

being the mean visual analogue scale punctuation 3.55. Adverse effects were mild: 82.4% had none, 11.8% had bleeding and 5.9% had severe pain.

82.4% of the patients had a history of previous gynecologic tumor, of which 76.4% had been cervical tumors and had received radiotherapy. Most of the women who underwent biopsy were asymptomatic (38.1%), the most frequent symptoms being pain (23.8%), bleeding (23.8%) and urinary obstruction (14.3%). The lesions detected by imaging tests had a mean maximum size of 38.58 mm by MRI, CT or PET, and 31.08 mm by transvaginal ultrasound. Tumor markers were elevated in 17.6% of cases.

11 of the biopsies were performed because of a high suspicion of malignancy, of which 9 were finally malignant by histology. 76.4% of the samples were persistencies or recurrences of previous gynecologic tumors.

Conclusion Ultrasound guided biopsy is a safe and effective option to obtain in office gynecological biopsies.

Disclosures

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#1006 TUBULAR ADENOMA OF THE BREAST: ABOUT FIVE CASES

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Introduction/Background Tubular adenoma of the breast is a rare epithelial tumor that represents 0.13% -1.7% of benign breast tumors. It occurs in young women of childbearing age. However, menopausal women are very rarely affected. Only a few cases have been described in the literature.

Methodology It is a retrospective and descriptive study, realized in the the university hospital Hassan II of Fes. We report ten cases of tubular adenoma of the breast found in patients operated at the Department of Gynecology and Obstetrics 1 of CHU HASSAN II in Fes between 2020 and 2023.

Results The The age of our patients ranged from 23 years to 41 years. The clinical and radiological diagnosis was difficult because there are many similarities with adenofibroma. Preoperative diagnosis was established by micro- biopsy in 79% of cases.

Treatment for tubular adenoma is not always necessary, especially if the tumor is small, well-defined, and causing no significant symptoms. In such cases, close monitoring may be sufficient. However, if the adenoma causes discomfort, grows rapidly, or there is concern about its appearance or characteristics, surgical removal may be recommended. In our study all the patients were treated surgically.

Conclusion In conclusion, tubular adenoma of the breast is a relatively uncommon but important benign tumor that primarily affects young women. Further research is needed to better understand the etiology and risk factors associated with tubular adenomas. Additionally, studies focusing on long-term outcomes and the impact on quality of life would contribute to improving patient care and management of this benign breast condition.

Disclosures no conflict of interest

#1096 HYSTERECTOMY FOR BENIGN CONDITIONS IN PERIMENOPAUSE: EXPLORING ENDOMETRIAL CONCERNS

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Introduction/Background Given the relative frequency of adenocarcinomas, the literature has sought to estimate the occurrence of undetected cases of endometrial cancer in perimenopausal women undergoing hysterectomy for benign indications.

This study aims to shed light on the prevalence of undetected endometrial cancer and emphasize the importance of thorough evaluation of the endometrium in perimenopausal women undergoing hysterectomy for benign conditions.

Methodology A prospective study of eight months collecting data from perimenopausal patients who underwent hysterectomy for benign indications.

Results We collected data from 24 perimenopausal patients. The mean age was 49 years (47 to 52). The mean parity was 3 (0 to 7). Twelve patients had hypertension, two of whom also had diabetes. No family or personal history of gynecological or colorectal cancer was reported.

Surgical indications included four cases of urogenital prolapse, 12 cases of chronic pelvic pain associated with uterine fibroids, and eight cases of treatment-resistant metrorrhagia.

Six patients had suspicious endometrium on ultrasound and underwent hysteroscopy with endometrial biopsy: four cases of simple hyperplasia without atypia, one case of endometrial polyp, and one case of complex hyperplasia without atypia.

Histopathological examination of the hysterectomy specimens revealed one case of grade I adenocarcinoma in a 52-year-old patient with hypertension, a 10mm endometrium, and a polyfibromatous uterus. The initial biopsy showed complex hyperplasia without atypia.

Conclusion In conclusion, hysterectomy continues to be a prevalent gynecological procedure performed for benign indications in perimenopausal women. However, considering the potential occurrence of undetected endometrial cancer in this population, it is crucial to emphasize the importance of preoperative evaluation. Comprehensive assessment, including clinical examination, ultrasound imaging, and histopathological examination of the endometrium, is recommended to ensure accurate diagnosis and appropriate management.

Disclosures The findings of this study underscore the importance of preoperative evaluation in perimenopausal women undergoing hysterectomy for benign indications. While every effort has been made to provide accurate and reliable information, it is essential to note that this study was conducted within a specific timeframe and at a particular medical center. Therefore, the results and conclusions may not be generalized to other populations or settings without further validation.