Abstract 2022-RA-1400-ESGO Table 1 Diagnostic performance of GI-RADS and O-RADS

System	Sensitivity	Specificity	LR+	LR-
GI-RADS	100% (95% CI: 86%-100%)	91% (95% CI: 87%-94%)	11.5 (95% CI: 7.5–17.1)	NA
O-RADS	96% (95% CI: 79%-99%)	92% (95% CI: 88%-95%)	12.2 (95% CI: 7.7–19.4)	0.05 (95% CI: 0.007–0.321)

Conclusion GI-RADS or O-RADS systems perform similarly for managing adnexal masses

2022-RA-1401-ESGO COMPARISON OF ADNEXMODEL, O-RADSAND THE COMBINEDIOTA SIMPLE RULES WITH SIMPLE RULES RISK ASSESSMENT AND SIMPLE RULES WITH ADNEX MODEL IN DISCRIMINATING BETWEEN BENIGN AND MALIGNANT ADNEXALMASSES

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10.1136/ijgc-2022-ESGO.176

Introduction/Background To compare the IOTA Assessment of Different NEoplasias in the adneXa (ADNEX) model, the Ovarian-Adnexal Reporting and Data System (O-RADS) and the combined IOTA Simple Rules (SR) with Simple Rules Risk (SRR) assessment and SR with ADNEX model in the preoperative discrimination of benign and malignant adnexal masses (AM).

Methodology We conducted a monocentric retrospective study performed between January-2018 to December-2021 which includes consecutive women with AM. Surgery with histology represented the reference standard. We classified the AM using the ADNEX model, O-RADS and SR in the same cohort of patients. When SR resulted 'inconclusive', we combined SR with SRR assessment and SR with ADNEX model. Sensitivity (SE), specificity (SP) and diagnostic accuracy (DA) were determined for each testing modality to compare the performance of ADNEX model, O-RADS, SR + SRR and SR + ADNEX model.

Results Of the 514 women, 400 (77.8%) had a benign ovarian tumor and 114 (22.2%) had a malignant tumor. The malignancy risk threshold was set at >10%. SE, SP and DA of the ADNEX model were 92,1% (95%CI, 85,5%-96,3%), 88,3% (95%CI, 84,6%-91,2%) and 89,1% (86,1%-91,7%), respectively. SE, SP and DA of O-RADS were 93,0% (95% CI, 86,6%-96,9%), 89,3% (95%CI, 85,8%-92,1%) and 90.1% (95%CI, 87,2–92,5%), respectively. When we applied SR, 109 (21.2%) cases resulted inconclusive. SE, SP and DA of the SR + SRR assessment were 87,7% (95%CI, 80,3%-93,1%), 91,8% (95%CI, 88,6%94,3%) and 90,9% (95%CI, 88,0%-93,2%), respectively. SE, SP and DA of the SR + ADNEX model were 90,4% (95%CI, 83,4%-95,1%), 93,3% (95%CI 90,3%-95,5%) and 92,6% (90%-94,7%), respectively.

Conclusion The ADNEX model and O-RADS had similar SE and higher SE than SR + SRR assessment and SR + ADNEX model in the preoperative discrimination of malignant and benign AM; SR + ADNEX model had higher DA than ADNEX model, O-RADS and SR + SRR assessment.

2022-RA-1408-ESGO INTRACARDIAC INTRAVENOUS LEIOMYOMATOSIS WITH MALIGNANT HYSTOLOGICAL FEATURES

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10.1136/ijgc-2022-ESGO.177

Introduction/Background Intravenous leiomyomatosis (IVL) is defined by the presence of smooth muscle nodules beyond the vessels of an uterine leiomyoma and into the extrauterine venous system. Its extension into the right-sided cardiac chambers can be fatal. Most cases lack marked nuclear atypia or elevated mitotic activity. Transition from a non-invasive leiomyoma to an invasive IVL is not clearly understood. The objective is to report a patient with intracardiac IVL with malignant histological features consistent with sarcoma.

Methodology 63 year old female, hemodynamically stable, referring a painful mass that occupied the pelvic cavity up to the hypogastrium, associated to abnormal uterine bleeding. Abdominal-pelvic magnetic resonance image (MRI) reported a solid tumor originating in the posterior wall of the uterus, and a solid tumor that extended through the right external iliac vein up to the right atrium (RA) partially occupying the inferior vena cava (IVC) and the right common iliac vein. Chest computed tomography showed no pulmonary metastasis. Cardiac MRI reported an intravascular thrombus of tumoral origin that extended from the IVF to the RA protruding through the tricuspid valve (TV) into the right ventricule (RV). Tran-sesophageal echocardiography revealed a 37x13 mm vascularized irregular mass extending from the IVC into the RA going through the TV into the RV, with no effect on valvular function.

