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253

HUGE UTERINE STUMP (SMOOTH-MUSCLE TUMOR OF UNCERTAIN MALIGNANT POTENTIAL) ASSOCIATED WITH EXTENSIVE RETROPERITONEAL LYMPHOCYSTIC MALFORMATIONS

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Objectives Uterine Fibromyomas are the most common benign tumors of the female genital system. But, not all uterine fibroids are completely benign. There is a rather obscure subgroup that may have some grave characteristics such as the ability for recurrence or distant spread. This specific subgroup is called Atypical proliferative myoma by some authors, other authors name it (STUMP) Smooth-muscle Tumor of Uncertain Malignant Potential.

We describe the different nomenclatures of these tumors to help identify its ambiguous pathophysiologic characteristics; we also review the different suggested modes of management and report our case with its rare presentation.

Methods We report a 49-years-old lady presenting with a huge solid pelviabdominal mass. It was proven to be of uterine origin, and associated with extensive lymphocystic malformations related to the back of the uterus, broad ligament base as well as pelvic and para-aortic retroperitoneal space reaching up to the level of the renal vessels.

Results We succeeded to excise the uterine mass and the large lymphocyst. The expert pathologic opinion was in favor of uterine (STUMP). The patient is now nearly 9 months postoperative and her follow-up is completely free. We illustrated the naked-eye as well as the microscopic appearance of this relatively uncommon tumor, and we described the suggested modes of action.

Conclusions To our knowledge, this is the first case in the literature to describe the association of a uterine STUMP with extensive retroperitoneal lymphocystic malformations. Uterine STUMP is a subgroup of uterine fibroids that requires more studies to enlighten its specific pathologic and clinical characteristics.

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254

CERVICAL ECTOPIC PREGNANCY IN A PATIENT SUSPECTED WITH CERVICAL CANCER: A CASE REPORT

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Objectives Ectopic pregnancy is one of obstetrics challenge which is associated with high mortality and morbidity. Cervical pregnancy occurs in less than 0.1% of pregnancies. Although extremely rare, it is potentially life-threatening, due to delays in diagnosis and proper management. We aim to discuss a case of cervical ectopic pregnancy which was mistaken as neoplasm.

Methods 32 yo female with profuse vaginal bleeding was referred from a clinician with diagnosis severe anemia and intracervical mass. She admitted positive pregnancy test, of which was pronounced miscarried by the clinician 1 month prior to admission. Our vaginal examination revealed a fragile and easy to bleed cervical mass which was really suggestive of cervical carcinoma or cervical extension of gestational neoplasm. Ultrasound was inconclusive. MRI showed cervical mass, which was later confirmed as conception by cervical biopsy. Methotrexate therapy was given 4 times (1 mg/kgBW). MRI evaluation afterward showed complete resolution.

Results Medical treatment was chosen, using Intravenous methotrexate (MTX, 1 mg/kgBW) combined with Leucovorine (0,1 mg/kgBW). Chemotherapy was given 4 times, every two days interval. One week after treatment, her β -hCG level dropped to normal (0,19 mIU/mL), which was consistent in the following week (0,17 mIU/mL). Repeat imaging studies confirmed the pregnancy resolution.

Conclusions The low incidence of cervical pregnancy in contrary with cervical carcinoma's incidence in Bali becomes a major obstacle in diagnosing and in the provision of therapy. An accurate history, physical examination and pregnancy test are key modalities in the determination of cervical pregnancy, supported by histopathologic examination, TVS ultrasound examination and MRI.

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255

THE STUDY OF THE ANTIOXIDANT ENZYMES, THE ACTIVITY OF ACID PHOSPHATASE AND ALTERATION OF LIPID PEROXIDATION IN WOMEN WITH UTERINE TUMORS

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Objectives It is well known that intensification of steroid hormones and lipids peroxidation reflect on the membrane of the lysosomes. Isolated lysosomal enzymes in a pathological condition, create the radicals and promote the induction of cell damage and decrease the activity of antioxidant enzymes. We aimed to investigate the alteration of enzymatic activity of antioxidant enzyme - superoxide dismutase (SOD) and catalase (CAT). Also, we study membrane enzyme - acid phosphatase activity (AP) and alteration of lipid peroxidation intensity among the menopausal women with uterine benign (myoma) and malignant (endometrium cancer) tumors.

Methods For the study Blood samples from uterine benign (n=15) and uterine malignant (n=15) cases were collected, along with healthy menopausal (control, n=15) women. Spectrophotometric methods were used for determination of the activities of blood antioxidant enzymes, as well as for the determination of the activity of acid phosphatase.

