with next generation sequencing. The model was established using ultrasound image features, SNP data and clinicopathological data of patients. All subjects were randomly divided into a training set and a verification set in a 7:3 ratio. MRMR algorithm, LASSO and support vector machine method are used for feature selection and prediction modelling. The performance of the differential HSIL and early CC models was evaluated for calibration and clinical application.

Results: For the differentiation of HSIL and early CC models, the method combining ultrasonography, clinicopathological data and SNP data showed higher classification efficiency, with an AUC value of 0.945 [95%CI: 0.881-1.000] in the training cohort and 0.850 [95%CI: 0.713-0.987]in validation cohort, than the performance with only the ultrasound omics model (AUC: training, 0.902 [95%CI: 0.836-0.967]; validation, 0.885 [95%CI: 0.751-1.000]).

Conclusions: The model developed and constructed in this study, which combines ultrasonic imaging features with clinicopathological features and SNP genomic data, has the potential to distinguish HSIL from Stage IA CC in the early stage, and has good clinical application value.

EP22.04
The accuracy of ultrasound in diagnosing adhesions around omental metastatic lesions of ovarian cancer

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Objectives: We investigated whether US combined with CT could improve the diagnostic accuracy of adhesions of ovarian cancer omental metastatic lesions to the transverse colon (T/C) and to abdominal wall. This study was approved by the School of Medicine of Chiba University Ethics Review Board (#4178).

Methods: Study 1 is a retrospective study of 110 patients with advanced ovarian cancer between 2015 and 2020, all of whom underwent both CT and US, to determine the presence of adhesions, with US using conventional criteria; "positive when mobility between the omental metastatic lesions and T/C or abdominal wall is not confirmed." Based on a review of the misdiagnosed cases in Study1, revised criteria for US were established; "positive if the boundary echoes disappear at sites where omental metastatic lesions contact T/C or abdominal wall".

Study 2 is a prospective study using revised criteria to determine whether it would improve diagnostic accuracy. This study included new ovarian cancer cases (n = 80) from 2021 to 2022. US and CT were performed by a sonographer and radiologist, respectively. The revised criteria for US were used, while the CT criteria were the same as in Study 1.

Results: Study 1: The accuracy of CT in diagnosing adhesion between the lesion and the T/C, and between the lesion and the abdominal wall was 80% and 76%, respectively. The accuracy of CT+US in diagnosing the same site was 85% and 89%, respectively.

Study 2: CT+US was significantly more accurate than CT alone in diagnosing adhesion between lesions and T/C (96% vs 83%; $p < 0.005$). CT+US was also more accurate than CT alone in diagnosing adhesions between lesions and the abdominal wall (96% vs 78%; $p < 0.001$).

Conclusions: The diagnostic accuracy of US combined with CT, especially with our new boundary echoes-focused US criteria, has improved the diagnostic accuracy of lesion-to-TC and lesion-to-abdominal wall adhesions.

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Abstract withdrawn

EP22.06
Appendiceal mucocele due to low-grade mucinous neoplasm presenting as an adnexal mass

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We present a case of a 42-year-old asymptomatic woman, with a medical history of celiac disease, who was referred to our ultrasound unit for evaluation of a mass in the right adnexal fossa discovered at her annual gynecological exam. An elongated unilocular formation, measuring 70mm × 22mm x 28mm, with regular borders, predominantly hypoechoic heterogeneous content and colour score 2 was observed (see figure 1). The mass was contacting the normal right ovary and uterus, being separable from both under the ultrasound probe pressure. This finding on dynamic ultrasound raised the suspicion of a non-gynecological lesion. Ascites, peritoneal metastases or other alterations were not observed. Abdominal-pelvic magnetic resonance imaging considered the lesion compatible with an appendiceal mucocele. Colonoscopy evidenced normal appendicular orifice (negative multiple local biopsies).

During the explorative laparoscopy, normal morphology of the internal reproductive organs was noted. Appendiceal mucocele involving the entire appendix was diagnosed. Inspection of the abdominal cavity revealed no other pathological findings. Appendectomy with the excision of mesoappendix was performed (histology: low-grade appendiceal mucinous neoplasm, LAMN, T3 with positive surgical margins). The patient was scheduled for a right hemicolectomy.

We previously published a case of LAMN mimicking a solid, regular and heterogeneous right adnexal lesion with colour score 2. Gynecologists and other pelvic imagers and surgeons should be familiar with the ultrasound characteristics of appendiceal lesions, including LAMN, to provide the patients with appendiceal pathology with a timely diagnosis and optimal management.

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

EP22.07
A rare case of an abdominal wall clear cell carcinoma: an unusual presentation in a pelvic mass clinic

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Abdominal wall clear cell carcinomas are rare and usually occur as a result of malignant transformation of endometriosis in a patient who has had gynecological or obstetric surgery. We present a case of a 57 year old woman who presented to the diagnostic ovarian two week wait clinic with a rapidly enlarging tender pelvic mass. She was para 2 with a Caesarean section 30 years previously and was not known to have any significant gynaecological history including endometriosis.

A TA scan showed a 76mm irregular, solid, vascular mass seen within the abdominal wall below the umbilicus. A TVS confirmed a normal uterus and ovaries. The echogenicity and site of this mass were similar to abdominal wall endometriosis however due to the vascularity, irregular external contour and rapid growth the diagnosis of a metastatic mass was considered likely. After discussion with radiology the probability of a desmoid tumour was raised and the patient was referred for a CT scan and on to the sarcoma team.