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of the MRI. EUA revealed that the large leiomyoma had a broad base replacing the anterior and lateral walls of the cervix, which was felt as a 2 cm small knob on the posterior aspect of the vaginal mass. She desired to keep her reproductive potential. Due to the complexity and risks of the surgery a multidisciplinary team was stablished. A gynecologic oncologist started the robotic approach. Bilateral ureterolysis and bladder dissection off the anterior surface of the uterus and cervix were performed to decrease likelihood of damage to these structures. An anterior colpotomy resulted in partial exposure of the myoma, therefore it was decided to proceed with vaginal myomectomy. Vaginal morcellation of the cervical myoma was performed. The anterior wall of the cervix was carefully reconstructed using 2-0 Vicryl in interrupted figure of 8 sutures. Homeostasis was ensured. Cystoscopy confirmed normal efflux of both ureteral orifices. Estimated blood loss was 700 mL and no complications were encountered postoperatively. Pathology confirmed benign leiomyoma.

CONCLUSION: Follow up visits revealed patient was experiencing normal periods, indicating patency of the cervical canal and she had a relief of previous symptoms. TV 2D US confirmed a normal uterus with normal length of the cervical canal. A TV 3D US with saline sonohysterogram revealed a normal cervical canal and uterine cavity. The patient attempted to conceive one year after surgery. She conceived spontaneously twice; had one miscarriage and is currently pregnant at 15-week gestation. In conclusion, this is the first report of a successful vaginal myomectomy in combination with robotic assisted operative laparoscopy of a very large sessile vaginal cervical myoma. The use of MRI was essential in confirming the diagnosis and type of the myoma. A multidisciplinary team approach with special surgical expertise was mandatory for successful outcome.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Tapaswini Hota: Nothing to disclose; Mostafa Abuzeid: Nothing to disclose; John Hebert: Nothing to disclose; Mostafa Abuzeid: Nothing to disclose.

105 Vaginal myomectomy of a large sessile vaginal cervical leiomyoma
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OBJECTIVES: Demonstrate a feasible approach and technique to perform myomectomy of large cervical leiomyomas by combination of laparoscopy (robotics) and vaginal surgery.

MATERIALS AND METHODS: Case report, retrospective chart review.

RESULTS: Management of cervical myomas is challenging, especially in patients who desire to preserve their reproductive potential. We report a patient who underwent a successful vaginal myomectomy of a very large sessile vaginal cervical myoma. A 31-year-old female G0 presented with symptoms of pelvic pressure, urinary frequency, and dyspareunia. Physical exam revealed a 10-week size, firm, immobile mass on bimanual examination and a bulge from the anterior vaginal wall filling the entire vagina. Trans-vaginal 2D ultrasound scan (TV 2D US) suspected a large leiomyoma anterior to the cervix. MRI confirmed the diagnosis of a solitary 8.7 cm x 7.9 cm x 9.1 cm myoma involving the anterior cervical rim, displacing the uterus superiorly and the urinary bladder anteriorly. Examination under anesthesia (EUA) and diagnostic laparoscopy confirmed the findings of the MRI. EUA revealed that the large leiomyoma had a broad base replacing the anterior and lateral walls of the cervix, which was felt as a 2 cm small knob on the posterior aspect of the vaginal mass. She desired to keep her reproductive potential. Due to the complexity and risks of the surgery a multidisciplinary team was stablished. A gynecologic oncologist started the robotic approach. Bilateral ureterolysis and bladder dissection off the anterior surface of the uterus and cervix were performed to decrease likelihood of damage to these structures. An anterior colpotomy resulted in partial exposure of the myoma, therefore it was decided to proceed with vaginal myomectomy. Vaginal morcellation of the cervical myoma was performed. The anterior wall of the cervix was carefully reconstructed using 2-0 Vicryl in interrupted figure of 8 sutures. Homeostasis was ensured. Cystoscopy confirmed normal efflux of both ureteral orifices. Estimated blood loss was 700 mL and no complications were encountered postoperatively. Pathology confirmed benign leiomyoma.

CONCLUSION: Follow up visits revealed patient was experiencing normal periods, indicating patency of the cervical canal and she had a relief of previous symptoms. TV 2D US confirmed a normal uterus with normal length of the cervical canal. A TV 3D US with saline sonohysterogram revealed a normal cervical canal and uterine cavity. The patient attempted to conceive one year after surgery. She conceived spontaneously twice; had one miscarriage and is currently pregnant at 15-week gestation. In conclusion, this is the first report of a successful vaginal myomectomy in combination with robotic assisted operative laparoscopy of a very large sessile vaginal cervical myoma. The use of MRI was essential in confirming the diagnosis and type of the myoma. A multidisciplinary team approach with special surgical expertise was mandatory for successful outcome.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Stephanie M. Leiva: Nothing to disclose; Andrea Pacheco Arias: Nothing to disclose; Huda Afaneh: Nothing to disclose; Joseph Salem: Nothing to disclose; Douglas Pugmire: Nothing to disclose; Mostafa Abuzeid: Nothing to disclose.

106 Medical student and faculty perceptions of the COVID-19 pandemic on medical education and personal well-being
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OBJECTIVES: This is a retrospective questionnaire study which aims to highlight the effects coronavirus disease 2019 (COVID -19) has had on medical education and personal well-being on medical student and faculty in California.

MATERIALS AND METHODS: An email was sent to all 16 California medical institutions in early July of 2020. The medical student questionnaire consisted of 18 questions, and the faculty questionnaire consisted of 15 questions.

