Results We identified 14 cases of non-metastatic breast sarcomas, including 10 cases of phyllodes sarcomas and 4 cases of non-phyllodes sarcomas. The median age was 41.4 years, and 8 patients were premenopausal. Benign breast pathologies were observed in 7 patients, while 5 patients had inflammatory skin signs. The median tumor size was 10.25 cm. All patients underwent mastectomy, with 7 also undergoing lymph node resection. Adjunct therapy included radiotherapy for all patients and chemotherapy for 7 patients, except for one case already irradiated. The median radiation dose was 50 Gy in 25 fractions, with additional dose in 4 patients. A local recurrence was observed in one patient, while 5 patients developed metastases. The time to onset of metastases varied between 2 months and 5 years. However, 6 patients achieved complete remission with follow-up ranging from 4 to 20 years. Two patients were lost to follow-up, and the patient with radiation-induced sarcoma died shortly after surgery.

Conclusion Breast sarcomas are rare and aggressive tumors with poorly codified therapeutic management. A multidisciplinary approach is crucial for decision-making.

Disclosures There are no financial conflicts of interest to disclose.

#198 ULTRASOUND AMBULATORY TRANSVAGINAL BIOPSY AND PUNCTURE IN THE DIAGNOSIS AND TREATMENT OF PELVIC LESIONS. A MULTICENTER STUDY

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Introduction/Background The use of transvaginal ultrasound guided biopsy and puncture of pelvic lesions has many advantages compared to other techniques. The main aim of the work is to describe a standardized ambulatory technique and to determine its usefulness.

Methodology Prospective study of ultrasound transvaginal punctures (tru-cut biopsies and cytologies) and drainages of pelvic lesions performed on an outpatient basis during the last two years. The punctures were made with local anesthesia, under transvaginal ultrasound guidance with an automatic 18G biopsy needle with a length of 20–25 cm and a penetration depth of 12 or 22 mm. The material obtained was sent to anatomopathological, cytological and/or microbiological study if necessary.

Results In a total of 55 women, we performed 44 biopsies, 10 punctures and drain of pelvic masses and one diagnostic puncture of ascites. In 7 cases the puncture and drain provided clinical. Seventeen biopsies were vaginal (previously hysterectomized) finding 10 carcinomas; 12 were ovarian tumours in advanced stages or peritoneal carcinomatosis obtaining the appropriate histology in each case; 12 were suspicious cervical biopsies finding carcinomas in 7 of them and one schwannoma; 3 were myometrial biopsies including one breast carcinoma metastasis in the miometrium and a benign placental nodule; a periurethral biopsy was performed on a woman with previous endometrial cancer confirming recurrence. The pathological diagnosis was satisfactory in all cases. The tolerance was excellent and no complications were detected.

Abstract #198 Table 1 Results of transvaginal ultrasound biopsies/punctures/drainages ordered according to the location of the puncture

<table>
<thead>
<tr>
<th>Procedure</th>
<th>N</th>
<th>Indications</th>
<th>BIOPSY/TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic floor</td>
<td>10</td>
<td>Symptomatic rectovaginal fistula/persistent/enterocutaneous fistula</td>
<td>Biopsy, 3 cycles of CT, stent, excisional surgery</td>
</tr>
<tr>
<td>Myometrial biopsy</td>
<td>3</td>
<td>Bulky endometrial/leiomyomatosus lesion</td>
<td>Biopsy, laser therapy, focal endometrial resection</td>
</tr>
<tr>
<td>Vaginal wall biopsy</td>
<td>17</td>
<td>Previous hysterectomy/extracorporeal lesion</td>
<td>Biopsy, laser therapy, focal endometrial resection</td>
</tr>
<tr>
<td>Cervical biopsy</td>
<td>6</td>
<td>Suspected cervical mass</td>
<td>Biopsy, laser therapy, local radiotherapy</td>
</tr>
<tr>
<td>Ovarian/pelvic mass biopsy</td>
<td>5</td>
<td>Asymptomatic intrapelvic mass/abnormal cervical cytology</td>
<td>Biopsy, laser therapy, focal endometrial resection</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>Perimetal nodes</td>
<td>Recurrent endometrial cancer</td>
</tr>
</tbody>
</table>

Abstracts
Conclusion The ambulatory ultrasound transvaginal puncture and drainage technique is useful for obtaining a sample for pathological and microbiological diagnosis with excellent tolerance used to rule out recurrence of malignant lesions, diagnose masses not accessible to gynecological exploration (vaginal vault, myometrium or cervix) and for early histologic diagnosis in peritoneal carcinomatosis or ovarian carcinoma as well as drainage and cytological study of cystic pelvic masses.

