surgery much less reported in literature. The aim of this study was to evaluate the frequency of nonfunctional complications associated to radical procedures and to determine if there is any risk factor associated with their appearance.

Methodology A retrospective study was conducted including consecutive patients diagnosed with early-stage cervical cancer who underwent radical hysterectomy or radical trachelectomy at La Paz University Hospital from January 2005 to December 2019. Data from intraoperative complications, short-term (<30 days after surgery) and long-term (>30 days after surgery) complications were retrospectively collected. A multivariable analysis was performed in order to identify possible predictors of surgical complications.

Results A total of 111 patients were included. Intraoperative complications occurred in 13 (11.7%) women. Multivariable analysis showed there was a greater risk of intraoperative complications if microscopic parametrial involvement was present (at postoperative analysis). 41 (36.9%) patients had any short-term postoperative complication, being urological complications the most frequent ones. 33 (29.7%) patients had any long-term complication, where lymphedema was the most frequent one (20 patients, 18%).

Conclusion Urological complications are the most frequent ones in radical uterine procedures, especially bladder disfunction. However, other complications such as ureteral injury, fistula or lymphedema, are less frequent but also important due to their impact in the quality of life of patients. We found that parametrial involvement in postoperative pathological analysis was associated with higher intraoperative complications, being the most important factor impacting the presence of bladder dysfunction.

2022-VA-1193-ESGO RECURRENT CERVICAL CANCER CASE WITH SACRAL METASTASIS

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Introduction/Background Cervical cancer is the third most common gynecologic cancer in women worldwide and human papillomavirus (HPV) infection is the primary risk factor for cervical neoplasms. The recurrence rates of cervical cancer are 11% to 22% and 28% to 64% for those with Federation of Gynecology and Obstetrics (FIGO) stage IB-IIA and IIB-IVA disease, respectively. Surgery is one of the treatment methods for oligometastatic recurrence. In this video we aimed to demonstrate a radical surgical treatment approach in a patient with sacral cervical cancer recurrence

Methodology A 38-year-old patient with stage IIB underwent primary chemoradiotherapy in 2018. In 2019 a parametrial recurrence detected and she underwent radical hysterectomy followed by chemotherapy. She presented to our gynecologic oncology department with right leg pain in 2020. Magnetic resonance imaging and positron emission tomography revealed a 4 x 3.5 cm recurrent mass extending into the neural foramen in the right half of the sacrum and hypermetabolic residual mass adjacent to the right internal iliac artery and vein. The patient underwent surgery with these findings. Internal iliac artery and external iliac vein excision, sacral tumor resection and Boari flap ureteroneocystostomy was performed. The patient was discharged uneventfully.

Results She stayed at the intensive care unit for one day and discharged on the 11th postoperative day without any early complications.

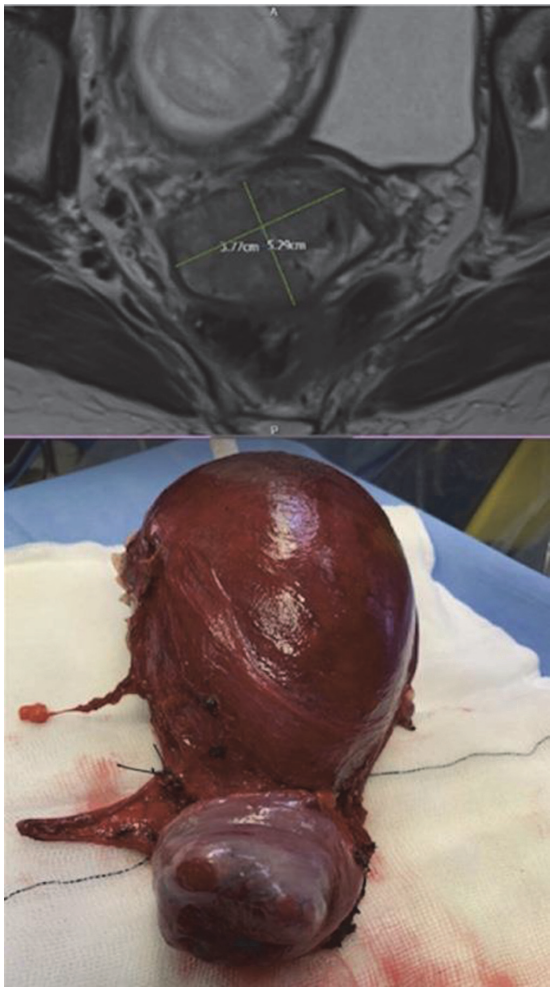
Conclusion Recurrent cervical cancer has a poor prognosis. Surgery, radiotherapy, chemotherapy, or various combinations may be used to treat recurrent disease. Removal of metastases or pelvic exenteration are surgical treatment options. Post recurrence surgery can improve progression-free survival (PFS) and overall survival (OS) in selected patients.

2022-RA-1205-ESGO MANAGEMENT OF LATE PRESENTATION OF ADVANCED CERVICAL NEOPLASIA IN PREGNANCY DURING THE COVID-19 PANDEMIC – AN ETHICAL DILEMMA

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Introduction/Background Holistic care is found at the heart of every oncology patient's journey, but perhaps nowhere more pivotal than in the case of concurrent pregnancy. We present this rare case in recognition of the onerous effect of the covid-19 pandemic with a focus on the emotional burden of such difficult circumstances.



Abstract 2022-RA-1205-ESGO Figure 1

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