Results Studies have shown that the activity of the antioxidant enzyme - SOD ~ 1.6-times decrease within the benign tumor and ~6-times in endometrial cancer compared to the control group. The activity of catalase is low among women uterine tumors compared to the control group. Lysosomal enzyme - AP altered slightly in benign tumor and was 2-times elevated

in malignant tumor compared to the control group. The intensity of lipid peroxidation was increasing ~ 1.5 times in benign and ~ 2.2 times in malignant tumor compared to the control group.

Conclusions On the background intensification of lipid peroxidation ongoing enhanced use of antioxidants, that reflects on the alteration of organism's antioxidant system activity.

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256

DETECTION OF NCOA2/3 GENE FUSIONS IN UTERINE TUMORS RESEMBLING OVARIAN SEX CORD TUMORS (UTROSCT)

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Objectives Uterine tumors resembling ovarian sex cord tumors (UTROSCT) are rare mesenchymal neoplasms of uncertain histogenesis that are challenging to diagnose due to their morphological and immunohistochemical overlap with more conventional entities. While DNA sequencing has failed to identify recurring mutations in these tumors, RNA sequencing recently detected NCOA2/3 fusions in two small series. The objective of this study was to further describe the characteristics of two UTROSCTs.

Methods We retrospectively evaluated the clinicopathological and immunohistochemical features of two UTROSCTs, and performed RNA sequencing to detect gene fusions.

Results The patients were 52 and 57 years old, tumors measured 5 and 12 cm, and were confined to the myometrium. Both showed multiple histologic patterns including diffuse, cord-like, and trabecular, with rhabdoid cells focally present. One UTROSCT had significant cytologic atypia and brisk mitotic activity, but both lacked necrosis and lymphovascular invasion. Variable immunohistochemical expression for calretinin, inhibin, WT-1, ER, CD10, and pankeratin was noted. RNA sequencing detected an *ESR1-NCOA3* fusion in one tumor, whereas the other had a *GREB1-NCOA2* rearrangement. The former patient is alive and well five months after diagnosis, while the latter recurred two years later, and is currently alive with disease (six years after original diagnosis).

Conclusions The detection of NCOA2/3 fusions in two additional UTROSCTs further supports this rearrangement as a characteristic finding in these rare tumors. Additional studies are warranted to determine its sensitivity and specificity in UTROSCTs compared to other gynecologic neoplasms.

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257

ATYPICAL ENDOMETRIAL HYPERPLASIA, LOW-GRADE: 'MUCH ADO ABOUT NOTHING'

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Objectives Atypical endometrial hyperplasia (AEH) is considered precursor of endometrioid endometrial carcinoma. The 2014 WHO classification divides endometrial hyperplasia into two categories: hyperplasia without atypia and atypical hyperplasia. However, this classification ignores the degree of nuclear atypia. The objective of this study was to show the importance of grading nuclear atypia (low vs high-grade) and find out the risk of developing endometrial carcinoma following a diagnosis of AEH. In addition, we investigated the potential role of genes known to be involved in endometrial carcinogenesis such as *ARID1A*, *PIK3CA*, *PTEN*, *KRAS*, *CTNNB1* and mismatch repair genes.

Methods We reviewed 91 biopsies of AEH from 91 patients who subsequently underwent hysterectomy within 1 year interval. The association between the grade of nuclear atypia at biopsy and findings at hysterectomy was assessed via a Fisher's exact test. Targeted sequencing was performed in 30 cases.

Results The grade of nuclear atypia at biopsy was highly predictive of the findings at hysterectomy ($P=5.0 \times 10^{-25}$), with none of the low-grade AEH having a diagnosis of high-grade AEH/carcinoma at hysterectomy, whereas 9 (29%) of the high-grade AEH had high-grade AEH and 22 (71%) FIGO grade-1 carcinoma. None of the genes tested showed a mutational load significantly associated with the degree of nuclear atypia.

Conclusions In AEH is crucial to assess the degree (low or high) of nuclear atypia. Our data strongly support that low-grade AEH is inconsequential, questioning the need of hysterectomy for such patients.

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258

THE CHALLENGES OF CREATING A FELLOWSHIP IN GYNECOLOGIC ONCOLOGY IN MOZAMBIQUE, A COUNTRY WITH NO FORMAL TRAINING PROGRAM IN GYNECOLOGIC ONCOLOGY

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Objectives Mozambique has a high prevalence of gynecologic cancers and has no trained gynecologic oncologist or specialized training program. There are challenges associated with creating a training program.

Methods The International Gynecologic Cancer Society (IGCS) *Gynecologic Oncology Global Curriculum & Mentorship Program*, a two-year program to train gynecologists in gynecologic oncology in countries without training programs,