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 parametrial lymph nodes, 1,8% in parametrial lymphovascular space, and0.9% as parametrial contiguous microscopic tumor spread. In 94.6% patients with negative pelvic nodes, none had parametrialnodal involvement, 0.9% had LVSI, and 0.4% had contiguous spread. Factors associated with parametrial disease were deep cervical invasion, lymphovascular space invasion (LVSI), 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.

2022-RA-1690-ESGO RARE UTERINE CERVICAL ADENOCARCINOMAS IN SALAH AZAIEZ INSTITUTE: CLINICOPATHOLOGICAL FEATURES

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Introduction/Background Cervical cancer is the fourth most commonest malignancy in women all over the world. It is widely dominated by squamous cell carcinoma. Adenocarcinoma accounts for only 10% of these tumors, dominated by the endocervical subtype. Other histologic subtypes remain very rare.

Methodology We conducted a retrospective study at Salah Azaiez Institute between 2002 and 2022. We collected 15 cases of non-squamous cell carcinomas of the cervix. We analyzed the clinicopathological features of these rare malignancies.

Results Among the 15 cases, 11 cases were diagnosed with an adenosquamous carcinoma, 2 with a mesonephric carcinoma, and 2 with an adenoid basal carcinoma. The median age of our patients was 56 years(31–79 years). The main symptom was metrorrhagia and only 1 patient described abdominal pain. According to FIGO 2018 classification, 2 patients were staged IIB and 1 patient was staged IB3. All patients underwent Radio-chemotherapy and then surgery. For the adenosquamous carcinoma, the diagnosis was conducted in a biopsy specimen in 13 cases. An immunohistochemistry study was needed to confirm the diagnosis in 3 cases with the positivity of ACE. The mesonephric carcinoma was diagnosed on a hysterectomy specimen and no immunohistochemistry was needed to confirm the diagnosis. the adenoid basal carcinoma was c kit positif in immunohistochemistry study.

Conclusion Cervical cancer remains in increased progress, especially in developing countries. More multicentric studies are necessary to establish the demographic, the histopathological characteristics, and the adequate treatment for these rare tumors.

Diagnostics

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

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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

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

Methodology It was done a retrospective analysis of 45 cases of FTC, that are verified histologically in the period from 2013 to 2022. There were studied the preoperative sonographic data of FTC: the solid cystic or ovoid forms with areas of thickening of the walls, hardening or papillary growths on the inner surface of the capsule, incomplete septa; the presence of fluid in the uterine cavity; the blod flow of moderate or severe intensity with high speed and low resistance.

Results In 9 (20%) patients with sonographical diagnosis of FTC it was confirmed intraoperatively and histologically. Another 9 (20%) cases described a sonographic picture that was characteristic for FTC, but FTC was not suspected preoperatively and was detected as a result of surgery that was performed by other indications. In the rest cases, according to ultrasound results, ovarian cancer was found in 8 (17.7%), cystadenoma or papillary cystadenoma in 7 (15.5), non-neoplastic cysts in 8 (17.7%) cases. In 4 (8.8%) cases sonographic signs of pathology were not detected. Thus, the sensitivity of ultrasound diagnosis as a method of preoperative diagnosis of FTC, provided the correct interpretation of the results in 40% (95% CI: 25.70 – 55.67%) cases. But the presence of sonographic signs of FTC was in 41 (91.1%; 95% CI: 78.78 – 97.52%) patients.

Conclusion It is necessary to standardize the sonographic description of FTC for improving its diagnostics.

2022-RA-577-ESGO PROGNOSTIC SIGNIFICANCE OF SIGNS FOR METASTATIC INVOLVEMENT OF LYMPH NODES IN CERVICAL CANCER ACCORDING TO MAGNETIC RESONANCE IMAGING

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Introduction/Background The most significant independent prognostic factor in cervical cancer (CC) affecting survival is lymph node (LN) involvement. MRI is the preferred method for visualizing locally advanced CC. The limitations of MRI in the evaluation of the metastatic lymph nodes (MLN) are related to the short axis size criterion greater than 1 cm. The objective of the study was to develop new MRI signs for MLN and to evaluate of their predictive significance.

Methodology The MRI findings of the 71 patients with histologically confirmed CC, who underwent radical surgical treatment with lymphatic dissection, were compared with the morphological features. To evaluate the predictive significance of MRI signs of MLN, monovariate regression logistic analyses was performed. To evaluate the diagnostic performance of methods and to determine the cutoff values, ROC- analysis was performed.

Results The following criteria of MLN have been developed: the size of the LN along the short axis is more than 0.65 cm; sensitivity – 51.2%, specificity – 86.2%; the configuration index is less than or equal to 1.65 (the ratio of the size of the LN along the long and short axis) – 83.7%, 94%, respectively; absence hypointense signal from LN fatty hilum 88.4%, 94.0%; the presence of spiky contour of the LN 79.1%, 94.0%; the perinodular edema of LN 76.7%, 87.1%; subcapsular edema of LN 55.8%, 86.2%; the central edema 25.6%, 98.3%; inhomogeneity of the MR signal LN 96.3%, 81.0%; the value of the LN signal intensity factor (the ratio of the LN signal intensity to the intensity of the tumor signal) 79.1%, 79.3%, median value for MLN ÷ 1.16 (1.02÷1.3); the value of the Apparent diffusion coefficient of MLN is less than 0.885 x $10^{-3}mm^2/c$ 67.4%, 68.1%.

Conclusion The developed MRI signs are clinically and statistically significant factors for metastatic LN involvement ($p < 0.05$).

2022-RA-604-ESGO URINE AND VAGINAL CYTOLOGY DETECTS ENDOMETRIAL CANCER IN WOMEN WITH POSTMENOPAUSAL BLEEDING

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Introduction/Background Postmenopausal bleeding (PMB) prompts urgent investigation with sequential invasive and costly tests that can be painful or distressing. A simple, non-invasive test to identify cancer and safely reassure women with benign causes of PMB would transform patient care. We previously showed proof-of-concept that malignant cells can be detected in urogenital samples of symptomatic endometrial cancer patients. Here, we aimed to prospectively validate the diagnostic test accuracy of urogenital cytology for endometrial cancer detection in women with PMB.

Methodology In this prospective, multicentre diagnostic accuracy study, consecutive eligible women provided a self-collected voided urine sample and a Delphi screener clinician-collected vaginal sample before undergoing routine clinical investigations. Samples were assessed by two independent cytologists blinded to cancer outcomes. Discrepancies were settled by consensus review. Results were compared to standard clinical investigations and hysterectomy histopathology.

Abstract 2022-RA-604-ESGO Table 1 Diagnostic accuracy of urogenital cytology for endometrial and all pelvic cancer detection

	For endometrial cancer,% (95% CI), n = 1848	For all pelvic cancers,% (95% CI), n = 1864
Number of cases	99	115
Disease prevalence	5.4 (4.4, 6.5)	6.2 (5.1, 7.4)
Sensitivity	80.8 (71.7, 88.0)	80.0 (71.5, 86.9)
Specificity	92.6 (91.1, 93.8)	92.6 (91.2, 93.8)
Positive predictive value	38.1 (31.5, 45.0)	41.4 (34.9, 48.2)
Negative predictive value	98.8 (98.2, 99.3)	98.6 (97.9, 99.1)
Diagnostic accuracy	91.9 (90.6, 93.2)	91.8 (90.5, 93.0)