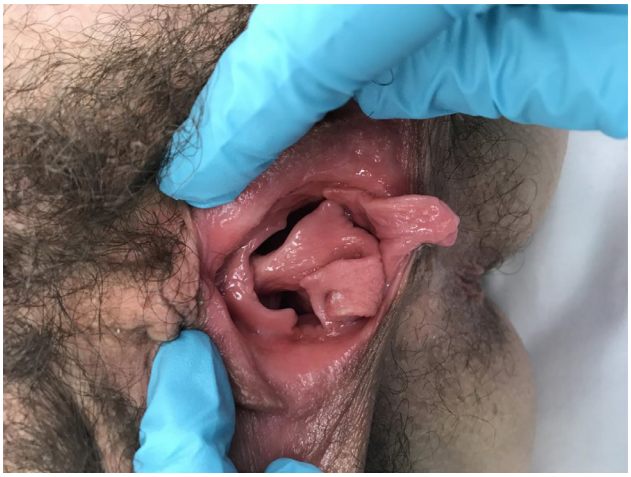
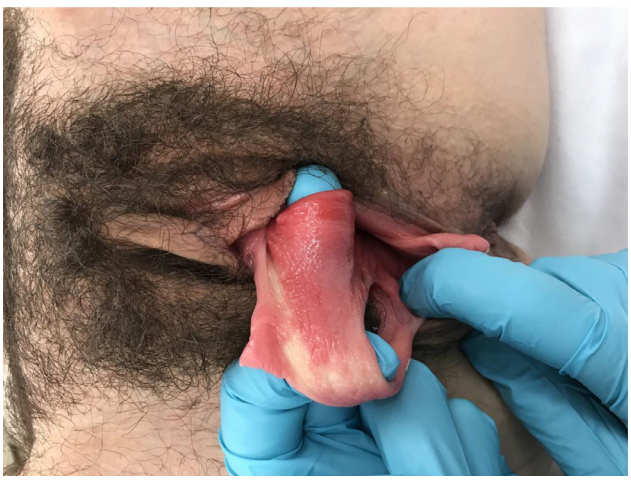
bled with manipulation. The patient met all postoperative milestones and recovered appropriately.

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

Eleanor M. Schmidt, MD [1], Emily Boniface, MPH [1], Maureen K. Baldwin, MD, MPH [1], Jessica Riordan, MD [2]

[1] *Oregon Health & Science University*
[2] *Presbyterian Medical Group*

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

Taylor C. Badger, BS [1], Tazim Dowlut-McElroy, MD, MS [2], Marissa Lightbourne, MD, MPH [3], Jacqueline Y. Maher, MD, MA [4], Veronica Gomez-Lobo, MD [4]

[1] *National Institutes of Health, NICHD*
[2] *Children's Mercy Hospital, Kansas City, MO*
[3] *NIDDK*
[4] *NICHD*

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

and obese patients, 4 patients also had high risk LDL values. The obesity rate of 50% in this TS case series was higher than the 41.9% national obesity rate for women overall. HbA1c and estimated average glucose levels were within normal range for all the patients despite the presence of high-risk lipid profiles in 50% of the patients in this case series.

Comments: This case series highlights the importance of monitoring multiple parameters in combination for patients with TS to assess cardiometabolic risk. Of note is the presence of elevated total cholesterol and high-risk LDL profiles in TS patients with a healthy BMI. TS patients with a healthy BMI may still be at higher risk for adverse cardiovascular outcomes and metabolic syndrome. Late adolescent and young adult patients with TS are known to have a higher obesity rate compared to the national average, and higher rates of metabolic dysfunction. Our small case series did not display any obvious trends between increasing BMI and cardiometabolic parameters in adolescents and young adults < 26 years old. Longitudinal follow up of young TS patients is needed to better understand cardiovascular changes over time and if interventions during childhood can help prevent or delay progression of metabolic syndrome.

