

CERVICAL CARCINOMA STAGE FIGO IA1 WITHOUT LYMPHOVASCULAR SPACE INVASION: A 20 YEARS CONSERVATIVE TREATMENT IN THE SOUTH OF BRAZIL UNIVERSITY HOSPITAL

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Introduction/Background FIGO proposes extrafascial hysterectomy or conization with negative margins as treatment options

for stage IA1 cervical cancer (CC) without lymphovascular space invasion (LVSI), but the studies that evaluated stage IA1 treatment options have lack of homogeneity regarding variables such as LVSI, depth of invasion, histologic type, and surgical margin status. The aim is to evaluate recurrence rate and risk factors in women stage IA1 CC without LVSI managed conservatively.

Methodology Retrospective review of women with stage IA1 squamous CC who underwent cold knife cone or loop electrosurgical excision procedure, between 1994 and 2015, at a gynecologic oncology center in Southern Brazil. Age at diagnosis, pre-conization findings, conization method, margin status, residual disease, recurrence and survival rates were collected and analyzed.

Results 26 women diagnosed with stage IA1 squamous CC without LVSI underwent conservative management and had ≥ 12 months follow-up. The mean age at diagnosis was 40.9 years. Median first intercourse occurred at age 16 years, 11.5% were nulliparous and 30.8% were current or past tobacco smokers. The mean follow-up was 44.6 months. There was one Human immunodeficiency virus (HIV)-positive patient diagnosed with cervical intraepithelial neoplasia grade 2 at 30 months after surgery. However, there were no patients diagnosed with recurrent invasive cervical cancer and there were no deaths due to cervical cancer or other causes in the cohort.

Conclusion No recurrence of cancer was observed in mean follow-up of 44.6 months. One recurrence of cervical intraepithelial neoplasia occurred in HIV positive patient. A good outcome was noted in women stage IA1 CC without LVSI and negative margins who were managed conservatively. The strengths of our study include a homogeneous group of patients from a developing country within the perspective of surgical conservative treatment and a long period follow-up.

2022-RA-1005-ESGO

INVASIVE CERVICAL CANCER OF ONE CERVIX IN UTERUS DIDELPHYS TYPE OF UTERINE ANOMALY – A CASE REPORT AND REVIEW OF THE LITERATURE

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10.1136/ijgc-2022-ESGO.81

Introduction/Background Throughout the development of the urogenital system, the Müllerian ducts have a crucial role. In the beginning, they are found in both sexes, but they regress under the impact of the anti-Müllerian hormone (AMH). Without the involvement of AMH, the ducts evolve into the uterus, uterine tubes, cervix, and upper portion of the vagina. Anomalies of the Müllerian ducts are more frequent than imagined, varying from 0.5 to 6.7% in the general population and up to 16.7% in women diagnosed with recurrent miscarriage.

Methodology The authors report a case of invasive adenocarcinoma of one cervix in uterus didelphys type of a uterine abnormality (double uterus, double cervix), along with a review of the literature.

Results The 50-year-old patient was diagnosed, then surgically treated with a Wertheim-Meigs radical hysterectomy. Fifteen lymph nodes were removed during the surgery and examined under the microscope, but they showed no presence of the tumor cells. Except for adhesion removal between the bladder