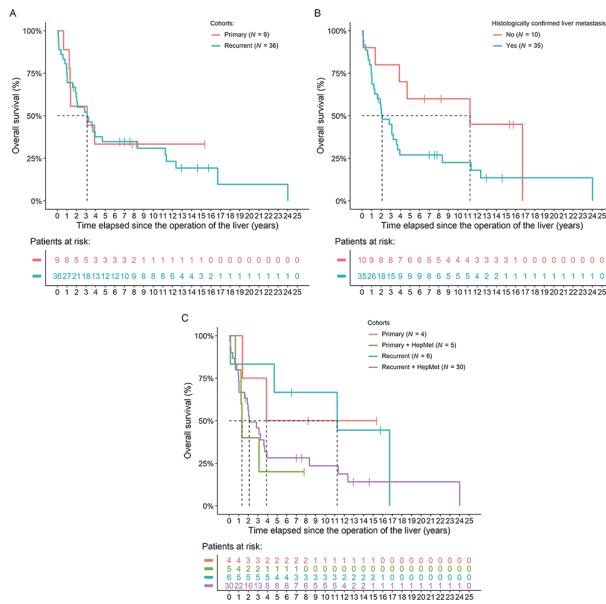


recurrent ovarian cancer who underwent liver resection as part of cytoreductive surgery from January 1992 to December 2022.

Results Disease-specific (DSS) and overall survival (OS) was defined as the time elapsed between the hepatic resection and tumour-related and all-cause death, respectively. All survival models were adjusted for the year of tumour diagnosis.

A total of 45 patients (age: $58:76 \pm 13,36$ years, mean \pm standard deviation), of whom 9 and 36 had primary and recurrent ovarian tumour, respectively, were included. 5 (55.56%) and 30 (83.33%) from the primary and recurrent groups had histologically confirmed hepatic metastasis (Hep-Met). Colon (77.14% vs. 30%; $p = 0.0091$) and greater omentum (77.14% vs. 40%; $p = 0.0488$) resection, and the prior use of chemotherapy (82.86% vs. 40%; $p = 0.0133$) was more common in the HepMet group.

Although the univariate effect of hepatic metastases over patient survival could not be justified neither for OS ($p = 0.2835$) nor for DSS ($p = 0.6718$), its significant effect over DSS was justifiable in a multivariate setting. If analysed together with age ($p = 0.0018$), peritoneal carcinosis index ($p = 0.0204$), body-mass index ($p = 0.3078$) and HIPEC during the surgery ($p = 0.0252$), it was a significant effector of patient survival ($p = 0.0394$).



Abstract #1072 Figure 1

Conclusion Complete cytoreductive surgery with inclusion of hepatic resection for advanced and recurrent ovarian cancer is feasible and may confer survival benefit.

Disclosures No conflicts of interest

#1084 SISTER MARY JOSEPH NODULES: A CASE REPORT ABOUT A RARE LOCATION OF SKIN METASTASIS

Ali Benamar*. CHU hassan 2 FES, Fes, Morocco

10.1136/ijgc-2023-ESGO.702

Introduction/Background Sister Mary Joseph's nodule is an exceptional metastatic site of cancer, often pelvic, with a poor prognosis due to its delayed diagnosis.

The aim of our work is to specify the diagnostic difficulties that practitioners face at the clinical, radiological, and pathological stages, particularly in determining the primary origin of this metastasis.

Methodology We report the case of a patient who presented to the Hassan II University Hospital in Fez with a bulging umbilical mass: Sister Mary Joseph's nodule.

Results On clinical examination, the patient was conscious and stable in terms of hemodynamics and respiration, with the presence of an umbilical swelling: Sister Mary Joseph's nodule, and on gynecological examination, a mass was found in the left-lateralized cul-de-sac of Douglas filling the left lateral cul-de-sac. The patient underwent a pelvic MRI and then a thoraco-abdomino-pelvic CT scan revealing multiple solid-cystic peritoneal masses, the largest of which involved the cul-de-sac of Douglas.

A biopsy of the Sister Mary Joseph's nodule was performed with histopathological and immunohistochemical results in favor of a secondary cutaneous localization of a high-grade serous adenocarcinoma of very probable gynecologic origin.



Abstract #1084 Figure 1

Conclusion Sister Mary Joseph's nodule remains a rare tumor of metastatic origin, most often from a digestive cancer. The prognosis is still very poor, requiring early and systematic screening. This involves a biopsy of any umbilical nodule or mass to determine the nature of the pathological lesion.

Disclosures In this case study, we followed a patient whose umbilical metastases, showing aggressive disease and a poor prognosis. Their appearance is strongly linked to the progression of peritoneal carcinomatosis, suggesting a mixed mechanism of dissemination, most likely by lymphatic diffusion and promiscuity.