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**P-105****INCISIONAL ENDOMETRIOMA OF THE ABDOMINAL WALL**

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**Introduction.** Incisional endometrioma (IE) of the abdominal wall is a relative rare event. IE develops after obstetrical/gynecological procedures due to transportation and subsequent implantation of endometrial cells. The aim of study was to evaluate IE of the abdominal wall after caesarean section (CS) and gynecological procedures.

**Materials and methods.** Medical data of nineteen patients who were admitted to our institutions with IE of the abdominal wall after pelvic surgery were evaluated retro- and prospectively.

**Results.** The mean age was  $31.6 \pm 1.3$  (range 24-44 years). All patients presented a painful mass within the abdominal scars with history of CS (n=18) and abdominal myomectomy (n=1). A total of twenty lesions were found within the Pfannenstiel scar (n=18) and vertical midline incisions (n=1). In the Pfannenstiel incision group IE were located at the left lateral edge (n=16), the right edge (n=1) and bifocal (n=1). Regarding the depth of abdominal wall involvement: subcutaneous (n=6), fascial involvement (n=7), fascia and muscle (n=7) and rectus abdominis muscle (n=1). The tumor was completely excised (R0 resection). The fascial defect was repaired with a primary tension free closure (n=11) and a polypropylene mesh was placed to repair the abdominal wall defect (n=2). The histopathological examination of surgical specimens confirmed the characteristic features of endometriosis. Recurrence rate was zero.

**Conclusion.** IE of the abdominal wall should be considered in the differential diagnosis of scar masses after CS and gynecological procedures. Wide excision is the treatment of choice for IE as well as for recurrent lesions.

**P-106****OXIDATIVE STRESS IN THYROID CANCER PATIENTS TREATED WITH RADIOACTIVE IODINE 131**

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**Introduction.** Oxidative stress is a state of imbalance between the production and elimination of reactive oxygen species (ROS), which can lead to cell damage and death. As a highly reactive organic compound, malondialdehyde (MDA) is often used as a biological marker of oxidative stress. The aim of this study was to evaluate the level of MDA in patients with differentiated thyroid cancer (DTC) treated with 3.7 or 5.5 GBq of radioactive iodine (131-I).

**Material and methods.** The study population included 24 DTC patients and 24 healthy controls. MDA was measured in serum samples of DTC patients before, 3 and 7 days after 131-I therapy. Iodine-131 whole-body scintigraphy was performed in DTC patients 3 days after its application.

**Results.** Before 131-I therapy DTC patients had significantly higher MDA concentration than control subjects ( $2.85 \pm 1.29$  nmol/ml vs.  $1.74 \pm 0.39$  nmol/mL,  $p=0.001$ ), which additionally increased 3 days after therapy ( $3.32 \pm 1.60$  nmol/mL vs.  $2.85 \pm 1.29$  nmol/mL;  $p=0.001$ ), and returned to the pretreatment values 7 days after the therapy ( $2.71 \pm 1.11$  nmol/mL vs.  $2.85 \pm 1.29$  nmol/mL;  $p=0.615$ ). There was no dose-dependent effect of radioactive 131-I on MDA concentration ( $p=0.360$ ). But, a clear correlation between MDA values measured 7 days after 131-I therapy and accumulation of 131-I in the thyroid region of DTC patients was shown (Spearman  $r=0.458$ ,  $p=0.024$ ).

**Conclusions.** The highest intensity of oxidative stress in DTC patients was found 3 days after 131-I therapy, irrespective of the dose of 131-I used. The accumulation of 131-I in thyroid tissue correlated with the MDA level measured 7 days after 131-I therapy.