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 10000 IU/ml. In all cases malignancy was suspected in SA and ADNEX model with CA125.

Of 187 adnexal masses studied, 19 were adnexal serous carcinoma. Mean age of presentation was 61.9 years ±11.3 (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: 9.5–90), 3 of them highly vascularized (score color 3–4) and 8 with a papillae (mean size: 34.1 ±26.6 mm, range: 9.5–90), 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 (124–12059), 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 neoadyuvant treatment (H&E 20x).

#291 ULTRASOUND ASSESSMENT OF ADNEXAL SEROUS CARCINOMA


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Introduction/Background Several ultrasound features help ultrasound 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 ±11.3 (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: 9.5–90), 3 of them highly vascularized (score color 3–4) and 8 with a papillae (mean size: 34.1 ±26.6 mm, range: 9.5–90), 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 (124–12059), 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).