IGCS20_1416

389 PAPILLARY CARCINOMA IN THE BREAST OF THE MALE : REPORT OF 3 CASES

[1]I Bouraoui*, [1]M Bouhani, [1]M Slimene, [1]S Sakhri, [2]O Adouni, [1]M Hechiche, [1]R Chargui, [1]K Rahal. *[1]Department of Surgical Oncology, Salah Azaiez Institute, Tunisia; [2]Department of anatomopathology, Salah Azaiez Institute, Tunisia*

10.1136/ijgc-2020-IGCS.336

Introduction Breast cancer of male is a rare disease that accounts for less then 1.5% of all malignancies in men. Similar to women, invasive ductual carcinoma is the most common subtype while papillary carcinoma remains an extremely rare entity in men representing 5 to 7.5% of all breast male carcinomas. It is defined as a tumor that develops from the wall of a cyst in the breast and it can be in situ or invasive carcinoma.

Methods We reviewed retrospectively 70 cases of papillary carcinoma at salah Azaiez institute between 2003 and 2019. Three of them were intracystic papillary carcinoma in men.

Results The mean age was 75 years old. Physical findings noted painless mass in all patients. Right breast was the most involved with predominantly retroareolar lesion. Mean tumor size was 26 mm. Palpable axillary lymph nodes was detected in one patient. Ultrasound examination revealed intracystic tumour in all patients. Diagnosis was made by core needle biopsy.Two patients underwent mastectomy with axillary lymph node dissection while the third one had lympectomy under local anesthesia. Histological analysis showed intracystic papillary carcinoma in all patients. Immunohistochemical study marked the positivity of hormonal receptor and negativity of HER in all cases. Adjuvant radiotherapy was indicated for all patients and tamoxifen was administrated in all patients. The mean follow up period was 50 months and no local recurrence or distant metastasis was noted.

Conclusion Intracystic Papillary carcinoma has a good prognosis with benign presentation looking a cystic lesion.

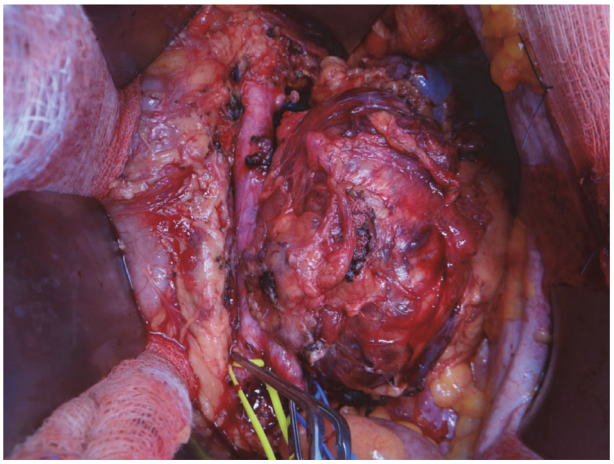
IGCS20_1417

390 RETROPERITONEAL METASTASIS OF UTERINE PECOMA TREATED WITH EXTENDED PARA-AORTIC LYMPHADENECTOMY ASSOCIATED WITH NEPHRECTOMY AND AORTIC RESECTION WITH PROSTHETIC VASCULAR RECONSTRUCTION

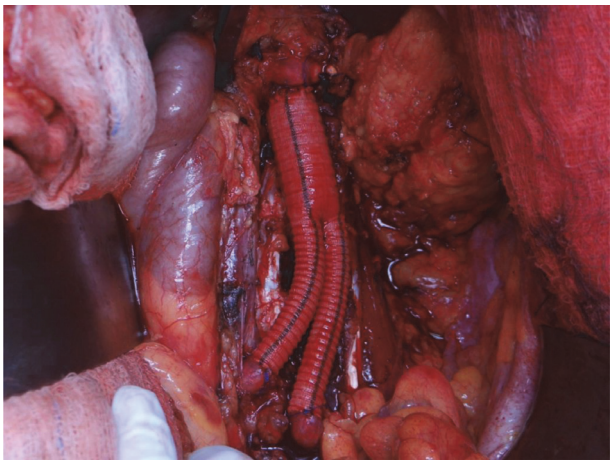
[1]R Ribeiro, [1]N Della Giustina*, [2]C de Nadai Costa, [1]A Tsunoda, [1]JC Linhares, [1]JA Guerreiro. *[1]Hospital Erasto Gaertner, Brazil; [2]Instituto de Oncologia do Paraná, Brazil*

10.1136/ijgc-2020-IGCS.337

Introduction The perivascular epithelioid cell neoplasm is a group of mesenchymal tumor originating from the perivascular epithelioid cell line that may affect different organs, but sharing distinctive morphologic and immunohistochemical features. Our objective is to present the retroperitoneal extended resection for para-aortic isolated late recurrence of a rare tumor.



Abstract 390 Figure 1



Abstract 390 Figure 2

Methods A case report written based on the retrospective review of the medical records of a patient diagnosed with PEComa.

Results Case report of a 46 years old patient diagnosed initially with a low grade uterine sarcoma after a hysterectomy for myomatosis. After 8 years she presented with back pain and the MRI diagnosed a retroperitoneal mass involving the aorta 145 degrees, from below the renal hilum up to the left common iliac artery, with 96 × 66 × 74 mm. The PET-CT showed no distant metastasis. The patient was submitted to a resection of the retroperitoneal mass, left nephrectomy, with aorta resection, followed by vascular reconstruction with aorto-bi-iliac prosthesis. The histological findings showed an uterine PEComa, positive for HMB-45, Melan-A, CALP, D33 and 1A4. The patient was then submitted to adjuvant chemotherapy with gemcitabine and docetaxel with radiotherapy. After 11 months of follow-up, she had no retroperitoneal or pelvic recurrence, but were diagnosed pulmonar and bone metastasis. She is now in treatment with rapamycin and denosumab.

Conclusion Extended retroperitoneal resection with vascular reconstruction may be an option for local control in selected isolated late recurrence of slow growing gynecologic tumors.