EP44.15
Acute urinary retention hiding uterine leiomyosarcoma

M. Garci, A. Tissaoui, G. Berraies, S. Armi, C. Belghith, O. Slimani, N. Mathlouthi

Obstetrics and Gynecology A'', University of Tunis El Manar, Tunis, Tunisia

A Uterine leiomyosarcoma is a rare disease with a poor prognosis. Women affected are most often diagnosed in their perimenopausal years. Symptoms may be vague and mimic other benign uterine conditions. MRI remains the optimal Imaging modality to characterise masses originating in the uterus. A 49-year-old woman, menopausal for a year, with no relevant past history, was referred to our hospital due to repetitive acute urinary retentions without abnormal bleeding nor pelvic pressure. Gynecological examination showed an atrophic vagina with a bulging mass in the Douglas that is motionless and painless. Transvaginal sonography showed a retrocervical tumour of $112 \times 163 \times 100$ mm in diameter at the dorsal uterine wall without signs of intratumoural necrosis. An additional CT scan of the pelvis was performed and showed a voluminous myoma with posterior cervicoisthmic development exerting a mass effect on the bladder. The patient had a hysterectomy with bilateral salpingo-oophorectomy. A posterior colpotomy was performed then to enucleate the tumour mass. No postoperative complications were reported. Histopathologic examination revealed low grade leiomyosarcoma. Our patient was referred to an oncology centre and no further treatment was deemed necessary.

In conclusion, it is a rare uterine mesenchymal tumour; whose retroperitoneal location remains exceptional. We emphasise the imaging and histology appearance of this tumour; as well as on the interest of evoking this diagnosis for surgery adapted to sarcomas.

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

EP44.16
A case report of serous carcinoma of the uterine corpus

A. Kocevska[1], E. Bajalski[1], B. Ismaili[1], D. Georgiev[1], K. Skeparovska[1], S. Tahir[2], A. Nakov[1]

[1]*Specialised Hospital for Gynecology and Obstetrics ''Mother Theresa'', Skopje, Former Yugoslav, Republic of Macedonia;* [2]*University Surgical Clinic ''St Naum Ohridski'', Skopje, Former Yugoslav, Republic of Macedonia*

In the Republic of North Macedonia, in 2020, there were 369 new cases of cancer of the uterine body, which were 10.9% of all new cases of malignancies and was the third most common in women, after breast cancer and colorectal cancer. Endometrial polyps are common pathological findings and their prevalence is between 16% to 34%. The prevalence of malignant and premalignant lesions found in the endometrial polyps ranges from 0.8% to 4.8%. Uterine serous carcinoma is an aggressive variant of EC that accounts for only 5-10% of all EC, but is related with 80% of endometrial cancer–related deaths. It is not related with increased estrogen levels and atypical endometrial hyperplasia. They arise in a background of atrophic endometrium or endometrial polyps in postmenopausal women. We present a case of 72 years old patient with serous carcinoma of the uterine corpus that arises on endometrial polyp. She was 20 years postmenopausal and bleeding was present. The transvaginal ultrasound examination showed that heterogeneous and irregular endometrial thickening was present. We performed fractionated explorative curettage. The histopathological report showed the presence of the parts of an endometrial polyp with surface that is coated with atrophic endometrium, and in parts it was coated with malignantly altered endometrium. The morphology of serous endometrial carcinoma with complex papillary and glandular architecture was present. Pathological mitoses have been verified. Lymphovascular invasion or infiltration of the cervical stroma were not found. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. Histopathological analysis of the operative material showed the absence of lymphovascular infiltration but present infiltration of the cervical stroma (pTNM = pT2 pNx pMx R0 L0 V0 Stage II). The patient was referred for further treatment to an oncologist.

EP44.17
The importance of ultrasound in the diagnosis of retained products of conception and in assessing its intrasurgical bleeding risk

A. Delgado-Morell, N. Rams, M. Pero, J. Estadella, R. Guerrero, E. Llurba

Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

A 35-year-old nullipara with antecedent of two curettages and a cryopreserved embryo transfer presented early and late postpartum hemorrhage after breech delivery at 37+5w. An emergency echo-guided curettage was performed, in which a highly vascularised myometrial zone was sonographically seen on the upper third of the uterus, with dubious endometrial continuity, initially suspected to be an arteriovenous malformation (AVM). Uterine artery embolisation (UAE) with resorbable material was performed. Vaginal bleeding receded. During the admission she was transfused with 8 blood units. Two weeks later patient restarted profuse vaginal bleeding once the UAE was no longer effective due to usual reabsorption. She needed 2 more blood units. Sonohysterography was performed, observing a 26 mm heterogeneous endometrial cavity with a solid heterogeneous mass of $53 \times 22 \times 41$ mm, score colour 3, suggestive of retained products of conception (RPOC).

A multidisciplinary committee decided to practice a second UAE followed by a surgical hysteroscopy, in which RPOC intimately attached to the myometrium were completely resected with bipolar loop. Early diagnosis of RPOC would have been key to establishing an appropriate therapeutic plan and would have saved the patient multiple interventions and morbidity. Patient did present the three sonographic signs with higher PPV for RPOC: defined endometrial mass; thickened endometrium; and endometrial vascularisation. Intense vascularisation and the background of curettages led the team to suspect AVM. In AVM, prominent vascularisation with high-speed multidirectional flow is located in the myometrium, with no associated vascularised endometrial images as in RPOC cases. The role of the ultrasound in assessing the vascularisation and associated bleeding risk of RPOC (scales of Kamaya and Gutenberg) is remarkable. In RPOC type 2 and 3 as the reported case it is worth considering a two-phase treatment: UAE as a first step to decrease bleeding risks followed by final hysteroscopic treatment.

EP44.18
A case of arteriovenous malformation after two curettages and the importance of early sonographic differential diagnosis with RPOC

A. Delgado-Morell, N. Rams, M. Pero, P. Muro, J. Estadella, R. Guerrero, E. Llurba

Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

A 37-year-old nullipara was admitted with PPROM and clinical chorioamnionitis at 17+5w. During the expulsion of the fetus, she presented massive acute vaginal bleeding (1.4L in 2min) requiring transfusion with six blood units. Patient underwent an emergent echo-guided suction curettage to evacuate the placenta and a Bakri Balloon was placed. She was readmitted five days after discharge presenting endometritis. US was performed observing a thickened endometrium of 69 mm with a solid mass of 28×27 mm, score