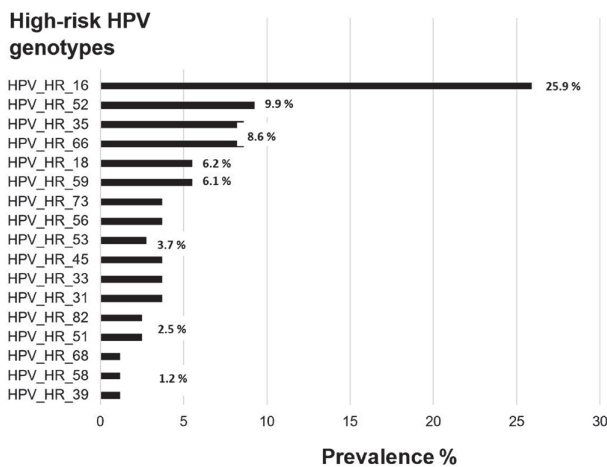


cytology and colposcopy was done. A medical history questionnaire was used to record the clinical- and HIV data of the participants. Results are given in percentage. For continuous variables, mean or median was calculated. Categorical variables were compared by using χ^2 test, whereas for continuous 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.

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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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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