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

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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

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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

f/b chemotherapy post-excision.

Conclusion: It is important to consider ovarian cancer in the differential diagnosis for inguinal lymphadenopathy in a female patient. The optimal treatment for these isolated recurrences is unknown. Larger studies are necessary to identify prognostic factors and substantiate apt treatment strategies specifically to this unusual rare clinical condition.

Poster (M14)

Gynecologic Cancer Screening

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Predictive value of 'Smartscore' for detection of preinvasive cervical lesions during COVID-19 pandemic: a diagnostic study

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Objective: To evaluate the predictive value of 'Smartscore' using a snapshot from a smartphone to diagnose preinvasive cervical lesions in patients with abnormal cervical screening.

Methods: This study was a diagnostic study. Women with abnormal cervical cancer screening were enrolled at colposcopy clinic in Srinagarind Hospital, Khon Kaen University between September 2020 and March 2021. The cervix was evaluated by using a smartphone and colposcopy by two independent colposcopists. Colposcopy with cervical biopsies and endocervical curettage were performed as standard procedures. The diagnostic performance of the smartphone for cervical intraepithelial neoplasm was assessed. The kappa value was tested to evaluate the correlation of two colposcopists.

Results: Two hundred seventy-four patients with abnormal cervical screening were enrolled. There was a significant correlation between histologic diagnoses based on the smartphone and colposcopic findings ($K=0.88$, 95% confidence interval [CI]=0.82–0.93). The AUC value, sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of the smartscore to detect CIN1+ were 0.54 (95% CI=0.51–0.57), 96.6% (95% CI=91.6–99.1), 12.9% (95% CI=8.06–19.2), 46.2% (95% CI=39.7–52.4), 83.3% (95% CI=62.6–95.3), 0.49% (95% CI=0.43–0.55) respectively. The AUC, sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of the smartphone in the diagnosis of CIN2+ were 0.765 (95% CI=0.704–0.826), 67.6% (95% CI=55.2–78.5), 85.4% (95% CI=79.9–90), 60.5% (95%

CI=48.6–71.6), 88.9% (95% CI=83.7–92.9), 0.81 (95% CI=0.75–0.85) respectively.

Conclusion: Smartscore has a remarkable correlation with colposcopy and high predictive value to detect preinvasive cervical lesions. Therefore, smartscore demonstrated usefulness as an alternative cervical cancer screening tool in low resource medical setting and had made telemedicine an essential social distancing during covid-19 pandemic.

Poster (M15)

Miscellaneous

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Course and pattern of venous thromboembolism in ovarian cancer patients

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Objective: Malignancy has been described as a risk factor for venous thromboembolism (VTE) which is shown to significantly affect mortality and morbidity. The objective of this study was to identify the incidence and the course-pattern of VTE in ovarian cancer patients.

Methods: Retrospectively reviewing medical records, from January 2005 to December 2009, of 993 ovarian cancer patients who were diagnosed with the first episode of VTE in the Department of Obstetrics and Gynecology, Siriraj Hospital. Thromboembolic events were confirmed with imaging studies which include duplex-doppler sonography or other radiologic procedures. Data analysis was performed to evaluate the cumulative incidence and course-patterns of thromboembolic events.

Results: A total of 46 ovarian cancer patients were diagnosed of VTE, the mean age was 54.5 years old (range, 33–82). The 5-year-cumulative incidence is 4.63%. VTE occurred 77% in the lower limbs (common femoral and popliteal veins) and more prevalence on the left side, 15% in the pelvis, and 17% in the pulmonary vein. Time-courses (mean + standard deviation) between diagnosis of ovarian cancer and VTE event were 4.2+5.1, 4.8+4.2, and 48.3+56.6 weeks before ovarian cancer diagnosis, during ovarian cancer treatment, and after treatment or proceeding recurrence disease respectively. Two of symptomatic pulmonary embolism cases were fatal after surgery.

Conclusion: The 5 year-cumulative incidence of VTE in ovarian cancer patients is 4.63%. Symptomatic pulmonary embolism had been identified to have a negative impact on survival. Awareness of VTE should be considered during the course treatment of ovarian cancer patient.