

Disclosures No disclosures

### #975 PHYSICAL AND SEXUAL DEVELOPMENT INDICATORS IN PUBERTAL GIRLS BORN WITH ASSISTED REPRODUCTIVE TECHNIQUES

Ilhama Mustafayeva\*. *Department of Basic Medical Sciences, Faculty of Medicine, Nakhchivan State University, Department of Obstetrics and Gynecology I, Azerbaijan Medical University, Baku, Azerbaijan, Nakhchivan, Azerbaijan, In recent years, the use of assisted reproductive technologies has led to a decrease in the frequency of infertility, which is one of the urgent problems of gynecology*

10.1136/ijgc-2023-ESGO.440

#### Introduction/Background

**Methodology** S. Pelkonen et al. According to (2015) studies, in children born as a result of frozen embryo transfer, the frequency of infectious and parasitic diseases of the central nervous system is 17.1%, the frequency of eye and ear diseases is 19.4%, respiratory system diseases is 23%, the frequency of birth defects and chromosomal anomalies is 9.5%.

**Results** The obtained results were compared with the physiological indicators of girls born from spontaneous pregnancy at this age.

Thus, in girls born from pregnancies that occurred through reproductive technologies, an increase in hair growth during puberty, premature development of II sexual characteristics (delayed premature sexual maturity), formation of II sexual characteristics to a noticeable degree that is not appropriate for their age was observed.

**Conclusion** According to the purpose of the study, 16 adolescent girls born through assisted reproductive technologies were examined.

As a result of the research, it was determined that the weight of girls born in pregnancies with reproductive technology was  $2,260 \pm 242,1$  (1800–3100 g).

The average age of girls fluctuates between  $12.0 \pm 0.45$  (10–13) years old.

Clinical and functional studies were carried out in all examined girls, sexual characteristics II according to the J.Tanner scale were evaluated.

The development of mammary glands of girls with assisted reproductive technology started at the age of  $6.9 \pm 0.79$  years. Hair growth in the axilla and inguinal region has been noted since  $6.0 \pm 1.12$  years of age.

A statistically significant increase in hirsutism was observed during puberty in girls born from assisted reproductive technology pregnancies.

The obtained results were compared with the physiological indicators of the sexual maturity period of girls born from spontaneous pregnancy at the same age (Mustafayeva I.R., 2009).

**Disclosures** The aim of the study was to study the indicators of physical and sexual development of girls born through assisted reproductive technology.

### #1030 FERTILITY AFTER CERVICAL CANCER IN YOUNG WOMEN

Ons Kaabia\*, Rim Bouchahda, Abdelkader Bel Kahla. *Université de Sousse, Faculté de M2decien e Sousse, Service de gynécologie obstétrique, CHU Farhat hached, Sousse, Tunisia*

10.1136/ijgc-2023-ESGO.441

**Introduction/Background** Cervical cancer is the third gynecological cancer around the world and the first in some low income countries where it is one of the first women killers. Fertility is highly threatened by the surgical treatments, chemotherapy and pelvic radiation. The aim of this study is to report fertility after cervical cancer in women  $\leq 40$  in Tunisia

**Methodology** It is a retrospective study of a mono-centric database from January 2010 to January 2021. We evaluated the clinical history, treatment, follow-up, pregnancy and delivery of all women  $\leq 40$  diagnosed with cervical cancer, from a global cohort of 493 patients diagnosed in our center with cervical cancer during the same period.

**Results** We included 29 patients. The mean age was  $34,7 \pm 4,7$  years. Nineteen (82.6%) were married of whom 4 were nulliparous. The mean age of first sexual intercourse was 21.5 years [20–26]. The mean marriage duration was 12 years  $\pm 6.19$ . The mean age of the sexual partners was  $40,3 \pm 5,29$  years. According to the FIGO classification: 30.4% had non-invasive cancer and 18.6% had stage I. A fertility-sparing technique was proposed in 10 (43.4%) cases (9 conizations and a case of ovarian transposition prior to chemoradiation). After 5 years of follow up, 21.7% of women died of cervical cancer. Five patients (21.7%) expressed a desire for pregnancy after the treatment, one (4.3%) got pregnant spontaneously and had a cesarean section at 36 weeks of gestation. Five (21.7%) patients expressed that cervical cancer and its treatments had an impact on their sexuality and marital agreement.

