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468 A Urethral prolapse in a postmenopausal woman

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Introduction and aims of the study: Urethral prolapse is a rare and benign condition. The lack of estrogen and the poor pelvic support have been implicated as major predisposing factors, especially in postmenopausal women. We present a case of a spontaneous urethral prolapse managed successfully by topical vaginal estrogen therapy. *Methods*: Analysis of the clinical process. *Results*: A 77-year-old Caucasian woman was referred to our emergency room with a 7-day history of dysuria and an occasional blood spotting of undergarments without fever. Her previous medical history included hypertension and obesity. Her obstetric history revealed presence of two spontaneous vaginal deliveries and menopause at the age of 47 years. Physical examination showed a non-reducible doughnut-shaped swelling at the urethral meatus with contact bleeding, compatible with urethral prolapse. Transvaginal ultrasound demonstrated a normal sized uterus with thin layered mucosa without masses or pelvic fluid. Urethral citology showed a stratified squamous epithelium. The patient was advised for local application of estrogen cream. The patient is voiding well at the 1-month follow-up, with no dysuria and hematuria. Local examination revealed no bleeding and no necrosis. *Discussion*: The spontaneous postmenopausal cases tend to be symptomatic, with vaginal bleeding being the most common presenting symptom, although dysuria, hematuria, urinary frequency, urgency, and nocturia may also be present. Differential diagnoses include urethral caruncle, condyloma, prolapsing ureterocoele and rhabdomyosarcoma. A variety of different management approaches have been employed ranging from conservative treatment with topical oestrogen to multiple surgical techniques. *Conclusion*: Optimal treatment for postmenopausal women presenting with symptoms of urethral prolapse can be achieved with a long-term topical vaginal estrogen therapy.

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663 Pulmonary thromboembolism during the puerperium of a woman with covid-19 infection - a case report

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Introduction and aims of the study: In the postpartum period, pulmonary thromboembolism (PTE) is a frequent complication due to hypercoagulability state. If there are risk factors, such as advanced age or high BMI, a prophylactic dose of heparin should be started, according to guidelines for thromboprophylaxis. Furthermore, COVID-19 infection is known to be associated with an increased thrombotic risk. Our aim is to present the case of a woman with COVID-19 infection in the immediate postpartum period, who had a thromboembolic event, even under a prophylactic dose of low molecular weight heparin (LMWH). *Methods*: Authors assessed the clinical records of this patient to describe the case. *Results*: A 33-year-old primigravida woman, with a past medical history of hypertension and obesity (BMI = 38 kg/m^2), was admitted for elective induction of labour at 41 gestational weeks. She was asymptomatic but tested positive for SARS-COV2 PCR at admission. A cesarean section due to failure of induction was performed, without complications. Because of the thrombotic risk factors, such as the high BMI and the c-section, prophylactic LMWH was prescribed. At day four, when she was about to be discharged, she presented an asymptomatic tachycardia, and the workup included a CT angiography, confirming an acute bilateral PTE. She started treatment with LMWH and remained clinically and analytically stable during the hospital stay. After discharge, she continued with anticoagulant therapy and had a postpartum follow-up. *Conclusions*: PTE is an event with an increased prevalence in the post-partum period, particularly if associated with risk factors that should systematically be assessed, such as obesity, hypertension, c-section, and now the COVID-19 infection. This case report opens the window to studies that may evaluate the importance of thromboprophylaxis in asymptomatic COVID-19 patients.

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668 Three cases of diagnosis and treatment of cesarean scar pregnancy

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Introduction and aims: Cesarean scar pregnancy (CSP) is an intrauterine ectopic pregnancy situated closely to a scar or within an isthmocele, surrounded by myometrium out of decidual layer. This localization of pregnancy is potentially associated with dangerous maternal complications. The management of such patients is a clinical challenge as for now a standard protocol of CSP treatment hasn't been developed. *Methods*: We present 4 cases of CSP that were diagnosed and successfully managed at difference clinical stages with relevant stage-dependent approaches. All the patients were initially hemodynamically stable and had a great desire to save their further fertility. The options of CSP management have been chosen according to the term of pregnancy, embryo viability, ultrasound (US) position and shape of gestational sac, residual myometrium thickness (RMT). *Results*: **Case 1**. CSP of 5 GW, viable embryo, RMT 5 mm, 1 mg / kg methotrexate was administered till hCG level was reduced and then vacuum aspiration of the pregnancy under US control was carried out. **Case 2.** 6 GW, RMT 2 mm, the embryo without cardiac activity. Laparoscopy was performed, separation of the adhesions, excision of isthmocele with removal of the gestational sac. **Case 3.** 9 GW, bulging of the uterine wall toward the bladder, RMT 1,8 mm, the embryo without cardiac activity. In order to reduce the risk of hemorrhagic complications embolization of the uterine artery was performed. Then laparoscopy with separation of adhesions, transcervical vacuum aspiration of the pregnancy with consequence excision of the isthmocele and suturing tissue defect were carried out. **Fig 1-3** show different US stages of CSP in patients before treatment. **Fig 4-5** are images obtained at endoscopy. *Conclusion*: The options of CSP management should be chosen according to the term of pregnancy, embryo viability, position and shape of gestational sac, RMT.

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