stages unfortunately 30% of patients with advanced ovarian cancer present pleural effusion at the time of initial diagnosis, that has been associated with worse disease-free survival and overall survival.

**Description** A 48-year-old women who present a 3-month history of bloating and abdominal pain. Tomography of the abdomen and chest showed left pleural effusion with bilateral adnexal masses, peritoneal carcinomatosis and a ca 125 of 1753. The patient was given 4 chemotherapy cycles with partial imaging and serological response. Control images showed persistence of pleural effusion in the left hemithorax that was previously compromised by adenocarcinoma, so it was decided to perform left thoracoscopy to define secondary pleural involvement. The main finding during thoracoscopy is evidence of a 5 cm lesion at the level of the left diaphragmatic peritoneum with full thickness infiltration with no other lesions in pleura cavity. The patient was taken to a complete abdominal cytoreduction by laparotomy with an adequate clinical evolution pending the restart of chemotherapy.

**Conclusion/Implications** It is important to mention that metastatic involvement of pleural effusion has a high correlation with pleural involvement. The main prognostic factor for overall survival in ovarian cancer is complete cytoreduction, thats why we must establish the areas affected by this neoplasm and define the possibility of undergoing surgery. Video assisted thoracoscopy is a low-morbidity procedure that allows us to evaluate pleural and mediastinal involvement in patients with pleural effusion.

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**SF018/#345**  
**LAPAROSCOPIC RESTAGING SURGERY FOR OVARIAN CANCER MIMICKING A PARASITIC MYOMA DISCOVERED DURING LAVH FOR UTERINE ADENOMYOSIS AFTER HIFU**

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**Introduction** To present laparoscopic restaging surgery for ovarian cancer mimicking a parasitic myoma discovered during LAVH for huge uterine adenomyosis after HIFU.

**Description** A 49-year-old Korean woman with severe dysmenorrhea and abnormal uterine bleeding to our department. She had received High intensity focused ultrasound (HIFU) for adenomyosis six years ago. Pelvic MRI showed typical adenomyosis feature with huge uterus with ill-defined myometrial lesion. We planned to perform laparoscopically assisted vaginal hysterectomy on September 13 2021. We discovered small mass mimicking parasite myoma on right paracolic gutter. After hysterectomy, we removed the myoma like mass and the mass was sent frozen section histological analysis revealed a diagnosis of serous carcinoma. We performed abdominal exploration and washing cytology. Additionally, we discovered small tumor nodules on both ovarian surface covered by huge adenomyoma. We finished the initial surgery to do baseline study for ovarian cancer. We performed the laparoscopic restaging surgery for ovarian cancer after baseline study on September 30, 2021. The FIGO stage IIIIC was confirmed based on the final histopathological result.

**Conclusion/Implications** Laparoscopic restaging surgery for ovarian cancer mimicking a parasitic myoma discovered during LAVH for huge uterine adenomyosis after HIFU was safe and successful.

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**SF019/#1087**  
**LAPAROSCOPIC STAGING FOR OVARIAN CANCER**

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**Introduction** Exploratory laparoscopy is an essential step for surgical staging in advanced ovarian cancer. With two objectives: to determine the best therapeutic strategy by evaluating the possibility of primary debulking surgery; to perform biopsies to confirm the diagnosis and to allow molecular analysis. We propose a step by step video about laparoscopic staging in advanced ovarian cancer.

**Description** We present a step-by-step laparoscopic exploration of the abdominal cavity for staging in advanced ovarian cancer, using Peritoneal Carcinomatosis Index, areas by areas. We want to show what are the pitfalls and blocking points for a primary debulking surgery.

**Conclusion/Implications** We wish to show how to perform a rigorous exploration of the abdomen and how to make efficient and safe biopsies for a better management of the patients in advanced ovarian cancer.