

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

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**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 cases 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

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**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 usefulness 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 IMPORTANCE OF SURGICAL MARGINS DURING THE TREATMENT OF VULVAR H-SIL – ANALYSIS OF OWN DATA

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**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

margins is statistically significant, compared to a healthy margin of 1–3 mm ( $p=0,0363$ ).

**Abstract #96 Table 1** H-SIL surgical margins – recurrences of H-SIL

	NIS	≤ 1 mm	1 - 3 mm	> 3 mm	NS	Total
n (%)	23 (35,4)	10 (15,4)	24 (37)	2 (3)	6 (9,2)	65 (100)
Rec H-SIL (%)	8 (12,3)	1 (1,5)	2 (3,1)	0 (0)	1 (1,5)	12 (18,4)
p value	-	0,2166	0,0363	> 0,9999	0,6328	
Fisher exact test	-	NOS	SI	NOS	NOS	

n – number of patients; Rec H-SIL – recurrence of H-SIL; NIS – *non in sano*; NOS – nonsignificant; SI – significant

**Conclusion** Keeping the minimal healthy margin (1–3 mm) seems to be an acceptable risk of recurrence of HPV-associated vulvar intraepithelial neoplasia with positive cosmetic effect and minimal risk of disturbing the psychosexual function of women. Long-term regular follow-up is necessary.  
**Disclosures** I have no potential conflict of interest to report.

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#### EFFECTIVENESS OF PHOTODYNAMIC THERAPY WITH PHOTSENSITIZER PHOTOLON IN 150 WOMEN WITH CERVICAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION

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**Introduction/Background** Photodynamic therapy (PDT) is a minimally-invasive and high efficacy treatment for cervical intraepithelial neoplasia (CIN). The objective of the present study was to evaluate an organ-saving approach for the treatment of CIN using PDT with the chlorine-based photosensitizer (PS) applied in women with cervical high-grade squamous intraepithelial lesions (HSIL).

**Methodology** A total number of 150 patients aged 21–77 with morphologically proven diagnosis of HSIL were enrolled into the study. Photoirradiation with laser light at a wavelength of  $665 \pm 5$  nm was applied to the uterine cervix ( $100\text{--}130$  J/cm<sup>2</sup>,  $0,083\text{--}0,17$  W/cm<sup>2</sup>) and endocervical canal ( $50\text{--}100$  J/cm<sup>2</sup>,  $0,083\text{--}0,17$  W/cm<sup>2</sup>) of patients 2.5–3 hours after an intravenous injection of 2–2.5 mg/kg of PS «Photolon». Adverse events were assessed within 1 month after treatment. The main outcome measure was efficacy, defined as complete cytologic remission in 3 and 6 months after PDT.

**Results** Side effects were mild, the most common complaints were pain in the first days after irradiation and an increase in body temperature up to  $37,0\text{--}37,8^\circ\text{C}$ . A complete response, represented by a complete regression of tumor lesions, confirmed 3 and 6 months after treatment by the results of a morphological study, was detected in 94.4 and 86.8% of treated women, respectively. Relapses of the disease during the follow-up period from 7 months to 3 years were detected in 5.3% of cases.

**Conclusion** PDT can be a safe and efficient organ-preserving treatment in patients with cervical HSIL. PDT did not appear to create cervical damage and have negligible side effects.

**Disclosures** Authors have no any disclosures.

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#### RISK-REDUCING SALPINGO-OOPHORECTOMY IN BRCA MUTATION PATIENTS

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**Introduction/Background** BRCA1/2 are tumour-suppressor genes involved in DNA homologous recombination and ovarian cancer development. The study evaluated the risk of tumor cancer in women presenting the BRCA mutations.

**Methodology** Risk-reducing surgery (RRS) was performed in all patients carrying BRCA1 (aged between 30–73 years, median age was 51 years) and BRCA 2 mutation (aged between 36–70 years, median age was 53 years) referred at University of Bari, Italy. Fifty-eight percent of the patient population had previous history of breast cancer.

**Results** One hundred and ninty-one patients underwent risk-reducing surgery (RRS) for their BRCA1/2 mutations. Of them, 82% of the women underwent risk-reducing salpingo-oophorectomy (RRSO) through a laparoscopic minimally invasive approach, 7% underwent laparoscopic RRSO and contextual hysterectomy, 1% underwent RRSO through a laparotomic approach and 10 a laparotomic RRSO and hysterectomy. During laparoscopic RRSO, 5% of the patients underwent a prophylactic bilateral mastectomy. Early and late complication occurred in only 2 women. Five patients (3%) were found to have occult Serous Tubal Intraepithelial Carcinoma (STIC) and seven patients (4%) occult cancer.

**Conclusion** RRSO is safe and feasible in BRCA 1/2 mutation carriers. The procedure is effective for genetic prevention of ovarian cancer.

**Disclosures** No discourses

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#### #HPVVACCINATION: IS THE TOPIC OF HUMAN PAPILLOMAVIRUS-RELATED MALIGNANCIES PRIMARY PREVENTION PRESENT ON INSTAGRAM? A EUROPEAN NETWORK OF YOUNG GYNAE ONCOLOGISTS (ENYGO) STUDY

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