Disclosures The ambulatory ultrasound transvaginal puncture and drainage technique is useful for:
- obtaining a sample for pathological (cytology and biopsy) and microbiological (culture material) diagnosis
- treatment of pelvic lesions (drainage) with excellent tolerance

Introduction/Background Persistent Mullerian Duct Syndrome (PMDS) is a rare genetic disorder that affects male sexual development by causing the persistence of Mullerian duct structures in males. This leads to the presence of female reproductive organs such as the uterus, fallopian tubes, and upper vagina in male individuals along with their normal male reproductive organs. PMDS can lead to various complications, and affected individuals are at high risk for testicular neoplasm.

Methodology We report a medical case of a 30-year-old man with PMDS treated in Salah Azaiz Institute of Oncology. Results A 30-year-old man with PMDS presented with a pelvic mass and unilateral cryptorchidism. Imaging studies revealed an abdominopelvic mass measuring 30x20x15 cm with peritoneal carcinomatosis, involvement of the right pleura, and liver nodules. A biopsy confirmed the diagnosis of seminoma.

Tumor marker tests revealed a high level of LDH at 10.1136/ijgc-2023-ESGO.239

Abstract #291 ULTRASOUND ASSESSMENT OF ADNEXAL SEROUS CARCINOMA


Introduction/Background Several ultrasound features help ultra-

sound experts in the characterization of adnexal masses. Ultrasound scores can be applied to differentiate benignity and malignancy. The main aim of this work is to evaluate the ultrasound characteristics of adnexal serous carcinoma and how can ultrasound scores help in their differentiation.

Methodology Retrospective study of ultrasound adnexal lesions of women managed surgically during 2021–2022 in a tertiary centre in Madrid (Spain). Ultrasound characteristics were analysed, and masses were classified according to Subjective Assessment of the ultrasonographer (SA) and other ultrasound scores (IOTA simple rules risk assessment SRRA, O-RADS and ADNEX model with CA125).

Results Of 187 adnexal masses studied, 19 were adnexal serous carcinoma. Mean age of presentation was 61.9 years (range: 42–91), most of them postmenopausal (89.5%, 17/19), 5 asymptomatic (26.3%, 5/19), and 10 bilateral masses (52.6%, 10/19). Most tumors were in advanced surgical stages (IA n=1; IC n=2; II-III n=12; IV n=4). Mean value of maximum size of the lesion was 88.8 ±33.1 mm (range: 44–160), with irregular contour (n=14, 73.7%) and 5 with ascites (26.3%). In all cases a solid part was found (mean size: 53.6 ±23.9 mm, range: 17–98), 13 of them highly vascularized (score color 3–4) and 8 with a papillae (mean size: 34.1 ±26.6 mm, range: 9.5–90), 3 with score color 3–4. Most of them were solid/uni-bilocular (n:17). Mean level of CA125 was 1661.4 ±3414.7 IU/ml (12.4–12059), only two with CA125<35 IU/ml. In all cases malignancy was suspected in SA and ADNEX model with CA125 (mean: 80.7% ±20.4, range: 32.6–100). SRRA suspected malignancy in 17 cases (mean: 64.6% ±36.0, range: 3.1–99.8). O-RADS also classified all masses as suspicious (O-RADS 4: n:8, O-RADS 5 n:11).

Abstract #291 Table 1 Comparison of ultrasound scores applied for serous adnexal carcinoma. SRRA: Simple Rules Risk Assessment figure 1. Ultrasound image shows a solid mass with moderate-intense Doppler color (score 3–4) with an irregular external contour, corresponding to a serous ovarian carcinoma in a 64-year-old woman. Histopathological image shows residual high grade serous tumoral cells embedded in a desmoplastic stroma. This patient had great response to neoadjuvant treatment (H&E 20x).