bled with manipulation. The patient met all postoperative milestones and recovered appropriately.

Comments: Based on literature review, there are mixed recommendations on prophylactic septoplasty; however, in this patient's case, septal prolapse and significant dyspareunia could have been avoided. These outcomes should be taken into clinical consideration when a patient presents with a longitudinal vaginal septum during routine obstetric and/or gynecological care.

Supporting Figures or Tables

25. Predictors of Ovarian Preservation after Ovarian Torsion: A Retrospective Chart Review

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Background: Ovarian torsion is a gynecologic emergency that requires surgical intervention to avoid functional loss of the ovary. Our objective was to determine predictors of ovarian preservation in the setting of torsion, primarily time from initial presentation to surgery.

Methods: We conducted a retrospective cohort study of women aged 12-40 who presented to the Emergency Department (ED) at a single institution between 2008 and 2021 and had surgical confirmation of torsion. Cases were identified using diagnosis codes for ovarian torsion, and we performed chart review to confirm inclusion criteria. We compared ovarian preservation by time to surgery after ED presentation. Covariates included age, parity, sonographic doppler flow, presence of ovarian mass, intraoperative attempt at detorsion, intraoperative concern for necrosis, and night or weekend presentation. We considered the potential effect of COVID-19 pandemic on time to surgery. We assessed predictive factors for ovarian preservation based on preoperative sonographic findings and patient characteristics using multivariable logistic regression. Institutional IRB approved a waiver of consent.

Results: We identified 60 surgical cases of confirmed ovarian torsion, of which 25 underwent oophorectomy (42%). The median time from initial presentation in ED to surgery was 8.6 hours (IQR: 5.9-12.9; 8.3 hours in preserved versus 8.7 in removed; p=0.68). When time to surgery was < 4 hours (n=6), the ovary was preserved in 83% of cases, compared to 56% when time to surgery was ≥4 hours (n=54; p=0.39). When time to surgery was < 8 hours (n=28), 61% had ovarian preservation compared to 56% at ≥8 hours (n=32; p=0.73) (Figure). The COVID-19 pandemic was not associated with a longer time to surgery (n=7). Ovarian preservation was significantly more likely with present doppler flow on sonographic exam (60% vs 27%; p=0.02). Preservation was less likely with necrosis suspected intraoperatively (20% vs 84%; p< 0.01). Detorsion was attempted in 64% of cases, resulting in preservation of 35% of necrotic-appearing ovaries. 76% of cases underwent oophorectomy based on intraoperative concern for necrosis; however, only 48% of ovarian specimens had necrosis confirmed on pathology. Age, parity and night or weekend ED admission were not associated with ovarian preservation.

Conclusions: Predictors with the greatest likelihood of ovarian preservation after torsion include surgical goal time of < 4 hours after ED presentation, present doppler flow on sonographic exam, and attempt at detorsion intraoperatively despite necrotic appearance. Intraoperative methods to confirm ovarian viability would reassure surgeons. The surgical decision for oophorectomy may be based on factors unrelated to functional loss of the ovary.

Supporting Figures or Tables
https://www.abstractscorecard.com/uploads/Tasks/upload/19245/RGXGDRUQ-1375800-1-ANY(2).docx

26. Assessment of BMI and Other Cardiometabolic Parameters in Turner Syndrome

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Background: Turner Syndrome (TS) is a genetic disorder often associated with metabolic syndrome including type 2 diabetes, dyslipidemia, and insulin resistance manifesting in the early years of life. It is well known that young girls and adults with TS have more cardiometabolic risk factors than age-matched peers without TS. Our objective was to describe cardiometabolic parameters in a late adolescent/young adult cohort of individuals with TS.

Case: Twelve late adolescent and young adult patients with TS, ranging in age from 19-26 years, seen at the NIH Turner Syndrome clinic who provided informed consent for research were included in this case series. Karyotype, hormone replacement therapy (HRT), age at documented diagnosis of primary ovarian insufficiency (POI), basic vitals, and cardiometabolic parameters were collected per protocol, as shown in Table 1. BMI values were classified as healthy weight, overweight, or obese. Blood pressure values were classified as normal, elevated, stage I hypertension, and stage II hypertension. LDL cholesterol values were classified as optimal, near or above optimal, borderline high, high, and very high. Of the 12 patients in this series, 5 patients (42%) were healthy weight, 1 patient (8%) was overweight, and 6 patients (50%) were obese. Elevated total cholesterol levels were seen in 3 out of 5 patients with a healthy BMI, and 2 of these 3 patients had high risk LDL values . Of the remaining 7 overweight