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 per-
formance 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

Abstract 2022-RA-1682-ESGO

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

Isabel Brotons Almandoz, Julio Vara García, Isabel Carriles Rivero,
Juan Luis Alcázar Zambrano. Gynaecology, Clínica Universidad de Navarra, Pamplona, Spain;
Clínica Universidad de Navarra, Pamplona, Spain; Clínica Universidad de Navarra, Madrid, Spain

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/MED-
LINE, CINAHL, Scopus, Cochrane and Web of Science
databases (January 1990 to December 2021) for studies
evaluating the diagnostic performance of 3D-TVS for detect-
ing UMA, using endoscopic findings as reference test. The
Quality Assessment of Diagnostic Accuracy Studies-2 (QUA-
DAS-2) tool was used to evaluate the quality of the studies.
Pooled sensitivity, specificity, positive and negative likeli-
hood 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.

Results The search identified 297 citations after excluding
duplicates. After further exclusions, fourteen studies were ulti-
mately included in the qualitative and quantitative synthses,
comprising 1776 women. Fourteen studies analyzed the pre-
ence of any type of UMA and seven by subgroups (septate
uterus and/or bicornuate uterus). The mean prevalence of UMA
was 47% (range: 1%-97%). Overall, pooled sensitivity, specif-
icity, 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

Abstracts

2022-RA-1687-ESGO

DIAGNOSTIC DIFFICULTIES IN LOW-
GRADE ENDOMETRIAL STROMAL
SARCOMA: REVIEW OF THE LITERATURE IN
ONE CASE

Meukem Tatsipie Wilfried Loic, Usan Jeniffer, Yann Salhi, Jeremy Benichou, Morgane Blot Dupin, Pierre André Mal, Lecarpentier Édouard. Gynécologie obstétrique, Centre Hospitalier Intercommunal De Créteil, Paris, France

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 mis-
diagnosed 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 fundal
imprint of a FIGO 2

Grade endometrial stromal sarcoma of 5.5 cm long axis, infil-
trating >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 pre-
senting with a rapidly enlarging uterine leiomyoma.

Abstract 2022-RA-1700-ESGO

NEW ULTRASONOGRAPHIC MARKERS OF
BORDERLINE OVARIAN TUMOURS (BOT)

Nadezha Rodríguez, Nicolas Rodriguez, Nathalia Ayala, Catalina Burtica,
Camila Saravia, Angela Nastar, Natalia Ramirez, Alba Esquivel. Gynaecology, Fundacion Santa Fe de Bogota, Bogota, Colombia;
School of medicine, Universidad de los Andes, Bogota, Colombia;
Pathology, Fundacion Santa Fe de Bogota, Bogota, Colombia

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 univer-
sity hospital with a gynaecological oncology unit, from
patients who underwent surgery between 2012 and 2022 with