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.

Abstract 2022-RA-1682-ESGO Diagnostic accuracy of three-dimensional transvaginal ultrasound for detecting congenital uterine anomalies: Systematic review and meta-analysis

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.

Introduction/Background 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/or bicornuate 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.

Abstract 2022-RA-1700-ESGO New ultrasonographic markers of borderline ovarian tumours (BOT)

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...
previous transvaginal ultrasound performed by gynaecologists or radiologists. Patients with a diagnosis of BOT by histopathological findings were included. Descriptive analyses were performed.

**Results** Of 18 patients diagnosed with BOT, with a mean age of 39 (± 17) years, 11 (73%) were premenopausal, their median CA 125 was 115 (± 32) U/mL. The mean maximum diameter of the lesion was 54 (± 72) mm, 9 (60%) were described as unilocular solids, 5 (33%) as multilocular solids and 1 (7%) as unilocular. In addition to the classic criteria such as vascularization in the papilla found in 15 (83%) of the cases, we found novel characteristics such as: a low level of echogenicity content in 14 (78%) and a pattern of microcystic tissue that resembles a group of small bubbles in 12 (67%) of these tumors. Furthermore, when these three characteristics were positive, the tumors were diagnosed by histopathology as being of serous origin.

**Conclusion** This study proposes additional characteristics that are of interest for the approach and diagnosis of BOT by ultrasound.

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**Abstracts**

**DIAGNOSTIC ACCURACY OF THE IOTA ADNEX MODEL FOR BORDERLINE OVARIAN TUMORS**

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**Introduction/Background** The aim of this study was to perform a diagnostic accuracy evaluation of the International Ovarian Tumor Analysis (IOTA) – Assessment of Different Neoplasias in the adnexa (ADNEX) model for the diagnosis of borderline ovarian tumors (BOT).

**Methodology** A retrospective study of patients who underwent gynecological surgery between 2012 and 2022 with a previous diagnosis of adnexal mass by transvaginal ultrasound at a tertiary referral university hospital with a specific gynecological oncology unit. Sociodemographic data, ultrasound information, and pathological findings were retrieved from the patient’s medical records. The IOTA ADNEX model was used to estimate the probability of benignancy or malignancy (borderline, stage I, stages II-IV, or metastatic) with a threshold of 10%. Definitive pathology was the reference standard used. Descriptive statistics and bivariate analysis were performed.

**Results** A total of 575 patients underwent surgery and had a pathology report. The IOTA ADNEX model identified 586 (37.4%) masses as malignant, of which 64 (37.4%) were classified as BOT. 18 (28%) masses were confirmed as TP by histopathology and 46 (72%) as FP. Its usual ultrasound characteristics were similar with the particularity of having a greater number of papillae and blood vessels in papillary projections in the TP. Therefore, additional sonographic features, such as the presence of a low level of echogenicity content and a pattern of microcystic tissue resembling a cluster of tiny bubbles, were evaluated. These characteristics were relevant in most of the TP. Regarding the FP, histopathology showed that 40% were serous cystadenofibroma, 20% ovarian tube abscess, 10% Low-grade serous carcinomas, among others.

**Conclusion** Our findings show how some usual and novel features in ultrasound are necessary for an adequate differentiation of BOT.

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**INCONCLUSIVE OVARIAN TUMOURS BY IOTA SIMPLE RULES AND APPLICATION OF O-RADS MRI SCORES IN A TERTIARY REFERRAL CENTRE**

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**Introduction/Background** The purpose of this study was to evaluate the Ovarian-Adnexal Reporting Data System Magnetic Resonance Imaging (O-RADS MRI) score for risk stratification of sonographically indeterminate adnexal masses.

**Methodology** Thirty-four patients with sonographically indeterminate adnexal mass according to Simple Rules were enrolled between March 2020 and March 2021. Subjective impression likelihood ratio could suggest the need to incorporate additional variables in the ultrasound findings.