#1098 **STUDY OF THE DIAGNOSTIC AND PROGNOSTIC CHARACTERISTICS OF OVARIAN SERTOLI-LEYDIG CELL TUMORS**

Asma Jellouli*, Sirine Bayar, Haithem Aloui, Abir Karoui, Khaoula Magdoud, Mahdi Farhati, Mohamed Bedis Channoufi, Hassine Saber Abouda. *Maternity and Neonatology Center of Tunis, Tunis, Tunisia*

10.1136/ijgc-2023-ESGO.717

Introduction/Background Sertoli-Leydig cell tumor is a mesenchymal and sex cord derived tumor differentiating in the testicular direction.This tumor has in most cases endocrine functions, and its prognosis is significantly correlated to its degree of differentiation.Accurate diagnosis and knowledge of prognosis based on clinical and pathological features have important therapeutic implications.
Methodology Through the observation of a patient with Sertoli-Leydig cell tumor and a review of the literature, we tried to identify the main diagnostic and prognostic features.
Results Mrs.

TA, 31 years old, operated on for a benign nodule of the left breast, with no cycle disorder or signs of virilization and with well-developed secondary sexual characteristics, who was found on ultrasound, as part of the exploration of her 1-year primary infertility, a 3 cm solid cystic septated tumor of the right ovary, persistent. The dosage of CA 125, CEA and alpha-feto protein were not elevated. A laparoscopic intraperitoneal cystectomy was performed with peritoneal cytology. Histological and immunohistochemical examination concluded to a well-differentiated sertoli cell tumor. The operation was completed by a right adnexectomy. Two months later, the anatomopathology did not reveal any tumor recurrence. Postoperative monitoring, a reference biological workup including the dosage of DHEA-S, estrogen, testosterone, 17 hydroxy-progesterone and cortisol came back normal. The last clinical, ultrasonographic and biological controls carried out every three months, after a 1-year follow-up, did not show any recurrence.
Conclusion In the presence of pelvic pain associated with signs of hyperandrogenism, the diagnosis of a Sertoli-Leydig cell ovarian tumour should be considered. Pelvic ultrasound reveals an unilateral pelvic tumour, of solid cystic type. This tumor has a low malignant potential. Its treatment is based on surgery, which ranges from conservative treatment, justified in young women, to radical treatment indicated in advanced stages and in the presence of poor prognostic risk factors, which sometimes indicates adjuvant chemotherapy.
Disclosures The findings are specific to the study population and may not be generalizable to all ases of this type of tumor.

09. Prevention of Gynaecologic Cancer

#57 **UTILITY OF FALLOPIAN TUBE BRUSH CYTOLOGY AS SCREENING TOOL FOR EPITHELIAL OVARIAN CANCER IN PATIENTS UNDERGOING GYNECOLOGICAL SURGERIES FOR BENIGN AND MALIGNANT INDICATIONS**

Garima Yadav*, Meenakshi Rao, Pratibha Singh, Meenakshi Gothwal, Shashank Shekhar. *All India Institute of Medical Sciences, Jodhpur, India*

10.1136/ijgc-2023-ESGO.718

Introduction/Background Opportunistic salpingectomy is considered as a preventive tool for future ovarian and peritoneal malignancies in both average-risk and high-risk women. But, this approach will not help patients whose fallopian tubes are already harbouring pre-invasive or invasive lesions. Hence, opportunistic screening of the tubes appears to be a more fruitful approach. Through this study, we wanted to establish the utility of fallopian tube brush cytology in identifying tubal epithelial abnormalities.
Methodology Tubal specimens collected at the time of gynaecological surgeries were sent for histopathological evaluation, along with cytological specimens collected using an endobrush from the fimbrial end of the tubes. LBC smears (SurePath) and cell blocks were performed from all the tubal cytology specimens, and the findings were correlated with the histopathology.
Results A total of 392 tubal cytology were performed, all with follow-up histopathology.

Of these 390 cases, 32 were unsatisfactory (due to reduced cellularity), 342 were benign on cytology, ten were atypical, three were suspicious, and four were positive for malignancy. All 7 cases in suspicious and positive categories were serous carcinomas on follow-up histopathology. Of the ten atypical cases, two turned out to be STILs on histopathology, 4 showed salpingitis, and 4 showed normal histology.
Conclusion This study establishes the usefullness of fallopian tube brush cytology in evaluating epithelial abnormalities of the tube,it may be proposed for opportunistic screening for high-grade serous pelvic cancers as opportunistic salpingectomy may not be feasible or acceptable in all women.
Disclosures An intramural grant from All India Institute of Medical Sciences, Jodhpur, supported the study and the authors declare no conflict of interest.

#96 **EVALUATION OF THE IMPORTACE OF SURGICAL MARGINS DURING THE TREATMENT OF VULVAR H-SIL – ANALYSIS OF OWN DATA**

[1]Tomáš Pichlík*, [1]Lukáš Rob, [1]Michael Jirí Halaška, [2]Jana Drozenová, [1]Helena Robová. *[1]Department of Gynecology and Obstetrics 3rd Faculty of Medicine, Charles University Prague, Faculty Hospital Kralovske Vinohrady, Prague, Czech Republic; [2]Department of Pathology 3rd Faculty of Medicine, Charles University Prague, Faculty Hospital Kralovske Vinohrady, Prague, Czech Republic*

10.1136/ijgc-2023-ESGO.719

Introduction/Background Nowadays there is no consensus on the size of surgical margins of vulvar H-SIL. Keeping the healthy margin of 5 mm is generally recommended in literature, but the robust data supporting this statement are missing.
Methodology The prospective study included women diagnosed with HPV-associated vulvar epithelial neoplasia from 10/2016 to 1/2022. A total of 65 women were included. After surgical treatment, the women were distributed to groups according to surgical margins and were followed-up at regular intervals.
Results Seventeen women (26%) diagnosed with HPV-associated vulvar intraepithelial neoplasia were under 49 years, whereas 48 women (74%) were older than 49 years. Recurrence rates of HPV-associated precancers were 12,3%, 1,5% and 3,1% in excisions with positive margins, up to 1 mm peripheral margins and 1–3 mm peripheral margins, respectively. The risk of recurrence when the lesion reaches the