2022-RA-1653-ESGO GYNAECOLOGICAL PELVIC MASSES PRESENTING WITH VENOUS THROMBOEMBOLISM; WHAT IS THE RISK AND WHAT IS THE UNDERLYING PATHOLOGY?

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Introduction/Background Mass effect from a pelvic mass predisposes to venostasis in the lower limbs, increasing the risk of deep vein thrombosis and pulmonary embolus. Additionally, malignancy creates a hypercoagulable state and vulnerability to venous thromboembolism (VTE).

Gynaecological malignancy is closely associated with VTE with a prevalence of 27% of women with ovarian cancer prior to treatment. We investigate the proportion of women presenting with venous thromboembolism with an associated pelvic mass found on imaging. Current guidance from the National Institute for Health and Care Excellence (NG158) does not advise investigation for cancer in patients who present with VTE in the absence of other clinical signs. However, by nature pelvic masses present with subtle symptoms.

Methodology A retrospective review identified all women diagnosed with VTE between 01/03/2016 and 31/10/2021 across two hospital sites at one NHS trust. Notes were reviewed to elucidate how many patients had a pelvic mass at the time of diagnosis and what the final pathological outcome for this pelvic mass was.

Results 2007 cases were examined and of these 18.4% (n=369) had a pelvic mass of any origin identified on CT or MRI around the time of VTE diagnosis. 29.3% (n=108/369) required referral to the Gynaecological Oncology multidisciplinary team meeting for assessment of this mass. Of these women, 56.5% (n=61) had a gynaecological malignancy with the remaining 43.5% (n=47) having benign gynaecological pathology. Co-existing risk factors for VTE for each case were examined.

Conclusion VTE diagnosis in women is associated with a high prevalence of pelvic masses, with more than a quarter of these requiring referral to Gynaecological Oncology for evaluation. Consideration of routine radiological imaging at the time of VTE diagnosis is warranted to identify these masses earlier.

2022-RA-1671-ESGO DIAGNOSTIC ACCURACY OF DIFFERENT ULTRASOUND SIGNS FOR DETECTING ADNEXAL TORSION: SYSTEMATIC REVIEW ANDMETA-ANALYSIS

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Introduction/Background Adnexal torsion is a rather common matter of urgency surgery. However, it is a quite difficult diagnosis to make, since there is no specific test that can diagnose it with certainty.

Methodology A search was performed in PubMed/MEDLINE, CINAHL, Scopus, Cochrane, ClinicalTrials.gov and Web of Science databases (January 1990 to November 2021) for studies evaluating the presence of ovarian edema, adnexal mass, Doppler flow findings and the whirlpool sign as ultrasound signs (index tests) fordetecting AT, using surgical findings as reference standard. The Quality Assessment of Diagnostic Accuracy Studies-2 (QUADAS-2) tool was used to evaluate the quality of the studies. Pooled sensitivity, specificity, positive and negative likelihood ratios were calculated separately, and the post-test probability of AT following a positive or negative test also was determined.

Results The search identified 1267 citations after excluding duplicates. Twenty studies were ultimately included in the qualitative and quantitative syntheses. Ten studies (983 patients) analyzed ovarian edema. Eleven studies (1295 patients) analyzed the presence of adnexal mass. Fifteen studies (2212 patients) analyzed the Doppler flow. Finally, seven studies (654 patients) analyzed whirlpool sign. Overall, quality was considered as moderate or good for most studies. Pooled sensitivity, specificity and positive and negative likelihood ratios of each ultrasound sign were 57%, 88%,4.9 and 0.48 for ovarian edema, 72%, 39%, 1.2 and 0.73 for adnexal mass, 65%, 92%, 8.0 and 0.38 for whirlpool sign, and 55%, 94%, 9.6 and 0.48 for Doppler findings. Heterogeneity was high for all them.

Conclusion Diagnostic accuracy of the presence of an adnexal mass as ultrasound sign mass for suspecting an adnexal torsion is poor, while it is good for ovarian edema, whirlpool sign and Doppler flow, all of them with high specificity but moderate sensitivity

2022-RA-1679-ESGO EXPERT ULTRASOUND EXAMINATION, MRI OR ROMA FOR DISCRIMINATING BENIGN FROM MALIGNANT IN INCONCLUSIVE ADNEXAL MASSES AS DETERMINED BY IOTA SIMPLE RULES

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Introduction/Background The objective of this study is to determine which would be the best second step approach for discriminating benign from malignant adnexal masses classified as inconclusive by IOTA Simple Rules (SR).

Methodology Single center prospective study performed (January 2018-Decembre 2021) comprising a consecutive series of patients diagnosed as having an adnexal mass classified as inconclusive according to IOTA SR by non-expert examiners. All women were underwent ROMA analysis, DC-MRI interpreted by an expert radiologist and ultrasound (US) examination by expert gynecological sonologist. Pregnant patients and patients with less than 12 months of follow-up were excluded. Cases were clinically managed according to the result of the US expert examination by either serial follow-up for at least one years or surgery. Referencestandard was histology (patient was submitted to surgery if any of the tests was suspicious) or follow-up (Masses with > 12 months and no signs of malignancy were considered as benign). Diagnostic performance of all three approaches were calculated and