

shows no signs of recurrence 6 months after completion of cytotoxic therapy.

Results -

Conclusion This case report presents a rare case of manifestation of an extra nodal B-cell-lymphoma with abdominal presentation, mimicking ovarian cancer. Staging laparoscopy and biopsy were crucial steps in order to confirm the diagnosis. Interdisciplinary cooperation is crucial for a fast and adequate induction of the appropriate therapy.

Disclosures -

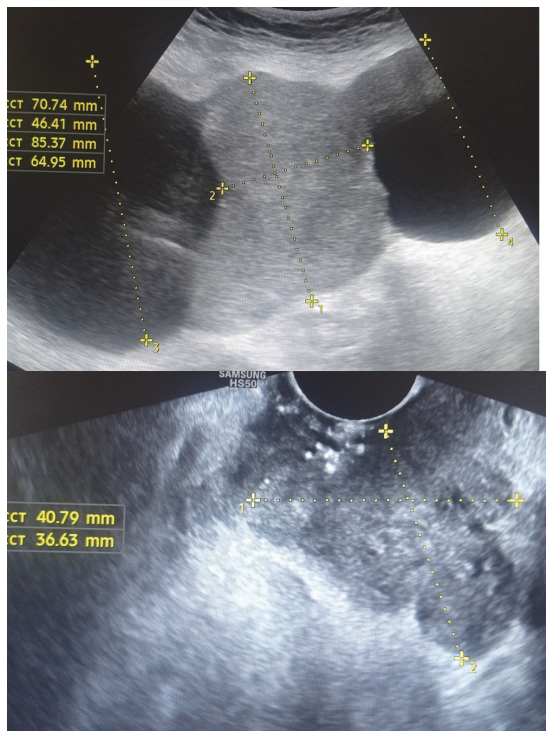
#90 BEDSIDE POCUS ULTRASOUND: AN ACCURATE DIAGNOSTIC TOOL FOR GYNECOLOGICAL MALIGNANCY

Rostyslav Bubnov*. *Clinical hospital 'Pheophania', Kyiv, Ukraine*

10.1136/ijgc-2023-ESGO.513

Introduction/Background Point-of-care ultrasound (POCUS) has gained recognition as a valuable diagnostic tool due to its accessibility, real-time imaging capabilities, and non-invasive nature.

Methodology We present the case of a 75-year-old female patient with a history of cervical cancer. The patient had progressed to stage IVb, with documented metastasis to the lungs and lymph nodes. After completing one course of polychemotherapy, the patient reported experiencing abdominal pain. Recognizing the urgency, a bedside emergency ultrasound examination was performed using POCUS.



Abstract #90 Figure 1 Upper - a cystic-solid-cystic formation near the bottom of the uterus, where the patient reported pain; lower - TV expert US visualized cervix solid lesion measuring 44 x 38 x 40 mm

Results The POCUS revealed that the patient's uterus was significantly enlarged, with diffuse focal changes in both the body and cervix, and a cystic-solid-cystic formation in the

area of the right appendages and near the bottom of the uterus, where the patient reported experiencing pain. The solid component of the formation measured 53x56x60mm, while the two cystic components measured 80x75mm and 90x77mm, respectively. There was evidence of fluid in the abdominal cavity.

Expert ultrasound examination was then performed, including transvaginal, and it revealed lesion in the pelvis of the right appendages, and a lesion in the spleen. Retroperitoneal lymphadenopathy, signs of nephropathy, and signs of cholestasis were also observed both on POCUS and expert ultrasound.

Additionally TV expert US visualized cervix solid lesion measuring 44 x 38 x 40 mm with abundant blood flow that was difficult to identify a in the cervix using transabdominal access during POCUS.

Subsequent CT and MRI scans confirmed the ultrasound findings, and a definitive diagnosis of gynecologic malignancy was made. The accuracy of the ultrasound diagnosis, particularly the POCUS, played a crucial role in identifying the right appendage lesion in the patient and adjusting her treatment plan accordingly.

Conclusion This case report underscores the value of POCUS in emergency situations and highlights the importance of expert interpretation of ultrasound results in providing accurate diagnoses for patients with gynecologic malignancies.

Disclosures None

#100 ONCOLOGICAL OUTCOMES IN PATIENTS WITH DELAYED CYTOREDUCTIVE SURGERY DURING COVID TIMES

¹Debabrata Barmon*, ¹Eshwarya Jessy Kaur, ²Sharda Patra, ¹Upasana Baruah, ¹Dimpy Begum, ¹Aparajita Aparajita, ¹Ratnadeep Sharma, ¹Mahendra Kumar. ¹Dr B Borooah Cancer Institute, Guwahati, India; ²Lady Hardinge Medical College, Delhi, India

10.1136/ijgc-2023-ESGO.514

Introduction/Background ESMO ESGO guidelines recommend standard 3–4 cycles of neoadjuvant chemotherapy (NACT) for advanced epithelial ovarian cancers (EOC). Covid pandemic saw several oncosurgeries postponed due to healthcare crisis. Present study was undertaken to evaluate oncological outcomes in patients undergoing delayed cytoreductive surgery (CRS) in advanced Epithelial Ovarian Cancer.

Methodology This was a hospital based, retrospective, observational study done at Dr B Borooah Cancer Institute, Guwahati, India between January 2019 to December 2021. Objectives were to evaluate disease free survival (DFS) and overall survival (OS) according to timing of surgery and to identify prognostic factors for OS and PFS. Study group included patients undergoing Delayed CRS (defined as CRS done after more than 5 cycles of NACT), and control group comprised of CRS done after 3–4 cycles NACT.

Results Total 28 patients underwent delayed CRS, of these 58% (n=16) patients had Covid related causes for delay in surgery and 42%(n=12) had inoperable disease after 3/4 cycles. Similarly complete chemotherapy response score was observed in lower proportion in delayed CRS (24.13% vs 28.15%, p=0.003). On comparing the delayed CRS due to COVID with that due to poor responders (inoperable disease), the two groups did not have statistically significant survival outcomes, OS(p=0.8) & DFS(p=0.6). The delayed CRS group due to COVID had a decreased overall survival as compared to control group (n=103) (figure 1). The log-rank test