A CROSS-SECTIONAL COMPARATIVE STUDY ON THE DIAGNOSTIC ACCURACY OF MVA VERSUS ENDOSAMPLER AMONG PATIENTS WITH ABNORMAL UTERINE BLEEDING AND POSTMENOPAUSAL BLEEDING IN A TERTIARY HOSPITAL

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10.1136/ijgc-2022-igcs.439

Objectives This study aims to compare MVA to Endosampler in detecting endometrial pathology among women with Abnormal Uterine Bleeding (AUB) or Postmenopausal bleeding (PMB), specifically comparing histopathologic diagnosis, tissue yield, and pain scores of both methods.

Methods This cross-sectional diagnostic study was conducted at a tertiary university hospital from August 2020-January 2021. Thirty-one women with AUB or PMB underwent endometrial sampling using both Endosampler and MVA. Participants were randomly divided into two groups based on treatment sequence. Age, gravidity, and endometrial thickness were recorded. Histopathologic diagnoses, weight of endometrial tissues, and pain scores by Visual Analogue Pain Scale (VAPS) were evaluated.

Results The MVA has high sensitivity and specificity in detecting premalignant and malignant lesions, with a diagnostic accuracy of 96.7%. There was histopathologic concordance to Endosampler in all cases of hyperplasias and carcinomas. The MVA also detected the following over Endosampler: 1 hyperplasia without atypia, 1 atypical hyperplasia, 1 endometrial carcinoma, 1 leiomyoma, and 1 proliferative endometrium. The MVA sampled significantly more endometrial tissue than Endosampler (2.1g vs 1.5g), p-value=0.008. The pain scores for both groups had no significant difference.

Conclusions The MVA is comparable to Endosampler as an endometrial sampling alternative in low-resource settings. It yields more endometrial tissues than the Endosampler with no significant difference in pain scores.

COLPOSCOPIIC AND HISTOLOGIC RESULTS BEHIND SECOND ATYPICAL SQUAMOS CELL OF UNDETERMINED SIGNIFICANCE

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10.1136/ijgc-2022-igcs.440

Objectives The objective of this revision is to determine the frequency of biopsies and the risk of pre-invasive and invasive lesions after the results of two cytology with ASC-US, with the intention to know local results and inform our patients.

Methods Retrospective descriptive study for case series. Including the revision of patient’s files derived from second cytology ASC-US and evaluated at the Unit of Gynecology Oncology in the Regional Hospital between 18–03–20 to 16–03–22. Intake analysis, colposcopy reports and histologic results were analyzed (diagnostic biopsy and LEEP loop conization).

Results There were 156 admissions to the Gynecology Oncology Unit for altered cytology. 55 patients were identified (35.2%) admitted for two cytology ASC-US. There were 10 satisfactory colposcopies (18.2%) and no lesion was identified. There were 44 biopsies (79.9%) and 1 patient refused biopsy due to pregnancy. These are the results: 1 (1.8%) no lesion, 1 (1.8%) chronic cervicitis, 7 (12.7%) HPV, 7 (12.7%) CIN I, 9 (16.4%) CIN II, 18 (32.7%) CIN III and 1 (1.8%) cervical cancer.

Conclusions Referral due to second cytology ASC-US corresponded to more than one third of positive cytology. There was a high percentage of lesions in the colposcopies (79.8%) and pre-invasive lesions with high grade (CIN II-III) 49.1% of analyzed patients. These results differ from national and international results; therefore, it needs further research.