

2022-RA-1560-ESGO MESONEPHRIC-LIKE ADENOCARCINOMA OF THE OVARY: A CASE REPORT

¹Dianelle A Soto Troya, ²Everardo Gutiérrez. ¹Gynecology Oncology, Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia; ²Gynecology Oncology, Hospital Punta Pacífica, Panama City, Panama

10.1136/ijgc-2022-ESGO.745

Introduction/Background Ovarian mesonephric-like adenocarcinoma (MLA) are rare tumors that can arise from the uterine corpus and the ovary. These tumors share histological features with well-described mesonephric adenocarcinoma (MA) arising in the uterine cervix and vagina. MLA histogenesis is still debated. MA derives from mesonephric ducts remnants of the female genital tract. MLA shares morphologic, immunophenotypic and molecular features with MA nonetheless the association with mesonephric remnants or hyperplasia has yet to be proved. Increased mitotic activity and tumor cell necrosis appear to have an effect on the aggressive nature of this tumor.

Methodology The objective is to report a case of MLA and its treatment.

Results The patient is a 54 years old female who presented with postmenopausal bleeding associated to a preoperative diagnosis of atypical hyperplasia. A laparoscopic hysterectomy and bilateral salpingo-oophorectomy was performed with no complications. Final pathology report was notable for a MLA of the left ovary. No affection was found in the uterus nor in the contralateral ovary. Due to this finding, complete surgical staging was performed and no pathological affection was reported in the paraaortic lymph nodes, pelvic lymph nodes, omentum, peri-colic gutter biopsies, splenic or hepatic diaphragm biopsies. The patient was staged as an ovarian cancer FIGO IA. Post operative Positron Emission Tomography showed no evidence of hypermetabolic metastatic disease. 4 cycles of adjuvant chemotherapy with carboplatin and liposomal doxorubicin were administered. The patient is currently under surveillance, and has shown no clinical, serological or imaging evidence of relapse.

Conclusion MLA appears to have a very aggressive nature even in early stages. Due to its rarity, there are no available databases on prognosis on ovarian MLA. The optimal treatment remains unclear.

2022-RA-1562-ESGO PRIMARY OVARIAN LARGE B CELL LYMPHOMA: ABOUT SIX RARE CASES

¹Amani Jellali, ¹Takoua Chalouati, ¹Houyem Mansouri, ¹Ines Zemni, ²Nadia Boujelbene, ¹Leila Achouri, ¹Khaled Rahal. ¹Department of surgical oncology, Salah Azaiez Institute, Tunisia, Tunisia; ²Pathology department, Salah Azaiez Institute, Tunis, Tunisia

10.1136/ijgc-2022-ESGO.746

Introduction/Background Primary ovarian non-Hodgkin's lymphoma (NHL) is a rare disease accounting for 0.5% of all NHLs and 1.5% of all malignant ovarian neoplasms. The most common histological subtype is diffuse large B-cell lymphoma.

Methodology We retrospectively reviewed the clinical records of six patients with primary ovarian lymphoma treated at Salah Azaiez Institute from 2001 to 2021.

Results The average age of patients was 40.33 years. The main symptoms consisted of pelvic pain and abdominal

distension. CA125 tumor marker level was high in one case. The mean tumor size measured with CT scan was 129,7 mm (from 50 to 173). Extraabdominal lymphadenopathies and pleural effusion were found in one case. Two patients had hysterectomy and bilateral salpingo-oophorectomy. Four cases underwent adnexectomy. An additional small bowel resection was needed for one case. The youngest patient, with bilateral ovarian solid mass, had a left adnexectomy and a conservative treatment on the right ovary. The final histological report was in favor of diffuse large B-cell malignant lymphoma. CD-20 and Bcl-2 were expressed in all cases and the Ki67 was higher than 50% in all cases. Tumor cells were negative for the T cell marker CD3. Four patients received post operative chemotherapy with CHOP regimen and are in total remission. The two other patients are lost to follow-up.

Conclusion Primary ovarian lymphoma is a rare disease diagnosed generally after surgery using immunohistochemistry. Its treatment is essentially based on chemotherapy.

2022-RA-1565-ESGO PRESSURISED INTRAPERITONEAL AEROSOLISED CHEMOTHERAPY (PIPAC) FOR METASTATIC OVARIAN CANCER, FALLOPIAN TUBE CANCER AND PRIMARY PERITONEAL CARCINOMA: A SYSTEMATIC REVIEW BY THE UK PIPAC COLLABORATIVE

¹Adam Naskretski, ²Susan Prosser, ¹Gemma Owens, ¹Sadie Jones. ¹University Hospital of Wales, Cardiff, UK; ²South West Wales Cancer Centre, Swansea, UK

10.1136/ijgc-2022-ESGO.747

Introduction/Background PIPAC is an emerging technique of administering intraperitoneal chemotherapy. The benefits of this method include improved drug distribution and tissue target thus becoming a potential new treatment available for patients with peritoneal metastases. To our knowledge, this is the most rigorous review of the current evidence on safety and efficacy of PIPAC specifically in patients with ovarian (OC), fallopian tube (FTC) and primary peritoneal (PPC) carcinomas with peritoneal metastases.

Methodology The present review was registered with PROSPERO and conducted in accordance to the PRISMA checklist. Terms related to the use of PIPAC in management of all cancers were searched in MEDLINE (Ovid), EMBASE (Ovid) electronic databases and Cochrane Library. Screening and study selection were performed by all authors.

Results 9 studies reporting outcomes specific for patients with OC, FTC and PPC were identified and included in the analysis, comprising of 158 patients and 257 PIPAC procedures. 159 Grade 1, 41 Grade 2, 13 Grade 3 and 2 Grade 4 toxicity events were recorded out of 209 procedures. Rate of histological regression ranges from 62% after 1 procedure to 76% following 3 procedures. Overall quality of life score based on responses to the EORTC QLQ-C30 v3.0 questionnaire improved following treatment. Median survival ranges from 6.8 months after 1 treatment up to 22 months after 3 procedures.

Conclusion With acceptable levels of low-risk complications and low rate of morbidity and serious complications, the results of this review suggest PIPAC offers an alternative treatment option for management of advanced OC, FTC and PPC with peritoneal metastases.