Huge adnexal masses may be managed usign Fluoroscopy C-Arm cover bag successfully without any contamination

**Conclusion**

Huge adnexal masses may be managed usign Fluoroscopy C-Arm cover bag successfully without any contamination.
Abstract 

Introduction/Background Carboplatin-based chemotherapy is one of the most used regimens for gynecologic malignancies. Repeated administration of carboplatin can induce hypersensitivity reactions (HSR) and may result in life threatening reactions, leading to discontinuation of therapy. Therapy discontinuation might be prevented using a carboplatin desensitization protocol (CDP).

Methodology In this retrospective study we analyzed patients treated with CDP at each cycle of therapy after a HSR to carboplatin. The basis of CDP is titration of the carboplatin dosage with increasing concentrations from 1:1000/1:100/1:10 and finally the leftover. All patients had gynecological malignancies and were treated at our tertiary institution of Kliniken Essen-Mitte, Germany from January 2012 until March 2023.

Results CDP was applied to a total of 68 patients (56 ovarian, 9 breast, three synchronous ovarian and breast cancer). BRCA1/2mutations were identified in 18 patients. HSR occurred in the second (n=32, 47.1%), third (n=15, 22.1%), fourth (n=8, 11.8%) and fifth (n=5, 7.4%) line of chemotherapy. A median number of 8 cycles (range 4–24) of carboplatin were administered prior to HSR with a median accumulative dosage of 4.495mg (range 710mg -13.370mg).

During application of the CDP, 26 patients (38.2%) suffered a renewed HSR, n=22/26 (84.6%) during the first, n=2/26 (7.7%) the second, n=1/26 (3.9%) the third and n=1/26 (3.9%) the fifth desensitization cycle, respectively. In 41/68 (60.3%) patients the planned chemotherapy regimen was completely administered without a recurrence of HSR, 30 patients with 1–5, 9 patients with 6–10, and 2 patients >10 CDP cycles, respectively (median: 4 cycles being administered as CDP). Predictors (BRCA status, cumulative carboplatin dosage, cycles of carboplatin) of successful CDP administration were not identified.

Conclusion CPD is a feasible strategy for patients with HSR to carboplatin and enables the continuous platinum-based chemotherapy. However, close monitoring is indicated to recognize repeated HSR promptly, especially at the first cycle of desensitization.

Disclosures None