tumors, and the benefit from parametrial resection being debatable. Determining factors predicting parametrial tumor spread and defining those at risk of recurrence still remain highly questionable.

**Methodology** We reviewed patients with stages IA2 and small IB1, who had all undergone radical hysterectomy with pelvic lymph node dissection treatment for cervical cancer, and analyzed factors contributing to parametrial cancer spread.

**Results** A total 980 patients treated for cervical cancer were reviewed, 279 with tumors smaller than 20 mm in diameter. Parametrial spread was detected in 10 patients (3.6%); 1.3% in parametrical lymph nodes, 1.8% in parametrical lymphovascular space, and 0.9% as parametrical contiguous microscopic tumor spread. In 94.6% patients with negative pelvic nodes, none had parametrical nodal involvement, 0.9% had LVSI, and 0.4% had contiguous spread. Factors associated with parametrical disease were deep cervical invasion, lymphovascular space invasion (LVI), tumor volume, and pelvic lymph node metastases. In patients without LVSI and superficial third tumor invasion, parametrial spread was identified in 0.5%.

**Conclusion** The risk of recurrence in 1 out of 200 patients still persists even in low risk small volume cervical cancer patients. Patients willing to accept this risk most likely as fertility sparing options must be clearly consented to this possibility of cancer recurrence which might likely be untreatable.

**Diagnoses**

**2022-RA-267-ESGO** PELVIC HYDATIDOSIS WHEN IS NOT AN OVARIAN CANCER IN ENDEMIC REGION: ABOUT 5 CASES

Mariem Garci, Ami Sawssem, Amni Tissacou, Cyrine Belghith, Nabil Mathlouthi, Slimani Olfa. Charles Nicolle Hospital, Tunis, Tunisia

10.1136/ijgc-2022-ESGO.150

**Introduction/Background** Pelvic hydatidosis is a rare localization of echinococcosis. It represents less than 1% of all localizations. It concerns the genital area in 80%. Diagnosis of pelvic hydatid cyst is based on good history taking and is often difficult due to differential diagnosis with other cystic formations particularly ovarian cancer. The objective of our study is to highlight the epidemiological profile, the diagnostic and therapeutic means of pelvic hydatidosis.

**Methodology** Retrospective study spanning 7 years from January 1, 2015 to December 31, 2021 on 5 patients treated for primary pelvic hydatid cyst in the obstetrics gynecology department A at Charles Nicolle’s hospital.

**Results** 5 patients were studied in this work with age extremes between 23 and 71 years. All the patients were from a rural area. Two of our patients reported hepatic hydatidosis. In 80% of cases, the cyst was revealed by an abdominal mass, associated with pelvic pain in 3 cases and abnormal postmenopausal uterine bleeding in one case. The cyst was discovered, in one case, incidentally during a first trimester obstetric ultrasound. All patients underwent an abdominopelvic ultrasound showing multi-partitioned cystic formations (type 3 according to GHARBI classification) whose size varied between 8 and 18 cm. Hydatid serology was performed in all cases and came back positive in two cases. Complementary abdominopelvic CT was performed in 3 of our patients. All patients underwent midline laparotomy straddling the umbilicus. The pregnant patient underwent a cystectomy at the same time as the caesarean section. 4 cases required medical treatment. Histopathologic examination confirmed the diagnosis in all cases.

**Conclusion** The diagnosis of pelvic hydatid cyst should always be kept in mind with any abdominopelvic mass developing in a patient from an endemic region.

**2022-RA-415-ESGO** SONOGRAPHY IN THE DIAGNOSIS OF PRIMARY FALLOPIAN TUBE CANCER

Dmytro Sumtsov, Georgii Sumtsov, Yulia Redko, Myroslav Starkov, Natalia Rozhkova, Igor Gladchuk. Sumy Regional Clinical Oncology Dispensary, Sumy, Ukraine; Odessa National Medical University, Odessa, Ukraine

10.1136/ijgc-2022-ESGO.151

**Introduction/Background** The primary fallopian tube cancer (FTC) is diagnosed from 0 to 10–15% cases preoperatively and not often 50–70% – intraoperatively.