that extended through the pelvic floor musculature into the pelvis. The soft tissue mass is seen predominantly on the left side of the vaginal region extending inferiorly to the vulva and superiorly to the uterus at the level of L5 vertebra. The mass displaced and compressed the adjacent rectum and sigmoid colon to the right. This mass measured approximately 33cm x 10 cm x 17 cm (CC x W x AP). Debulking of the mass was carried out by abdominal and perineal approach.

Results Histopathologic studies of the mass showed small, uniform, spindle shaped cells with poorly defined, pale eosinophilic cytoplasm and vesicular nuclei in a myxoid background. This confirmed the diagnosis of aggressive angiomyxoma.

Conclusions Long-term periodic follow-up with imaging studies was advised because of its high rate of recurrence in spite of negative tumor margins after wide excision.

IGCS19-0488

364 A CASE OF SERTOLI-LEYDIG CELL TUMOR OF OVARY IN YOUNG WOMAN: A RARE DISEASE

[1]G Resende, [2]B Ruiz*, [3]V Sanz, [4]YL Viana, [5]E Azevedo. *[1]Foundation Center of Oncology Control – FCecon, Department of Clinical Oncology, Manaus, Brazil; [2]University Nilton Lins – UNL, Faculty of Medicine, Manaus, Brazil; [3]Foundation Center of Oncology Control – FCecon, Department of Surgical Oncology, Manaus, Brazil; [4]University of Technology of Amazonas – UEA, Faculty of Medicine, Manaus, Brazil; [5]Foundation Center of Oncology Control – FCecon, Department of Pathology, Manaus, Brazil*

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Objectives We reported a Sertoli-Leydig cell tumor with symptoms of hyperandrogenism.

Methods Sertoli-Leydig cell tumor (SLCT) also called androblastoma represents less than 0,5% of all primary ovarian tumor. The majority of SLCTs are unilateral and confined to the ovaries. It's more common in young women between the age of 25 and 35. In approximately 90% of the cases are diagnosed as Stage IA.

Results We reported a case of SLCT in a 17-year-old female who was presented at emergency room with acute abdominal pain caused by an ovarian torsion. She underwent an emergency laparotomy with confirmed finding of an ovarian tumor without disease at peritoneal cavity. Histopathological examination showed a well encapsulated gray colored solid mass with smooth external surface measuring 16.0 x 14.5 x 11.0 cm. The patient did not receive any adjuvant treatment. After ten months, she presented a pelvic peritoneal recurrence associated with symptoms of hyperandrogenism including hirsutism, deepening of the voice as well amenorrhea. Optimal oncologic cytoreduction surgery was performed. Histopathological exam confirmed Sertoli- Leydig tumor. Immunohistochemical revealed positive for inhibin alpha, FOXL2 and calretinin. The patient received six cycles of carboplatin and paclitaxel chemotherapy regimen. After treatment, the symptoms of hyperandrogenism disappeared. In the moment, the patient has been in a follow-up without any evidence of disease.

Conclusions There is not consensus about the best treatment options. Surgery is still the standard treatment of primary and resectable cases. After recurrence, chemotherapy with platinum and taxares agents are useful in clinical practice.

IGCS19-0545

365 COLLISION TUMOR IN CERVIX: SMALL-CELL NEUROENDROCRINE CARCINOMA AND ADENOCARCINOMA – CASE REPORT OF RARE TUMOR

[1]G Resende, [2]B Ruiz*, [3]J Silva, [4]YL Viana, [5]R Camelo. *[1]Foundation Center of Oncology Control – FCecon, Department of Clinical Oncology, Manaus, Brazil; [2]University Nilton Lins – UNL, Faculty of Medicine, Manaus, Brazil; [3]University of Technology of Amazonas – UEA, Department of Surgical Oncology, Manaus, Brazil; [4]University of Technology of Amazonas – UEA, Faculty of Medicine, Manaus, Brazil; [5]Foundation Center of Oncology Control – FCecon, Department of Pathology, Manaus, Brazil*

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Objectives We reported a rare case of collision tumor in cervix displaying dual histological component of adenocarcinoma and small cell neuroendocrine carcinoma in a 53-year-old woman.

Methods Collision tumors are the presence of many histological types in a single organ. It have been reported in adrenal, brain, skin, lung, breast, but is unusual in the uterine cervix

Results A 53-year old female who presented abnormal, persistent and small volume of vaginal bleeding. She presented a small ulcerative lesion in the uterine cervix. Subsequently, she underwent a colposcopy with biopsy that showed small-cell neuroendocrine carcinoma and adenocarcinoma. Immunohistochemistry confirmed the findings and revealed positivity for P63, synaptophysin, chromogranin A and vimentin. No distant metastasis are found at CT scan.Total hysterectomy with pelvic lymphadenectomy surgery was performed, which histopathological reported ulcerative lesion in the uterine cervix extending until endocervical canal with 1cm of depth without parametrial involvement. Negative for pelvic lymph nodes and vascular invasion. The patient received adjuvant chemoradiotherapy with cisplatin and etoposide. She did not receive brachytherapy. The patient has been in follow-up without disease evidence.

Conclusions Despite of stage IB, the patient has a tumor with aggressive histologies and worse prognosis. In such cases, we offer intensive treatment because we don't have a consensus about the best management of this condition. In addition, only a few cases have been reported due to the rarity of collision tumors of cervix.

IGCS19-0399

366 MIXED OVARY TUMOR WITH MALIGNANT GERMINAL COMPONENT AND SEX CORD-STROMAL, UNCLASSIFIED: PRESENTATION OF AN UNUSUAL CASE

[1]J Saenz*, [2]M Medina, [3]MI Beltran, [2]O Suescun, [2]A Almeciga, [2]P Calderon. *[1]Especialista en formacion- Universidad Militar Nueva Granada-Instituto Nacional de Cancerologia, Department of Gynecologic Oncology, Bogota D.E., Colombia; [2]Instituto Nacional de Cancerologia, Department of Gynecologic Oncology, Bogota D.E., Colombia; [3]Instituto Nacional de Cancerologia, Department of Pathology Oncological, Bogota D.E., Colombia*

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Objectives

- Ovarian neoplasm composed of germ cells and elements of the sexual cords, in genetically and phenotypically normal women without the morphology of gonadoblastoma. In 1972, Talerman introduced the term for these neoplasms.