had TZ 3, were included in this study. Endocervicectomy was performed in all women by vaginoscopic approach, using a 4-mm continuous flow hysteroscope. The endocervical curettage was taken in all cases and sent for histopathological examination and patients were managed as per the histopathology report. Sensitivity, specificity, PPV, NPV of colposcopy and endocervicectomy was calculated. The value of $p < 0.05$ was considered statistically significant.

Results: The mean age was 43.76 ± 13.02 years and most women had parity ≥ 3 (48.9%). Endocervicectomy has a success rate of 100% for visualization of TZ completely. There were 29 women where colposcopy was normal but 5 out of these 29 women (17.2%) had findings on endocervix. Out of these 5 women, 3 were screen positive on pap smear (1 LSIL, 1 SCC, 1 AGC) and 2 had unhealthy looking cervix. In total there were two skip lesions in our study. The sensitivity, specificity, PPV, NPV and diagnostic accuracy of colposcopy was 95.6%, 56.5%, 68.7%, 92.8%, 76.1% and endocervicectomy was 100%, 80.5%, 58.8%, 100%, 84.8% respectively.

Conclusion: Endocervicectomy is a reliable method to detect the TZ in patients with TZ type 3 with a success rate of 100% and a short learning curve. Skip lesions can be detected and the precise localization of the lesions allows for the depth of cone excision to be tailored, thus leading to a more conservative treatment and preserving the future fertility of women.

Poster (M12)

Surgical Techniques & Perioperative Management

<https://doi.org/10.3802/jgo.2021.32.S1.M12>

Laparoscopic para-aortic lymphadenectomy

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Objective: The primary study objective was to evaluate the safety and short-term outcomes of minimal access para-aortic lymphadenectomy.

Methods: From January 2012 and October 2020, a total of 106 patients underwent laparoscopic para-aortic lymphadenectomy. The data was analyzed through a prospectively maintained database. All laparoscopic para-aortic lymph node dissection (PALND) were performed up to the left renal vein. The procedures were done with Karl Storz 3D/Hi-Definition (HD) or Stryker 4K 1688 laparoscopic systems.

Results: The median age was 56 years (range, 11–75 years), median body mass index of 27.59 kg/m^2 (range, 13.67–42.19). The median operative time was 310 minutes (range, 180–430

minutes). Median intensive care unit stay was 1 day (range, 1–5 days) with a hospital stay of 6 days (4–18 days). Five patients required repair of a rent in the inferior vena cava (IVC), 4 of these were managed with laparoscopic suturing without conversion to laparotomy, while 1 patient required a laparotomy for suturing the IVC rent. Postoperatively 5 patients had chylous output in the abdominal drain, 3 of them settled with conservative management (medium chain triglyceride diet and octreotide injection), 1 patient each required ultrasound guided drain placement under anesthesia and required re-exploration. Four patients had paralytic ileus, while 1 patient each had SAIO/PTE/UTI/portocaval thrombosis. Two patients required re-admission, there were no 30-day post-operative deaths. The median number of para-aortic lymph nodes dissected was 10 (range, 2–52).

Conclusion: PALND when indicated in gynecologic malignancies can be safely performed with a standard two-stage 6-ports technique.

Poster (M13)

Rare Tumors & Metastatic Tumors

<https://doi.org/10.3802/jgo.2021.32.S1.M13>

Isolated inguinal lymphadenopathy in recurrent ovarian carcinoma: a case series

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Objective: The abdominal, pelvic, and retroperitoneal cavities represent the most common sites of ovarian cancer recurrence, with isolated inguinal node involvement rarely reported. The treatment of isolated inguinal recurrence of ovarian cancer is debated, and current therapies include secondary cytoreductive surgery, chemotherapy, immunotherapy or any combination of the above. To describe the characteristics of women presenting with isolated groin recurrences.

Methods: A retrospective case series of patients with isolated inguinal lymph node recurrence were identified, patient demographic, clinical characteristics and disease course were retrieved from electronic medical record.

Results: Three cases of inguinal lymph node recurrence of ovarian cancer were identified. Mean age 50, 2 patients had a serous component, 1 had grade 3 endometrioid component, stage at initial diagnosis ranged from FIGO stage IC to III. All 3 were primary recurrences in the inguinal nodal region. The progression-free survival duration from chemotherapy completion to diagnosis of inguinal recurrence varied from (12 to 24 months). 2 were treated chemotherapy f/b chemotherapy response score (CRS), n=1 was treated with CRS