

discharged within 24 hours, compared to 41% of patients who had MIS for benign indication.

Conclusion 34% of patients who had MIS for hysterectomy met the target for discharge within 24 hours and around two-third of them were for benign indication. Age, BMI and comorbidities were the most pertinent factors in cancer group. A lot of factors affect the LOS in patients undergoing Laparoscopic or robotic hysterectomy. Further research is recommended to look into these factors in larger studies.

Disclosures No conflict of interest to disclose.

#1039 EXTRAPULMONARY TUBERCULOSIS MIMICKING OVARIAN MALIGNANCY IN YOUNG PATIENT – RARE CASE

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Introduction/Background Tuberculosis, as a specific granulomatous inflammation, although considered a disease of the past, remains a global problem and a diagnostic challenge, especially abdominal tuberculosis, which accounts for only 3.5% of extrapulmonary tuberculosis cases. In N. Macedonia the latest value from 2021 is 11 tuberculosis cases per 100,000 people, for comparison, the world average in 2021 based on 193 countries is 99.18 cases per 100,000 people. Abdominal tuberculosis and ovarian malignancy can present with similar symptoms, laboratory, and imaging findings that further complicate their diagnosis and differentiation.

Results

Case Report A 19-year-old female patient, with a low socio-economic status and regular vaccinations, was evaluated with adnexal mass and ascites fluid. From performed laboratory analyzes we marked an increased value for tumor marker Ca125=428 U/ml and a low value for hemoglobin 101 g/l. X-ray of lungs was with normal findings. The gynecological ultrasound finding correlates with CT of the small pelvis and supports a changed right adnexa with an irregular and vaguely limited solid change with a diameter of 45x35mm and a large amount of free fluid in the small pelvis, perileanally and inter-intestinally. The differential diagnostic investigations carried out indicated a suspicion of advanced ovarian malignancy, for which a decision was made for an explorative laparotomy. The intraoperative macroscopic finding confirmed suspicious for advanced ovarian malignancy with the presence of ascitic fluid, omental cake, ovarian changes and parietal peritoneum. But histopathology results concluded specific granulomatous inflammation whose morphology is in favor of tuberculosis without malignancy signs. Postoperatively, the patient was referred and treated in an appropriate institution for the treatment of TB diseases.

Conclusion High values for Ca125 and the presence of ascites do not always indicate a clinical picture of malignancy in reproductive women. The diagnosis of abdominal tuberculosis remains a clinical challenge due to its frequent identification with ovarian malignancy.

Disclosures No conflicts of interest are reported

#1040 INDOCYANINE GREEN TO ASSESS ANASTOMOSES PERFUSION IN PATIENTS WITH GYNECOLOGICAL CANCERS UNDERGOING PELVIC EXENTERATION

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Introduction/Background Different studies have previously demonstrated the efficacy of intravenous indocyanine green (ICG) to assess the perfusion of bowel and urinary anastomoses. Nevertheless, the evidence of the use of ICG to assess anastomoses perfusion in patients with gynecological cancer undergoing pelvic exenteration (after radiotherapy) is scanty. The aim of the present study was to assess whether the level of ICG perfusion of ileal conduit urinary diversion (UD) could predict anastomosis leak and/or benign ureteric stenosis.

Methodology Prospective, observational, single-center study including consecutive patients undergoing anterior/total pelvic exenteration due to persistent/recurrent gynecologic cancers between 08/2020 and 02/2023. All patients underwent intravenous injection of 3–5ml of ICG (5mg/ml) once the UD was completed. A near-infrared camera was used to evaluate ICG perfusion of anastomoses (ileum–ileum, right and left ureter with small bowel, and colostomy or colorectal sides of anastomosis) a few seconds after ICG injection. Degree of perfusion was intraoperatively assessed independently by one urologist and one gynecologic oncologist and was divided according to a four-tier classification (—/+—/+ +/+ +/+).

Abstract #1040 Table 1 Characteristics of included patients

Characteristic	Patients (N=56) (range,%)
Age, median	42 (32-74)
BMI, median	23 (17-35)
Tumor origin	
Cervix	46 (82.1)
Vulva/vagina	5 (8.9)
Uterus	5 (8.9)
ASA score	
2	54 (96.4)
3	2 (3.6)
Previous cancer treatment	
Radio(chemotherapy)	51 (91.1)
Chemotherapy	5 (8.9)
Type of pelvic exenteration	
Anterior	24 (42.9)
Total	32 (57.1)
Smoke	
No	47 (83.9)
Yes	9 (16.1)
Hypertension	
No	42 (75.0)
Yes	14 (25.0)
Diabetes	
No	53 (94.6)
Yes	3 (5.3)
Months from last RT, median	8 (1-203)
30-day postoperative complications (Clavien-Dindo)	
No	7 (12.5)
G1-2	31 (55.3)
G3-5	18 (32.1)
Late postoperative complications (Clavien-Dindo)	
No	30 (53.6)
G1-2	11 (19.6)
G3-5	15 (26.8)
Type of ileal conduit	
Bricker	46 (82.1)
Wallace type 1	10 (17.9)