IGCS19-0218

355 PRIMARY MELANOMA OF CERVIX. A CASE REPORT IN COLOMBIAN POPULATION

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Objectives Primary mucosal melanoma accounts for 1% of all cancers, presentation in the cervix is rare, there are few cases reported in the literature, the data are limited in staging and treatment, their prognosis is poor. We present a clinical case of 82-year-old colombian patient with a diagnosis of primary melanoma of cervix, the pathological diagnosis was made with immunohistochemistry HMB-45 and S100 are positive in tumor tissue.
Methods Report of 1 clinical case of 82-year-old patient diagnosed with primary melanoma of the cervix
Results Mucous melanoma is more frequent in elderly patients older than 60 years. The etiology of this entity is not clear, there is only hypothesis of the origin, it is presented with non-specific symptoms of vaginal bleeding or flow, macroscopically it presents as an exophytic lesion, pigmented in the cervix, it is necessary for an immunohistochemical diagnosis, for its treatment the surgical approach as the best strategy, there are reports of chemotherapy plans, radiotherapy is reserved for symptomatic palliative control. There are studies for the use of immunotherapy in the management of this pathology with unpromising results. The cervix presentation is aggressive and its prognosis is poor due to the rapid dissemination within a few months of the diagnosis.
Conclusions Primary melanoma of the cervix is a rare entity, even without clear knowledge of its origin, with little evidence of its management and with a poor prognosis of short-term survival.

IGCS19-0597

356 APPLICATION OF ANCILLARY TESTING IN THE DIAGNOSIS OF HYDATIDIFORM MOLE: A COMPARISON OF GENOTYPING AND PLOIDY

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Objectives Diagnosis of hydatidiform mole is improved through the use of ancillary diagnostic methods such as ploidy or genotyping. The purpose of this study was to evaluate the performance of two commonly used methods, ploidy and genotyping.
Methods The cohort consisted of 72 cases of products of conception where there was either a clinical or histologic suspicion of mola hydatidosa, where both ploidy and genotyping were attempted. Final diagnosis of the cases was made through a combination of histology, p57 immunohistochemistry, ploidy and genotyping. Ploidy analysis was performed by image cytometry. For genotyping, genomic DNA was extracted from separate microdissected fractions of maternal and fetal tissue and analyzed using the AmpFlSTR Identifiler PCR amplification kit (Applied Biosystems, Foster City, USA).
Results The final diagnosis of the 72 cases was 42 partial moles (PM), 14 complete moles (CM) and 14 non-molar gestations (NMG). Ploidy analysis was successful in 50/72 cases (70%) and genotyping was successful in 60/72 cases (83%). The most common reason for failure in ploidy analysis was difficulty in interpreting the generated ploidy curves. The most common reason for failure in genotyping was difficulty in obtaining clean, non-mixed maternal and villous material.
Conclusions In this cohort genotyping appears to be the more reliable method. Method failure was a result of a lack of clean, non-mixed, material. Careful attention to dissection is a critical lab step. The majority of POCs could be classified using both methods.

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357 GESTATIONAL TROPHOBLASTIC DISEASES IN GEORGIA

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Objectives In 1977–2017 total 590 patients with hydatidiform mole applied to the Center. Main associated pathologies revealed were thyroid gland diseases: goiter 51%, thyroiditis 43.6%, share of other somatic diseases was minimum.
Methods Hydatidiform mole treatment was performed according to the developed scheme. Chemotherapy was applied in 81.4% of cases (mono – 94.5%, polychemotherapy – 5.4%, complex – 5.5%), preparations doses and duration of treatment depended on hydatidiform mole.
Results In 1977–2017 total 590 patients with hydatidiform mole applied to the Center. Of them 81.7% had non-invasive and 18.3% invasive mole. Anamnesis showed that, main associated pathologies revealed were thyroid gland diseases: goiter (51%), thyroiditis (43.6%), share of other somatic diseases was minimum. Dynamic testing of chorionic gonadotophin level in blood showed that in 46.4% of cases βCHG level was increased. With non-invasive hydatidiform mole these results ranged between 27.4% (simple) and 54.8% (prolipherative) and in the case of invasive form in 73.1%. Ultrasound in dynamics detected existence of lutein ovarian cysts 29.8%, after treatment their number reduced almost seven times to 4.1%. Hydatidiform mole treatment was performed according to the developed scheme. Due to normal level of βCHG and simple form of disease, treatment was not performed and no recurrence occurred. Chemotherapy was applied in 81.4% of cases (mono 94.5%, polychemotherapy 5.4%, complex 5.5%), preparations doses and duration of treatment depended on hydatidiform mole.
Conclusions Following the developed scheme of hydatidiform mole treatment-rehabilitation maximum positive results were achieved.5% of women of childbearing age had mature live-births, which demonstrates the optimization of tactics.