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MANAGEMENT OF PRIMARY & SECONDARY BREAST LYMPHOMA

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Introduction/Background Breast lymphomas are extremely rare malignancies in both genders, especially in men. They can be either primary or secondary. Primary ones are malignant lymphomas that occur in the breast without previously detected lymphomas. Their reported incidence is 0.04% of all breast malignancies. We aimed to discuss the clinical aspect, the anatomopathological characteristic, and the evolution of this rare entity.

Methodology We report seven cases of breast lymphomas followed up at Salah Azaiez institute of oncology in Tunis.

Results The median age at the diagnosis of breast lymphoma was 49 years. Six patients were female. The mean tumor size was 33 mm. inflammatory breast tumor was noticed in one case, while six patients presented a palpable mass. Breast imaging revealed suspicious lesions classified as BIRADS 5 in all cases. Microbiopsy was performed in all cases. Secondary lymphoma was found in six patients (3 high-grade B cell lymphomas, 3 Hodgkin lymphomas), while primary one was noted in a male breast patient. Neoadjuvant chemotherapy followed by a modified radical mastectomy was performed in one case. 6 patients had chemotherapy. Two of them had 2 years of follow-up with no sign of recurrence. One patient had local recurrence. The rest of patients were lost of follow-up.

Conclusion There is no therapeutic consensus because of the rarity and heterogeneity of primary breast lymphomas. Treatment for breast lymphoma is based upon the overall staging of the lymphoma and generally requires chemotherapy, surgery, and radiation therapy.

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ONCOLOGICAL OUTCOMES OF UNEXPECTED UTERINE LEIOMYOSARCOMAS: A SINGLE CENTRE RETROSPECTIVE ANALYSIS

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Introduction/Background Uterine leiomyosarcomas (LMS) are the most frequent uterine sarcomas and about 43% of them are diagnosed after hysterectomy performed for presumed benign disease. The incidence of unexpected LMS can reach 0.49%. The purpose of this study is to report the oncological outcomes of patients who had incidental finding of unexpected LMS following hysterectomy and compare them to those of women who had surgery for suspected LMS.

Methodology A retrospective study was conducted on 5.528 consecutive patients who underwent hysterectomy at the Filippo del Ponte hospital of Varese from 2000 to 2019. Baseline characteristics, relapse rate and pattern of recurrence were analysed by stratifying the population in suspicious/unexpected

LMS. The oncologic outcomes and risk factors, including surgical approach were analysed. Risk factor for LMS were also evaluated.

Results Among 4428 suspect benign cases, 24 unexpected LMS were found (0.54%). Malignancy was preoperatively suspected in 1.100 cases and 12 LMS were found at final histology (1.09%). Baseline characteristics did not differ between the groups. In the unexpected-LMS group, 15(62.5%) patients had laparoscopic approach (LPS), 14(58.3%) had morcellation and 2/14(14.3%) was contained. In the suspect group 9(75%) of patients underwent open surgery, 3(25%) LPS were performed, 1 had in-bag morcellation. In the comparison between unexpected vs. suspicious LMS, no factors influencing prognosis were identified. Among patients who had laparoscopic approach, a higher rate of loco-regional relapse was found (LPS 78% vs. Open 33.3%, $p = 0.04$).

Abstract 2022-RA-1659-ESGO Table 1 Surgical approach

	SUSPICIOUS	UNEXPECTED	p value
	n=12	n=24	
Type of surgery			0.08
Laparoscopy	3 (25%)	15 (62,50%)	
Open surgery	9 (75%)	9 (37,50%)	
BSO ¹	12 (100%)	21 (87,50%)	0,54
Lymphadenectomy	2 (16,67%)	0 (0%)	0,10
EXTRACTION			
Morcellment	1 (8,33%)	14 (58,33%)	0,005
In bag	1/1 (100%)	2/14 (14,29%)	1
Mini-LPT ²	1 (8,33%)	1 (4,17%)	0,31
LDH	349 (188–585)	357 (164–1378)	0,23
Uterus weight (gr)	550 (200–6000)	650 (60–2500)	0,52
¹ Bilateral Salpingo-Oophorectomy ² Mini-Laparotomy			

Conclusion The incidence of unexpected LMS in women undergoing hysterectomy for benign disease was 1/185 (0.54%). The preoperative malignant suspicion in patients undergoing total hysterectomy with subsequent LMS diagnosis did not affect the oncological outcomes. No predictors of relapse were identified. LPS was associate to higher rates of loco-regional relapse. Increased age, uterine weight and menopausal status were associated with higher risk of LMS.

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THE DIGITAL TRANS-AFRICAN E-HEALTH NETWORK- A CLINICAL PARTNERSHIP EXPERIENCE

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Introduction/Background In a globalised world, digital platforms have become pivotal to overcome training and