IGCS19-0479

358 CONTRALATERAL RECURRENT PHYLLODES TUMOR OF THE VULVA IN A TEENAGER

¹GA Polaquini, ²J Minari Bozko, ^{3,4}CL Minari, ³A Estremadoiro Vargas*, ⁵JE Jung, ⁵R Bernardini de Lima, ^{3,4}JC Linhares, ^{3,4}A Tsunoda. ¹Hospital Erasto Gaertner, Cirurgia Oncologica, Curitiba, Brazil; ²Universidade de Riberão Preto, Faculdade de Medicina, Riberão Preto, Brazil; ³Hospital Erasto Gaertner, Ginecologia oncologica, Curitiba, Brazil; ⁴Instituto de Oncologia do Paraná, Ginecologia Oncologica, Curitiba, Brazil; ⁵Hospital Erasto Gaertner, Patologia, Curitiba, Brazil

10.1136/ijgc-2019-IGCS.358

Objectives Phyllodes tumor of the vulva is a rare condition, potentially arising from extra-mammary glands or mammary-like tissue, with less than 20 cases described in the literature. Patients from 17yo to 69yo usually present a painless tumor, with no other symptoms. Surgical complete removal is the current mainstay therapy.

Objective To describe the diagnostic and therapeutic management of a Phyllodes tumor of the vulva occurring in a 15 year old female.

Methods The patient presented a pedunculated vulvar mass on the left labia majora, with 8 cm in the largest diameter. CT scans suggested a localized non invasive tumor. A margin free local resection was performed. Pathology report was conclusive for a Phyllodes tumor, with positive estrogen and progesterone receptors, cytokeratin AE1/AE3, and alpha smooth-muscle actin. Ki-67 index was 1%. Two years later, she recurred in the contralateral labia majora, with two pedunculated lesions (2 cm and 1.5 cm). A surgical resection was proposed, with perioperative frozen-section analysis of the margins.

Results Final pathology reports revealed a new diagnosis of Phyllodes tumor of the vulva, with free margins. There was a partial surgical site dehiscence, successfully managed conservatively. The patient is free of disease 8 months after last surgical resection.

Conclusions In this case report, an extremely rare condition was diagnosed in a very young patient, with a contralateral recurrence, unusual for this type of tumor. Management was successful, with free margins local resections.

IGCS19-0733

359 IDENTIFYING PREDICTORS OF SURVIVAL FOR GRANULOSA CELL TUMORS OF THE OVARY. A SINGLE INSTITUTION RETROSPECTIVE STUDY ABOUT 59 CASES

¹M Ghalleg*, ¹O Jaidane, ¹H Rekik, ¹MA Bouida, ²N Boujelbene, ¹M Hechiche, ¹R Chargui, ¹K Rahal. ¹Institute Salah Azaiez Of Oncology, Surgical Oncology, Tunis, Tunisia; ²Institute Salah Azaiez Of Oncology, Pathology, Tunis, Tunisia

10.1136/ijgc-2019-IGCS.359

Objectives Granulosa cell tumor of the ovary (GCT) is a rare ovarian malignancy. The natural history of GCT is one of slow growth, with a tendency for late recurrence. However, in some cases it appears to be more aggressive. Our Aim is to identify prognostic factors for a better patient selection for adjuvant treatment.

Methods It's a retrospective study about patients GCTs treated in our institution between January 1993 to December 2014.

Overall survival and disease free survival were defined according to NCI Dictionary of Cancer Terms.

Results A total of 59 women were included in this study. The median age was 55 year old (IQR 44–63). The mean tumor size was 14,92 ± 7cm. 75,9% (n=35) were FIGO stage I. All our patients have been initially treated with surgery and the median follow up after surgery was 44 months (IQR 14–88). The overall survival (OS) at 5 and 10 years was respectively 92% and 82%. The disease free survival (DFS) at 5 and 10 years was 76,9% and 31,9%, respectively. In multivariate analysis, FIGO stage [aHR(95%CI): 3.67(1.1–11.9), P=0.03] and residual tumor [aHR(95%CI): 3.74(1.48–9.44) p=0.005] were independent risk factors for all-cause mortality. Similarly, after adjusting for potential confounders, FIGO stage was associated with a 70% decrease in DFS [aHR(95%CI): 1.77(1.04–3.01), P=0.034] whereas age increased DFS by 5% [aHR(95%CI): 0.95(0.91–0.98), P=0.012]

Conclusions In our study, we found non-modifiable prognostic factors that may help indicate adjuvant chemotherapy. Further studies in larger population, with longer follow-up to determine a clear threshold for adjuvant chemotherapy are warranted.

IGCS19-0560

360 UNUSUAL CASE OF ACUTE HEMOPERITONEUM IN A PATIENT WITH CHORIOCARCINOMA

¹D Kassa*, ²R Ghebre. ¹Addis Ababa University, Obstetrics and Gynecology, Addis Ababa, Ethiopia; ²University of Minnesota, obstetrics and Gynecology, Minneapolis, USA

10.1136/ijgc-2019-IGCS.360

Objectives Present unusual case of acute hemoperitoneum in a patient with choriocarcinoma.

Methods A 22-year-old Para three (3) mother presented to the emergency outpatient clinic with one-month duration of vaginal bleeding. She had multiple visits at a regional hospital prior to referral for severe anemia and hemoptysis. At time of presentation she was acutely ill, hypotensive, tachycardic and hypoxic. On Ultrasound of the pelvis, there was large free fluid in the abdomen with an associated uterine mass. Laboratory evaluation revealed Hematocrit at 20% with serum Beta-hCG (Human chorionic gonadotropin) of

Abstract 360 Figure 1