RESULTS: There were 151 medical student and 31 faculty responses. Forty-six percent of students were first to second years and 54% were third to fourth years. The majority of students were in the age group 25-34 (67%) and female (64%). When looking at reported mood symptoms, 52% had depressed mood. Forty-seven percent believed their medical education was negatively affected by COVID-19, 49% strongly agree that lack of in person communication has negatively affected medical education, 42% reported feeling competent with the clinical aspect and 46% reported feeling competent with the knowledge aspect of medical education. When asked to compare the quality of the online curriculum to their pre-COVID courses, the
majority of students answered it was lower quality (51%). Thirty-one percent reported the online curriculum did not enhance their medical education. Comparing first and second year to third and fourth year students, those in the last 2 years of medical school 1.8% vs 6% reported not feeling competent with their education ($P = 0.002$). The majority of faculty were in the age group 35-54 (54%), female (49%), and have had >10 years of practice (44%). When looking at reported mood symptoms, 29% expressed depressed mood. Fifty-two percent answered they strongly agree medical education has been negatively affected by COVID-19, 46% somewhat agree that lack of in person communication has negatively affected clinical education, and 46% and 49% are neutral about how competent they feel medical students are with the knowledge and clinical aspects of medical education, respectively. Forty-three percent felt students are competent with the clinical aspect of medical education received during COVID-19. The majority of faculty (65%) reported they had to hold online classes, 68% had to utilize live online lectures, 54% reported that they have experienced increased fatigue with the use of online platforms used for lectures and meetings, and only 3% reported none of the above. When asked to compare the quality of the online curriculum to that of the curriculum before the pandemic, the majority of faculty answered that it is of lower quality (54%).

CONCLUSION: Medical students and faculty have expressed mood symptoms related to their education. Forty seven percent of students feel that the pandemic has negatively affected their education, and 43% of faculty feel that medical students are competent with their clinical education. Therefore, one can conclude that reverting to an online curriculum during COVID is not viewed as better quality, but students are still viewed as competent from COVID-19 medical training.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Julia R. Devito: Nothing to disclose; Cecilia Cheung: Nothing to disclose; Mallory Stuparich: Nothing to disclose; Samar Nahas: Nothing to disclose; Sadikah Behbehani: Nothing to disclose.

107 Obtaining healthcare news during the COVID-19 pandemic: Does age influence source selection in gynecology patients?
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OBJECTIVES: To describe the association, within a gynecologic surgery population, between a patient's age and their main source of healthcare news during the COVID-19 pandemic as well as compliance with preventative guidelines as recommended by the Centers for Disease Control and Prevention.
MATERIALS AND METHODS: This is a cross-sectional survey conducted via telephone of gynecologic surgery patients whose scheduled procedures were postponed as a result of the COVID-19 pandemic. Subjects were placed into two groups based on age - those 60 and above and those less than 60. Patients were questioned regarding their demographics, behavioral practices, and their primary news source related to the pandemic. Traditional news sources were defined as TV, radio, or newspaper. Modern news sources included any form of social media.
RESULTS: Of the 115 subjects eligible for this study, 49 agreed to participate (42.6%). Of these, 27 (55%) were age 60 and above and 22 were under the age of 60 (45%). In the older group, all subjects reported using traditional media while only eight subjects (30%) also reported obtaining healthcare information from modern news sources. In the younger group, 16 subjects (73%) reported using traditional media while 14 (63%) simultaneously reported using modern media. When comparing the groups, there was no statistically significant difference in utilization of traditional news sources by age, however, the older group was much less likely to receive their information from modern media ($P < 0.001$). Regarding preventative measures, women over the age of 60 were more likely to wear a mask (OR = 2.35), use hand wash (OR = 2.36), and social distance (OR = 1.88).
CONCLUSION: All subjects were likely to use traditional media while only those in the younger group were more likely to also utilize modern media and practice most preventative behaviors.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Emma Albrecht: Nothing to disclose; Alexandra Hernandez Perez: Nothing to disclose; Emily E. Weber LeBrun: Nothing to disclose; Jessica S. Heft: Nothing to disclose.

Infection from retained fetal bone after termination: Case report and literature review
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OBJECTIVES: Primary Objective: To review the literature addressing symptoms of retained fetal content after termination. Secondary objective: To discuss a case of hysteroscopic management in a patient with retained fetal bone content after remote termination procedure.
MATERIALS AND METHODS: Case report and literature review in an Urban based healthcare system of a patient who underwent hysteroscopic removal of retained fetal bone after remote history of surgical termination.
RESULTS: This report describes the case of a 37-year-old woman presenting for infertility who had a termination of pregnancy at 20 weeks 17 years prior. Upon ultrasound echogenic structures were seen in the cervix and further confirmed with MRI. Hysteroscopy revealed mature fetal bone which was then removed. Literature Review: In the literature, similar cases have an original presentation of secondary infertility. Studies of the underlying pathophysiology have shown that these patients have prostaglandin levels similar to those with intrauterine devices (IUD) (6). Thus, retained fetal bone in the uterus may cause an environment in the uterus similar to an IUD resulting in secondary infertility. Other instances of retained bone have been attributed to osseous metaplasia secondary to chronic inflammation of the uterus (7). This in addition to other causes of calcification must remain in the differential until ruled out.
CONCLUSION: Retained products are not uncommon in patients with termination at an advanced gestational age. The presented case portrays an unusual finding in an infertility patient remote from her termination episode. Review of the images in this case may help providers consider retained bone as an alternative to causes of infertility in patients with a history of termination.