**Conclusion** Fertility is a real issue of young women diagnosed with cervical cancer. Fertility sparing treatments are not a guarantee of parenthood in young cervical cancer survivals.

**Disclosures** Nothing to declare

### #1066 FERTILITY SPARING TREATMENT WITH LEVONORGESTREL INTRAUTERINE DEVICE FOR IN ATYPICAL HYPERPLASIA OF THE ENDOMETRIUM IN YOUNG WOMEN

Ons Kaabia\*, Rim Bouchahda. *Université de Sousse, Faculté de M2decien e Sousse, Service de gynécologie obstétrique, CHU Farhat hached, Sousse, Tunisia*

10.1136/ijgc-2023-ESGO.442

**Introduction/Background** Due to generalization of hysteroscopy, the diagnosis of Atypical hyperplasia of the endometrium in young patients with a fertility preservation wish is a delicate situation for the clinician and for the patient. We aim to assess the endometrial response rates to treatment with the levonorgestrel intrauterine device (LNG-IUD) in young women with atypical hyperplasia/endometrial intraepithelial neoplasia endometrial carcinoma who wished to preserve their fertility.

**Methodology** A prospective monocentric study was conducted from January 2016 to January 2023. Patients under 41 years old with AH were treated with LNG-IUD after complete macroscopic hysteroscopic resection. The histologic change of the endometrial tissue was assessed by both vaginal ultrasound and hysteroscopy with curettage every 3 months. The regression rate was calculated at 6 months of treatment.

**Results** The study recruited 29 patients. One withdrew because she was pregnant at the time of IUD insertion and 9 did not show during the follow up. Among the 19 patients with sufficient follow up to assess response, 9 had a documented complete response (CR), 5 no response, 4 progressed. Among the

patients that had initially a complete response, 2 got pregnant (1 spontaneous miscarriage and 1 premature delivery) and 2 experienced relapse of hyperplasia or cancer after 2 years of follow up.

**Conclusion** The need for a fertility sparing treatment to AH in young women is real but not so frequent in our daily practice. LNG-IUD treatment in addition to complete macroscopic hysteroscopic resection for AH showed 50% of CR rate at 6 months but relapses were observed after a 2 year follow up.

**Disclosures** Nothing to disclose

## 05. Miscellaneous

### #21 LOW-GRADE ENDOMETRIAL STROMAL SARCOMA ARISING FROM EXTRAGENITAL DEEP INFILTRATING ENDOMETRIOSIS: A RARE, BUT IMPORTANT DIFFERENTIAL DIAGNOSIS

Lina Judit Schiestl\*, Simin Schadmand-Fischer, Annette Hasenburger, Roxana Schwab. *Universitätsmedizin Mainz, Mainz, Germany*

10.1136/ijgc-2023-ESGO.443

**Introduction/Background** Low-grade endometrial stromal sarcoma (LG-ESS) is an extremely rare uterine malignant neoplasm and belongs to the WHO-classification of endometrial stromal neoplasms. In rare cases, the tumor can arise from extra-uterine localizations, e.g. from endometriotic lesions. Malignant findings in endometriosis are extremely rare (0.7–0.1%) with ESS being the least common malignancy.

**Methodology** We present a 32-year-old woman with LG-ESS arising from deep-infiltrating endometriosis (DIE). Initial symptoms, imaging modalities, histological findings, disease progression, operation technique and the outcome after final surgery are reported.

