P28.07
The importance of papillary projection in a small unilocular-solid cyst

S. Giunchi, L. Savelli, M. Pesaresi, M. Kuleva, N. Rizzo

Obstetrics and Gynecology, University Hospital of Bologna, Bologna, Italy

Objectives: To evaluate sonographic, power-Doppler features and histological findings in cases of small unilocular-solid cyst in a normal-size ovary.
Methods: All consecutive women with small ovarian unilocular-solid cyst in normal-size ovary detected by transvaginal ultrasound, were included in the study. Patients had either follow-up ultrasound examination every three months or underwent surgical removal of the cyst. CA 125 was also evaluated. Histological findings were reviewed.
Results: A total of 13 cases were identified. The median age of the patients was 46 years (range 26–75). CA 125 was elevated (> 35 UI/mL) in 4/13 (31%) cases. The median size of the cyst was 22 mm (range 32–15). The vascularization was present in 9/13 (69%) cases. Free fluid in the pouch of Douglas was detected in 2/13 cases (15%). Six of 13 (46%) women received follow-up ultrasound examination every three month. Seven of 13 (54%) underwent laparoscopic removal of the cyst. Hystological diagnosis of malignancy (one carcinoma, and two borderline tumors) was recorded in 3/13 (23%) cases and of benign lesion (serous cistoadenoma) in 4/13 (31%).
Conclusions: These data suggest that the presence of a papillary projection is more important than the size of the cyst. Small unilocular solid cysts even in a normal-size ovary have substantial risk of malignancy.

P28.08
Blood flow velocimetry in metastatic ovarian tumors in comparison to primary ovarian tumors

R. Tepper[3], A. Fishman[3], I. Bruchin[4], D. Kidron[2], E. Zituni[3], R. Hershkovitz[1]

[1]US Unit, OBGYN, Soroka University Medical Center, Faculty Of Health Sciences, Ben Gurion University, Omer, Israel; [2]Pathology Department, Meir University Medical Center, Faculty of Health Sciences, Tel Aviv University, Kfar Saba, Israel; [3]US Unit, OBGYN, Meir University Medical Center, Faculty of Health Sciences, Tel Aviv University, Kfar Saba, Israel; [4]Oncologic Unit, OBGYN, Meir University Medical Center, Faculty of Health Sciences, Tel Aviv University, Kfar Saba, Israel

Objectives: To assess blood flow velocimetry in ovaries among patients with known metastatic ovarian tumors. To compare it to ovarian blood flow velocimetry among patients with primary ovarian malignant tumors.
Methods: Study group included 23 patients with metastatic ovarian tumors. Control group was composed of 34 women with primary ovarian cancer. 15 patients had primary colon tumor, 4 had breast carcinoma, 3 had stomach carcinoma and 1 pancreatic carcinoma. Among control group, 25 patients had serous carcinoma, 6 had mucinous carcinoma, and 3 had endometriod carcinoma. Sonographic evaluation included evaluation of mass morphology, color and pulsed Doppler.
Results: No significant differences were noted in the size or sonographic characteristics between the different types of metastatic tumors. Mean RI of the ovarian artery was 0.46. Three groups were defined in the study group according to Doppler results: RI ≤ 0.4, $0.4\angle$ RI ≤ 0.5, $0.5\angle$ RI ≤ 0.6. Five patients had RI ≤ 0.4 (mean RI −0.32), 6 patients had RI of 0.4–0.5 (mean −0.42), 12 patients had RI of 0.5–0.6 (mean −0.55). No significant statistical analysis was found between the groups regarding the primary tumor and the post menopausal status. Mean RI of the colonic metastases was 0.47. Mean RI of the breast metastases was 0.45, and the mean for stomach was 0.46. No statistical significant differences were noted between the different subgroups. Mean RI of the primary ovarian tumors was 0.51. The range of the RI was 0.31–0.66. No significant differences were noted between this primary ovarian tumors and metastatic tumors regarding Doppler results.
Conclusions: Although neovascularization is a well known process in the generation of ovarian tumors; primary and metastatic, Doppler studies are probably not sensitive enough for the differentiation between primary and metastatic tumors and other methods should be explored for this task.

P28.09
Quantifying extension and prediction of cytoreduction in ovarian cancer using subjective evaluation of ultrasound findings

E. Ancuta[1], D. Sofroni[2], L. Gutu[2], C. Ancuta[3]

[1]Cuza-Voda Obstetrics and Gynecology Hospital Iasi, Iasi, Romania; [2]Institute of Oncology, Chisinau, Moldova; [3]Gr.T.Popa University of Medicine and Pharmacy, Iasi, Romania

Objectives: To investigate the contribution of sonography findings for an accurate preoperative assessment of extension of the disease and to identify ultrasonography predictors of optimal cytoreduction in ovarian cancer.
Methods: This is a retrospective case series of all patients who underwent ultrasonography for clinical and radiographic suspicions of advanced ovarian cancer. 83 women with suspicious of advanced ovarian cancer undergoing preoperative ultrasound examination were enrolled in our study. The images were analyzed for presence of peritoneal carcinomatosis, omental involvement, metastatic pelvic lymph nodes, superficial and parenchimal liver metastases, spleen metastases and ascites, mesenteric retraction. All women included in this study underwent standard laparatomy. Surgical and histological findings were correlated with US assessments. Any consistent sonography findings have been calculated according to sensitivity, specificity, accuracy and positive/negative predictive value. **Results:** 45 women (54.2%) had an anresectable tumor and in 3 cases (3.6%) cytoreductive surgery was undertaken. Laparatomic findings were analysed with the US findings, resulting in ranged between 53% for superficial liver metastases and 63% for omental involvement peritoneal carcinomatosis and between 95% for ascites and 78% for mezenteric retraction.
Conclusions: We demonstrated preoperative sonography imaging techniques is undoubtedly useful for the evaluation of intrabdominal extension of ovarian cancer. US examination increases the accuracy in predicting optimal cytoreduction.

P29: PELVIC PAIN AND ENDOMETRIOSIS

P29.01
Comparative study between ultrasound and magnetic resonance imaging of the pelvis in the deep endometriosis

H. Werner[1,2], M. Marcondes[1,3], P. T. Berardo[3], A. C. Coutinho[1], M. A. Domingues[1], E. Gasparetto[1,2], R. C. Domingues[1]

[1]CDPI, Rio de Janeiro, Brazil; [2]Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil; [3]Hospital Federal dos Servidores do Estado, Rio de Janeiro, Brazil

Objectives: The aim is to compare ultrasound (US) findings and magnetic resonance (MR) in the deep endometriosis with emphasis to intestinal involvement.
Methods: Eighteen patients between 23 and 49 years of age clinically suspected as well as suggestive gynecological exams of