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 with the da Vinci robotic system or laparoscopy. The answers were 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.

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)9 (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 (41.74% 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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Abstracts

Regarding the evolution of the disease, 2 patients died within the first year of diagnosis, the remaining 5 patients being free of disease after a long follow-up period.

Conclusion The age of the EDs registered in our case material was below the usual mean. The predominant symptom was SUA. The treatment performed was surgical plus adjuvant treatment in most of the cases studied with overall survival at 5 years adjusted according to the stage at diagnosis.

Abstract #828 Table 1 Main results of the serie. TH: Total hysterectomy, SOB: bilateral salpingoophorectomy; RAD: radiotherapy; AUB: abnormal uterine bleeding.

| AGE | PRESENT. | SYMPTOM | SURGERY | PATHOLOGY | GRADE | ADJUVANCE | PL.
|-----|----------|---------|---------|-----------|-------|-----------|-----
| 21  | 1 AUA    | TH      | Leimobroma | LOW     | No    | 20        |
| 27  | 0 AUA + vaginal discharge | TH-SOB  | multicellular tumor | M/ON | RAD | 10 |
| 30  | 1 abdominal distension | TH-SOB  | multicellular tumor | LOW | No | 10 |
| 36  | 0 AUA    | TH      | Leimobroma | LOW     | No    | 1         |
| 40  | 3 AUA pelvic pain | NO | Sarcoma del Extremo Endometrial | LOW | CHEM 3 cycles | 1 |
| 40  | 4 AUA    | TH-SOB  | Sarcoma del Extremo Endometrial | LOW | No | 16 |
| 27  | 0 pelvic pain | TH | leiomiobroma bajo grado | LOW | No | 15 |

Disclosures Most uterine sarcomas occur in patients older than 40 years; however, they have been diagnosed in patients as young as 20 years of age. The median age at diagnosis is approximately 60 years. In the present series, the mean age was 36.

#853 SUCCESSFUL TREATMENT OF OSTEOCLAST LIKE GIANT CELL PANCREATIC CANCER MISDIAGNOSED AS OVARIAN CANCER IN PREGNANCY WITH EXTENDED RADICAL SURGERY AFTER NEOADJUVANT CHEMOTHERAPY. A CASE REPORT


Introduction/Background Malignant diseases during pregnancy are rare conditions. The estimated incidence is around 1 per 1000 pregnancies. Each year 2500–5000 new cases are reported across Europe. Among these, both ovarian cancer and pancreatic cancer are extremely rare conditions. Pancreatic cancer with ovarian metastases can be easily misdiagnosed and most patients are first diagnosed as ovarian cancer.

Methodology We present the case of a patient with a pregnancy and osteoclast like giant cell pancreatic cancer misdiagnosed as advanced stage ovarian cancer.

Results The 36-year-old patient with an ovarian mass was presented to a regional hospital at the 20th week of pregnancy. Laparotomy was done with incomplete tumor reduction. The initial histology confirmed a high grade serous ovarian cancer. The patient was referred to our center. Based on imaging and histological findings and the age of pregnancy the patient received 3 cycles platinum based neoadjuvant chemotherapy. The extended radical cytoreductive surgery was performed at the 35th gestational week in one step with caesarean section. During the surgery complete tumor reduction was achieved with the resection of the pancreatic tail. The final histological examination diagnosed an undifferentiated osteoclast-like giant cell pancreatic adenocarcinoma, which is particularly rare especially during pregnancy. More than five years after the initial diagnosis the patient is tumor free.

Conclusion The treatment of cancer in pregnancy is quite complex and requires a multidisciplinary approach. Close monitoring of foetus under the treatment is extremely essential. Based on our review of the literature we didn’t identify similar case during pregnancy.