**Results** The patient presented with two indolent solid masses in the lower abdomen coincidentally detected by a routine ultrasound. The MRI displayed multiple T2 hyperintensities with diffusion disturbance in the adjoining peritoneum. The diagnostic laparoscopy revealed multiple hypervascularized lesions in the lower and upper abdominal cavity and a biopsy was performed. The immunohistochemical workup of the biopsy showed strong nuclear positivity for WT1, ER and PR and partial positivity for CD10 and CD34 in the stroma, leading to the diagnosis of LG-ESS arising from DIE. Three months later the follow-up MRI detected a tumor progression. For oncologic safety, a maximum cytoreductive surgery without fertility preservation (TH-BSO, omentectomy, peritoneal biopsy, excision of additional suspect findings) was performed, achieving a macroscopically complete resection of the tumor and the DIE. The final immunohistochemical results showed metastases in the uterine peritoneum but not in the uterine stroma, thus most likely the LG-ESS arose from foci of endometriosis.

An adjuvant endocrine therapy with aromatase inhibitors was initiated. Six months later in a follow-up MRI no tumor recurrence was seen.

**Conclusion** LG-ESS arising from endometriosis is a very rare condition, and to date no standard therapy has been established. However, it can be concluded from the literature that complete surgical resection is a significant positive prognostic factor for recurrence and survival.

**Disclosures** none

### #32 A RARE CASE OF SEROUS TUBAL INTRAEPITHELIAL CARCINOMA IN A 63-YEAR OLD FILIPINA

Elna Rae Solon Estrada\*. *Zamboanga City Medical Center, Zamboanga City, Philippines*

10.1136/ijgc-2023-ESGO.444

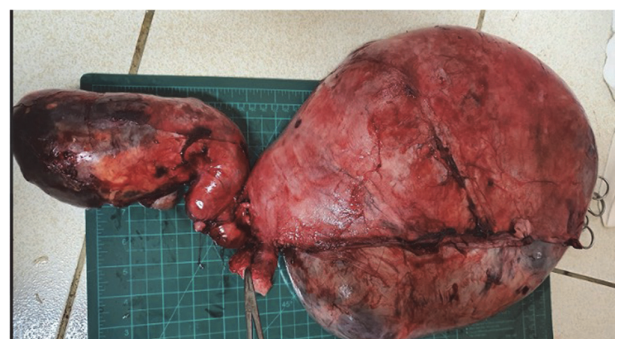
**Introduction/Background** Fallopian tube carcinoma is rare, accounting for approximately 0.2% of cancers among women. It has been suggested that many cases of ovarian carcinoma may actually arise from the epithelial lining of the fallopian tube fimbria, thereby grossly under-estimating the incidence of primary fallopian tube carcinoma. We report a 63-year old, nulligravid patient presenting with abdominal enlargement. Based on history and physical examination, clinical impression was ovarian new growth probably malignant. Official transabdominal ultrasound revealed a large abdominopelvic mass considered ovarian new growth probably borderline malignant.

**Methodology** Surgical plan was total abdominal hysterectomy with bilateral salpingo oophorectomy, with or without bilateral pelvic lymph node dissection, paraaortic lymph node sampling, infracolic omentectomy, random peritoneal biopsy, with or without appendectomy.

**Results** Intraoperatively, pathologies identified were the right fallopian tube and bilateral ovaries. Intraoperative staging followed since the specimens were suspicious for malignancy. She was diagnosed with Ovarian new growth, bilateral, malignant, intraoperative stage IIA, cannot totally rule out primary fallopian tube malignancy, right.

Official histopathology result revealed a high grade serous carcinoma arising from the serous tubal intraepithelial carcinoma of the right fallopian tube, involving both ovaries. Final diagnosis was Serous tubal intraepithelial carcinoma, right fallopian tube, stage IIA. On follow up, patient was counseled on the appropriate management for STIC which involves adjuvant chemotherapy.

**Conclusion** Clinical diagnosis of primary fallopian tube carcinoma is technically challenging because of its similarities with the clinical presentation of an ovarian malignancy. Surgery and histopathology remains to be the definitive tool in determining a primary fallopian tube carcinoma. There is still no clear guideline in the management of post surgical STIC as its management has been similar with cancers of the ovary and peritoneum. Appropriate management, follow up, and surveillance of patients diagnosed with STIC should be practiced by clinicians and to involve high-risk family members in counseling.



Abstract #32 Figure 1

**Disclosures** None