

Methods Patients under 40 who underwent LEEP by a single surgeon for their cervical intraepithelial neoplasia (CIN2+) from March 2019 to December 2022 were retrospectively enrolled in this study. Cervical lengths were measured pre-procedure and three months after LEEP. The operator tried not to make fragmentation of specimen. The depth of the main ectocervical specimen was measured. Cervical length change was analyzed with the depth of the specimen and HPV clearance.

Results A total of 109 women were analyzed. The median (range) of age, initial cervical length, and ectocervical specimen depth was 31 (21~39) years, 8(1~1.8)mm, and 3 (1.5~5.0)cm, respectively. CLs at post-procedure three months were obtained in 89 women (81.6%). The median(range) CL change was 3 (-10~20)mm. There was no statistical correlation between CL change and ectocervical specimen depth. HPV clearance at 3 months after LEEP was more prevalent in the thicker ectocervical specimen depth group (dichotomized by the median value, 53.2% vs. 81.1%, $p=0.005$). In multivariate analysis adjusting clinicopathologic factors, only ectocervical specimen depth was an independent predictive factor for HPV clearance.

Conclusion/Implications Cone depth can be individualized if CL is measured preoperatively. Standardization of CL measurement in nonpregnant women should be preceded.

EP350/#408

COMPLETE VISUALIZATION OF TRANSFORMATION ZONE IN COLPOSCOPY USING ESTRADIOL OR MISOPROSTOL: A CLINICAL TRIAL

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Introduction Both estradiol and misoprostol have been used for complete visualization of the transformation zone (TZ) in colposcopy. However, no consensus has been reached on the priority of one medication over the other. This study aimed to compare the efficacy of estradiol and misoprostol for complete visualization of TZ in colposcopy of premenopausal and postmenopausal women.

Methods In this clinical trial, 78 patients with unsatisfactory colposcopy were randomly divided into three groups using a block randomization software package. Group 1 (n=25) received 25 µg of vaginal estradiol for 14 days prior to colposcopy. Group 2 (n=27) received 400 µg of misoprostol 12 h prior to colposcopy. Group 3 (n=26) served as the control group and did not receive any medication. TZ visibility, age, BMI, history of vaginal delivery or sexually transmitted diseases or human papillomavirus (HPV) and drug-related side effects were compared among the three groups and also between premenopausal and postmenopausal women. Data were analyzed using analysis of variance (ANOVA), Kruskal-Wallis, Chi-square, and Fisher's exact tests.

Results The percentage of complete TZ visualization was 72%, 55.6%, and 26.9% in the estradiol, misoprostol, and control groups, respectively ($P=0.005$). These values were 70%, 33.3%, and 0%, respectively, in postmenopausal women ($P=0.043$) and 60%, 72.7%, and 33.3%, respectively, in premenopausal women ($P=0.152$). With regard to drug-related

side effects, there was no statistically significant difference between the three groups ($P=0.374$).

Conclusion/Implications Estradiol was significantly superior to misoprostol for complete visualization of TZ, particularly in postmenopausal women, with no difference in side effects.

AS15. Rare tumors

EP351/#229

CLINICAL FACTORS RELEVANT TO INTER-OBSERVER REPRODUCIBILITY IN PATHOLOGICAL DIAGNOSIS OF IMMATURE TERATOMA OF THE OVARY: A RETROSPECTIVE STUDY OF 148 CASES

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Introduction Mature teratomas with diminutive foci of immature neural epithelium should not be diagnosed as immature teratomas. Inter-observer reproducibility in pathological diagnosis of immature teratoma and its association with clinical factors are unclear.

Methods This retrospective study aimed to identify biomarkers that predict the malignant potential of immature ovarian teratomas (UMIN000046404). A total of 148 cases diagnosed as immature teratomas from 21 institutions were included. A pathologist, blinded to clinical information, performed the central pathological review. Out of 148 cases, 102 were diagnosed as immature teratomas (Immature Group), 44 as mature teratomas (Mature Group), and 2 were excluded as they did not fulfill the inclusion criteria of the study. Clinical information of the cases was analyzed.

Results Age was lower in the immature group (median, 22.5 years, range 2–44) than in the mature group (28, 11–48) ($p=0.01$, Student's t-test). Salpingo-oophorectomy of the affected adnexa was performed in 90 (88%) and 17 (39%) cases in the immature and mature groups, respectively ($p<0.01$, Fisher Exact test); while the remaining underwent tumor resection, preserving the affected ovary. Three (2.9%) and 22 (50%) cases in the immature and mature groups, respectively, underwent laparoscopy ($p<0.01$, Fisher's Exact test).

Conclusion/Implications Patients misdiagnosed with immature teratoma at primary institutions but centrally diagnosed with mature teratoma tended to be older, had undergone laparoscopy, and had the affected ovary preserved. Cases with a preoperative clinical diagnosis of mature teratoma and a postoperative pathological diagnosis of immature teratoma warrant further consultation from expert pathologists.

EP352/#1291

CASE SERIES OF HUGE GENITAL WARTS REQUIRING GYNECOLOGIC ONCOLOGISTS SKINNING VULVECTOMY FROM, SPHMMC, ADDIS ABABA, ETHIOPIA

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