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ASSESSMENT OF THE WELL-BEING OF THE GYNECOLOGICAL SURGEON: COMPARISON OF TWO MINIMALLY INVASIVE APPROACHES

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Introduction/Background To demonstrate that robotic surgery improves the ergonomics of the surgeon and the assistant compared to conventional laparoscopy through a single center institutional survey.

Methodology Cross-sectional observational study of gynecological surgeries performed with robotic assistance or conventional laparoscopy at Clínico San Carlos Hospital from 2008 to 2021. 90% of the surgical procedures included were for malignant condition. A questionnaire was administered to the main surgeon and the assistant in order to know their subjective impressions regarding comfort, ergonomics and satisfaction with the da Vinci robotic system or laparoscopy. The answers were collected on a visual analog scale that scored from 1 to 10. Data were stratified according to the level of experience of the surgeon and complexity of the procedure. To compare the approach with the qualitative variables, the student's t test or the Mann-Whitney U test for independent samples was used. A value $p < 0.05$ was considered statistically significant. Data processing and analysis was carried out using the statistical software IBM SPSS version 25.0.

Results A full questionnaire response was obtained in 384 cases (242 robotic and 142 laparoscopic). With equal difficulty perceived by the main surgeon, robotic surgery was rated as less tiring, more comfortable, and with less limb and back pain than laparoscopic surgery ($p < 0.001$). The surgeon considered that the 3D vision, the articulation of the instrument and the ergonomics offered by robotics were relevant, as well as that robotics was an advance over laparoscopy and open surgery regardless of the level of experience or the complexity of the procedure.

Conclusion Robotic surgery has clear advantages for the surgeon since it increases the degree of satisfaction and comfort and reduces fatigue and discomfort due to the position compared to conventional laparoscopy, regardless surgeon's experience and complexity of the intervention.

Disclosures Authors declare no conflict of interest.

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BACTERIAL VAGINOSIS AND ITS ASSOCIATION WITH HUMAN PAPILLOMA VIRUS AND INCREASED RISK OF CERVICAL INTRAEPITHELIAL LESIONS: AN EXPERIENCE FROM EASTERN INDIA

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Introduction/Background Bacterial vaginosis (BV) is the most common vaginal disorder affecting women of reproductive age and has an influence in acquisition of certain genital infections. However, it is difficult to determine whether BV is actually a risk factor for human papilloma virus (HPV) acquisition or not and whether it may lead to cervical cancer.

Methodology A multiinstitutional prospective study was conducted to analyze the vaginal samples collected from the women aged between 19 and 49 years during the period from December 2014 to December 2022. A total of 495 women with vaginal samples were analyzed for Bacterial Vaginosis (BV) (30.1%) samples were diagnosed with BV as per Amsel's criteria. The prevalence of HPV DNA and CIN were studied in the same cohort. Results analysed and compared with BV positive and BV negative status.

Results A total of 495 women with vaginal samples were analyzed for BV. 149 (30.1%) samples were diagnosed with BV as per Amsel's criteria. The prevalence of HPV DNA was higher in BV-positive cases in comparison to that of BV-negative cases (44.96% vs. 8.95%; $P = 0.001$) showing a significant association between BV and HPV infection. There was a rising trend in the incidence of CIN for women diagnosed with BV when compared to BV negative women (61.74% vs. 42.19%; $P = 0.506$), although statistically insignificant. Moreover, the severity/high grading of CIN was not significantly associated with BV ($P = 0.321$).

Conclusion The result of our study hypothesized that BV was significantly associated with increased risk of HPV infection. There was a rising trend in the association of BV with CIN incidence although statistically insignificant.

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UTERINE SARCOMAS IN PATIENTS UNDER 40 YEARS OF AGE

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Introduction/Background Uterine sarcomas (US) arise from the myometrium or connective tissue elements of the endometrium and account for less than 10% of cancers of the uterine body. (1)

Most US present in patients between the ages of 40 and 60, although they have been diagnosed at younger ages. Black patients are twice as likely to develop leiomyosarcoma as white patients.

Aim Present the epidemiological aspects and the relevant pathological results of the young population diagnosed with uterine sarcoma.

Methodology Descriptive, observational and retrospective study, through the analysis of medical records between 2002 and 2020 in patients diagnosed with uterine sarcoma (UC). The following variables were included: age, personal and hereditary cancer history, hormonal treatment, pregnancy, parity and initial clinical manifestations, the different treatments used and follow up.

Results 7 cases of patients diagnosed with US were collected. AVERAGE AGE 31.85 years (24–40).

The most frequent symptomatology was abnormal uterine bleeding in 5 cases. The rest of the patients presented a suspicious ultrasound finding, abdominal distension or hypogastric pain.

The main results are in table 1 (adnex 1).

The treatment used was surgical with hysterectomy (TH in the 3 leiomyosarcomas), except in 1 case in which, due to the physical conditions of the patient, it was not performed.