Supporting Figures or Tables
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27. Isolated Cervical Agenesis with Otherwise Normal Mullerian Anatomy

Michele Troutman, MD, Jennifer Dietrich, MD, MSc

Baylor College of Medicine, Texas Children's Hospital

Background: Cervical agenesis (CA) comprises a rare subset of Mullerian anomalies with prevalence of 1/80,000 to 1/100,000, usually presenting with vaginal agenesis or atresia that can range in presentation from complete or partial absence of cervical tissue [1-3]. We present a rare case with a normal vaginal length with isolated CA with the objective of furthering the discussion to surgical approach. Traditionally, surgical management has included a hysterectomy of the uterine horn due to risk of ascending infection and death or utero-canalization procedures given advancement in MIS [4-8].

Case: We present a 19yo patient who presented at 12yo with monthly pain and amenorrhea. Initial lab workup was unrevealing and was started on COC for menstrual suppression given concern for a transverse vaginal septum. Initial pelvic ultrasound and MRI read as normal, but second radiologist read demonstrated truncation of the uterine horn at the level of the lower uterine segment, raising concern for rudimentary cervix (RC). She underwent EUA and vaginoscopy, revealing normal vaginal length with spongy-like bump at the vault apex, revealing evidence of RC. Patient counseled on options for continued suppression versus removal of the uterine remnant (UR). She wished to proceed with UR removal and underwent a robotic hysterectomy and bilateral salpingectomy. Intra-operative findings of the UR were consistent with MRI and vaginoscopy findings. Evidence of early-stage endometriosis was also noted. Final pathology showed UR with secretory endometrium without cervical mucosa.

Comments: There have been described case series for uterine sparing fertility options with laparoscopic assisted fistula creations, cervical drilling, and canalizations although much of the literature has combined cases of atresia and agenesis, which have different fertility outcomes [9-11]. In this case, we presented isolated CA in the setting of a UR despite normal vaginal length. It is important to distinguish between cases of CA and cervical dysgenesis, where more elements of cervical tissue may be present. Surgical management options vary depending on the partial presence or complete absence of cervical tissue, uterine size, and desire for future fertility. With increasing documentation of cases and more favorable follow up data, a new framework may need to be revisited given the difficulty in diagnosis of CA, while weighing the long-term outcomes.

Supporting Figures or Tables
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28. Case report: An uncommon etiology of vulvar irritation and swelling in an adolescent patient

Valerie Bloomfield [1], Sari Kives [1], Niamh Murphy [2]

[1] *Hospital for Sick Children*
[2] *Coombe Women and Infants University Hospital*

Background: Vulvovaginal concerns are common amongst adolescent patients. In post-menarchal patients, common etiologies include poor hygiene, contact irritants and infection.

Case: A 14-year-old transgender male presented with concerns of vulvar irritation and significant labial enlargement. Comprehensive work up including tissue biopsies and imaging suggested chronic inflammation. His clinical course was complicated by an episode of methemoglobinemia secondary to local anesthetic toxicity, at which time his care team recognized use of large quantities of Vagisil®, which contains benzocaine. Ultimately, vulvar changes were recognized to be secondary to chronic Vagisil® use.

Comments: This case highlights the potential dangers of off-the-shelf products, such as Vagisil®. In patients presenting with vulvovaginal complaints, care providers should carefully screen for use of 'hygiene products' as part of exposure history.

29. Case report: Long term follow up of neonate presenting with acute kidney injury secondary to obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome

Valerie Bloomfield, Sari Kives, Lisa Allen

Hospital for Sick Children

Background: Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome describes a spectrum of Mullerian anomalies characterized by uterine didelphys, unilateral obstructed hemivagina and ipsilateral renal anomalies. We report the case of a neonatal complication secondary to OHVIRA syndrome with long term follow up, adding to the collective understanding of this syndrome.

Case: We present a 22-day-old female with an acute kidney injury secondary to post-renal obstruction from a large hydrometrocolpos. Multidisciplinary care facilitated timely diagnosis of OHVIRA syndrome and temporizing operative management. The patient was followed serially into her adolescence and ultimately underwent definitive excision of her vaginal septum.

Comments: OHVIRA syndrome encompasses a broad spectrum of anatomical variation with different considerations in pre-pubertal and post-pubertal patients. Multidisciplinary care allows for timely diagnosis and clinical decision making within this complex patient population.