Results A one stage procedure was performed including pelvic tumor resection, hysterectomy, adnexectomy, dissection of the IVC with removal of the endovascular tumor and removal of the intracardiac tumor. Due to nonsurgical bleeding, a mediastinal packing was necessary with posterior unpacking 24 hours later. Final pathology examination reported a high grade sarcomatous malignant tumor within the pelvic mass and histological findings consistent with IVL.

Conclusion IVL has a quasi-malignant behavior. Complete tumor removal impacts prognosis and recurrence rates. Reports on IVL with malignant histological features are scarce.

2022-VA-1435-ESGO ECO-LEAK: A NOVELL STRATEGY FOR ANASTOMOTIC LEAKAGE DIAGNOSIS IN GYNECOLOGIC CANCER PATIENTS

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10.1136/ijgc-2022-ESGO.178

Introduction/Background Anastomotic leakage can be checked intraoperatively with a leak test after pelvic instillation of serum followed by transrectal air insuflation,

ECO-LEAK consist on viewig the presence of new free fluid in the pelvis after transrectal instilation of an enema

Methodology For a better understanding we simulated an anastomosis in an animal model one with out leak and the other with leak. The following video shows the procedure in 2 patients without leakage.

the ECO-LEAK test is performed in the following sequence, after informing the patient and obtaining her consent.

Results - Gynaecological position/lithotomy

Basal transvaginal ultrasound with the aim of describing the presence or absence of free fluid or other ultrasound findings (sagittal and transverse scan). At this point the stapler line can be identified as it presents a more hyperreflective aspect.

- Trans anal foley catheter insertion – Filling of the balloon of the probe by direct visualization – Transvaginal ultrasound with enema: Insertion of 180cc of serum under ultrasound vision with probe in vagina and sagittal and mid-sagittal cut. – Exploration of the anastomosis in a sagittal and transversal plane. – If no new free peri-anastomotic/pelvic fluid appears, the test is considered negative. – If there is an appearance of pelvic free fluid (previously absent) or an increase in free fluid with respect to the baseline examination (fluid present at the beginning of the examination) peri anastomosis/pelvic, the test is considered positive.

Conclusion The possible theoretical advantages of this method are its rapid accessibility, ease of performance, patient comfort, reproducibility and low cost.

2022-RA-1472-ESGO COMPARISON OF THE DIAGNOSTIC ACCURACY OF CONTRAST-ENHANCED/DWI MRI & ULTRASONOGRAPHY IN THE DIFFERENTIATION BETWEEN BENIGN & MALIGNANT MYOMETRIAL TUMORS

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10.1136/ijgc-2022-ESGO.179

Introduction/Background Various modalities including ultrasonography and magnetic resonance imaging (MRI) have been developed as imaging technique for screening malignant myometrial tumors, but a few studies assessed the diagnostic value of these two techniques in differentiation of benign from malignant myometrial tumors that had been the main purpose of this study.

Methodology This cross-sectional study was performed on 63 women underwent surgery for intrauterine masses that were initially assessed using MRI and ultrasound before surgery at a tertiary hospital in Tehran from 2016 to 2020. Their MRI was reviewed by a reputable radiologist in the field. The findings of histopathological assessment were considered as the gold diagnostic standard.

Results The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and accuracy of MRI to detect sarcoma were revealed to be 94.6%, 92.3%, 94.6%, 92.3%, and 93.7% respectively. Ultrasonography had not preferable applicability to differentiate sarcoma from benign tumors with sensitivity, specificity, PPV, NPV and accuracy of 35.1%, 88.4%, 81.2%, 48.9%, and 57.1% respectively. The diagnostic performance of both modalities was not affected by baseline clinical conditions including pain, abnormal uterine bleeding and menopausal status.

Abstract 2022-RA-1472-ESGO Table 1 Pathological results with MRI according to baseline parameters

Abstract 2022-RA-1472-ESGO Table 2

The association of pathological results with ultrasonography according to baseline parameters

Conclusion MRI but not ultrasonography can effectively differentiate benign from malignant myometrial tumors.