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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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.