compared. Direct cost analysis of the test used was also performed.

Results 80 women were included. Seventeen patients were managed expectantly and 63 patients underwent surgery. 23 masses were malignant. Diagnostic performance of all three approaches is shown in table. Both US expert examination and MRI had significantly better diagnostic performance that ROMA. There was no difference in terms of diagnostic performance between US and MRI. Direct costs were significantly lower for US than for MRI and similar to ROMA

Conclusion US expert examination is the best second step approach in inconclusive adnexal masses as determined by IOTA Simple Rules

2022-RA-1682-ESGO DIAGNOSTIC ACCURACY OF THREE-DIMENSIONAL TRANSVAGINAL ULTRASOUND FOR DETECTING CONGENITAL UTERINE ANOMALIES: SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background The aim of this study is to evaluate the accuracy of three-dimensional transvaginal ultrasound (3D-TVS) for the diagnosis of uterine mullerian anomalies (UMA), using surgery as the reference standard.

Methodology A search was performed in PubMed/MEDLINE, CINAHL, Scopus, Cochrane and Web of Science databases (January 1990 to December 2021) for studies evaluating the diagnostic performance of 3D-TVS for detecting UMA, using endoscopic findings as reference test. 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 ratio for 3D-TVS were calculated for all types of anomalies and separately for septate and bicornuate uterus, specifically. Arcuate uterus was considered as normal. Post-test probability of detecting UMA following a positive or negative test was determined.

Abstract 2022-RA-1682-ESGO Table 1 Dignostic accuracy 3D-TVS for detecting UMA

Diagnostic accuracy of 3D-TVS for detecting UMA.

3D TVS	Sensitivity	Specificity	LR+	LR -
Any UMA	99% (95% CI, 97-100%)	100% (95% CI, 97-100%)	294 (95% CI, 36-2404)	0.01 (95% CI, 0.00-0.04)
Septate uterus	97% (95% CI, 94-99%)	100% (95% CI, 72-100%)	301 (95% CI, 2.5-36248.2)	0.03 (95% CI, 0.01-0.06)
Bicornuate uterus	95% (95% CI, 92-97%)	99% (95% CI, 97-100%)	29 (95% CI, 3.6-1009.2)	0.06 (95% CI, 0.03-0.09)

Results The search identified 297 citations after excluding duplicates. After further exclusions, fourteen studies were ultimately included in the qualitative and quantitative syntheses, comprising 1776 women. Fourteen studies analyzed the presence of any type of UMA and seven by subgroups (septate uterus and/orbicornuate uterus). The mean prevalence of UMA was 47% (range: 1%-97%). Overall, pooled sensitivity, specificity, positive and negative likelihood ratios are shown in table

1. Heterogeneity was high. According to the QUADAS-2 tool, most of the studies were considered high risk of bias for patient selection, and low risk for index test and reference standard and unclear for flow/timing.

Conclusion Our results confirm the high accuracy of 3D-TVS for diagnosing uterine mullerian anomalies. These data support the role of this technique as gold standard for detecting these anomalies

2022-RA-1687-ESGO DIAGNOSTIC DIFFICULLTIES IN LOW-GRADE ENDOMETRIAL STROMAL SARCOMA: REVIEW OF THE LITERATURE IN ONE CASE

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Introduction/Background Endometrial stromal sarcoma (ESS) is a rare and difficult to diagnose endometrial proliferation. It constitutes only about 0.2% of all uterine malignancies and is usually associated with a poor prognosis. SSE is usually misdiagnosed as a leiomyoma sometimes associated with a polyp. Both have nonspecific symptoms, which makes the diagnosis even more complex. Given the rarity of this neoplastic entity, the optimal management is quite dynamic and debatable

Methodology our study is a case report

Results We report here a rare case of a 35-year-old patient who presented for pregnancy with a presumptive diagnosis of leiomyoma, principle diagnostic hysteroscopy for cavitary assessment in the context of infertility revealed a fundial imprint of a FIGO 2–5 myoma associated with an endocavitary process similar to a necrobitic myoma which was resected two weeks later over a larger area of implantation compared to the time of diagnosis. Pathological analysis revealed a low-grade endometrial stromal sarcoma of 5.5 cm long axis, infiltrating >50% of the myometrium. As a result, the treatment plan was changed from conservative myomectomy to total interovarian hysterectomy.

Conclusion The aim of this case report is to highlight this uncommon tumour in young patients and to raise awareness of the need to consider this diagnosis, particularly when presenting with a rapidly enlarging uterine leiomyoma.

2022-RA-1700-ESGO NEW ULTRASONOGRAPHIC MARKERS OF BORDERLINE OVARIAN TUMOURS (BOT)

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Introduction/Background The most common signs of BOT on ultrasound (US) are reported to be: a septate cyst with solid component and/or mural nodules containing blood vessels in papillary projections. However, we describe ultrasonographic markers additional for the diagnosis of BOT

Methodology A retrospective study at a tertiary referral university hospital with a gynaecological oncology unit, from patients who underwent surgery between 2012 and 2022 with