

**Results:** Our series included 58 patients, of which 22 with borderline ovarian tumour (BOT), 12 with stage I cancer, 19 with stage II-IV cancer and 5 with metastatic lesions to the ovary. ADNEX model without CA-125 correctly classified 56/58 malignant tumours; 2 BOT were classified as benign (cut off 10%). ADNEX model with CA-125 correctly classified 54/58 malignant neoplasms; 3 BOT and 1 Stage I cancer were classified as benign (cut off 10%). The malignancy type estimation by ADNEX, in comparison with the histological findings, is shown in the accompanying table.

**Conclusions:** In our series, polytomous ADNEX model, with and without CA125, had a considerable capacity to correctly indicate BOT and invasive stage II - IV malignancies. Large pools of lesions are needed to investigate ADNEX discrimination between the types of adnexal malignant tumours due to the low prevalence of these categories, especially metastatic lesions.

#### VP04.08: Table 1.

Histology	Ultrasound classification: ADNEX without CA-125 (ADNEX with CA 125)			
	BOT	Stage I	Stage II-IV	Metastatic
BOT	14/20 (12/19)	1/20 (2/19)	2/20 (5/19)	2/20 (0/19)
Stage I	1/12 (1/11)	1/12 (5/11)	10/12 (4/11)	0/12 (1/11)
Stage II-IV	2/19 (2/19)	0/19 (2/19)	17/19 (15/19)	0/19 (0/19)
Metastatic	2/5 (3/5)	1/5 (1/5)	2/5 (1/59)	0/5 (0/5)

#### VP04.09

##### COVID-19 and adnexal tumours: did the first year of the pandemic modify the care or the profile of our patients?

A. Amaro Acosta<sup>1</sup>, M. Medina Castellano<sup>1</sup>, E. Quevedo Gutiérrez<sup>2</sup>, M. Laseca Modrego<sup>1</sup>, O. Arencibia Sánchez<sup>1</sup>, A. Martín Martínez<sup>1</sup>

<sup>1</sup>Obstetrics and Gynecology, Hospital Universitario Materno Infantil de Canarias, Las Palmas de Gran Canaria, Spain; <sup>2</sup>Mathematics, University of Las Palmas de Gran Canaria, Las Palmas de Gran Canaria, Spain

**Objectives:** Our objective is to analyse the impact of the pandemic on the diagnosis and treatment of adnexal tumours and on the support available to women living with the disease.

**Methods:** We retrospectively analysed pre and post COVID-19 medical records of those patients submitted for adnexal tumour suspicious of malignancy or benign prior to surgery. Diagnosis and treatment algorithms did not change compared to previous ones. The explorations were performed by the same IOTA certified sonographer. The tumours were classified as low or high risk of malignancy by IOTA ADNEX and patients with low-risk tumours with non-surgical management were cited every 3 months.

**Results:** We considered pre COVID-19 those patients from January/17 to December/19, and post COVID-19 those from January to December/20. 608 patients were included, 453 pre COVID-19 and 155 post COVID-19. During pre COVID-19 era, 67,5% (306) were classified as low risk tumours and 32,5% (147) high risk. 299 patients required surgery during this period: 66,8% (200) were benign, 8,6% (26) were stage I ovarian cancer, 14% (42) were stage II-IV, 2,6% (8) were metastasis and 7,3% (22) were borderline. During post COVID-19 era, 69,6% (108) were classified as low risk tumours and 30,4% (47) high risk. 103 patients required surgery during this period: 57,2% (59) were benign, 10,6% (11) were stage I ovarian cancer, 21,3% (22) were stage II-IV, 0,97% (1) were metastasis and 9,7% (10) were borderline.

**Conclusions:** In our population, we haven't observed a decrease in the total number of patients referred as suspicious of ovarian

cancer but we observed an increase of patients from emergency units. We objectified an increasing of stage I, stage II-IV and borderline tumours during the pandemic compared to the period before. We consider these findings to be related to the fears of the patients themselves about accessing medical assistance, since attending oncological or suspicious pathology remained an essential activity in our hospital. IOTA ADNEX allows us to discriminate between patients with high risks tumours and low risks tumour, which could have a non-surgical management.

#### VP04.10

##### Leiomyoma with cystic degeneration resembling ovarian epithelial neoplasia: an example of uncertain radiological features

F. Sousa<sup>1</sup>, M. Cal<sup>2</sup>, M. Tavares<sup>3</sup>, J. Alves<sup>4</sup>, S. Barata<sup>4</sup>, O. Filipa<sup>4</sup>, I. Reis<sup>4</sup>

<sup>1</sup>Gynecology, Centro Hospitalar e Universitario de Coimbra EPE, Coimbra, Portugal; <sup>2</sup>Gynecology, Centro Hospitalar Universitario Lisboa Norte EPE, Lisbon, Portugal; <sup>3</sup>Gynecology, Hospital Vila Franca de Xira, Lisbon, Portugal; <sup>4</sup>Gynecology, Hospital da Luz Lisboa, Lisbon, Portugal

A gynecological ultrasound in a 57 years-old patient revealed a multilocular solid lesion in the right adnexal area, with 7.6 × 7.6 × 7.6 centimetres, the largest solid component measuring 34 × 52 × 40 millimetres. In the largest loca, described as anechoic, a papillary formation with 6x6x5 millimetres could be noticed. There was an image suggestive of a pedicle connecting the lesion to the uterine fundus. The ultrasonographic features resembled a suspicious ovarian epithelial neoplasia, although the suspected pedicle and absence of vascularisation could not exclude an atypical fibroid. The abdominopelvic magnetic resonance (MRI) confirmed a mixed lesion with solid component probably originated from the right adnexa with 8.2 centimetres, no other signs of lymphadenopathies, ascites, or carcinomatosis and classified as ORADS-2. Tumor markers CA125 and CA 19.9 were both negative. The patient was submitted to a laparoscopic surgery in which a pedicled mass connected to the posterior uterine surface was sent to frozen section, being described as a benign fusocellular neoplasia. A total hysterectomy and bilateral adnexectomy were concomitantly performed. The final pathological result was a leiomyoma with cystic degeneration. This rare case and respective images emphasise how, despite the expert ultrasound and MRI performance, some pelvic masses can still be tricky and of uncertain diagnosis, till surgical intervention.

Supporting information can be found in the online version of this abstract

#### VP04.11

##### A suspicious tubal lesion which turned out to be extensive salpingitis: a surprising surgical finding

F. Sousa<sup>1</sup>, M. Cal<sup>2</sup>, M. Tavares<sup>3</sup>, J. Alves<sup>4</sup>, S. Barata<sup>4</sup>, O. Filipa<sup>4</sup>, I. Reis<sup>4</sup>

<sup>1</sup>Gynecology, Centro Hospitalar e Universitario de Coimbra EPE, Coimbra, Portugal; <sup>2</sup>Obstetrics and Gynecology, Centro Hospitalar Universitario Lisboa Norte, Santa Maria Hospital, Lisbon, Portugal; <sup>3</sup>Gynecology, Hospital Vila Franca de Xira, Lisbon, Portugal; <sup>4</sup>Gynecology, Hospital da Luz, Lisbon, Portugal

A 48-year-old patient with a clinical history of two vaginal births, rheumatoid arthritis, bowel diverticulosis and smoking habits was referred to consultation with slight dyspareunia and pelvic pain. The gynecological ultrasound demonstrated a right