CONTRALATERAL RECURRENT PHYLLODES TUMOR OF THE VULVA IN A TEENAGER

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.

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 30,000. 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 ±7 cm. 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.

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

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.

Abstract 360 Figure 1
Results At the time of laparotomy, she was diagnosed with 3 liters of hemoperitoneum and uterine rupture. There was functioning mass extending out of the uterus to the peritoneal cavity. A total abdominal hysterectomy was performed. Pathology diagnosis revealed choriocarcinoma. Patient was ultimately diagnosed with Stage IV choriocarcinoma with vagina/lung/brain metastasis and underwent treatment with multi-agent chemotherapy.

Conclusions Choriocarcinoma is a fatal gynecologic malignancy when undiagnosed and untreated. In resource limited settings delay to diagnosis leads to unusual clinical presentation with serious morbidity and mortality. Increased awareness about gestational trophoblastic neoplasia and access to high quality treatment is critical for cure.

IGCS19-0573

361 EXTRA-GENITAL MULLERIAN ADENOSARCOMA WITH SARCOMATOUS OVERGROWTH: CASE REPORT OF A RARE NEOPLASIA

P. Lagaíña, C. Guzman, E. Pinheiro, ICB Elas, AMS Teixeira, M. Antonio, M. Simonsen, BH Randiño, MM Miyabe, HT Ouki, FM Lagaíña. Hospital Nove de Julho, Gynecology Oncology, Sao Paulo, Brazil; Hospital Nove de Julho, Oncology, Sao Paulo, Brazil; Hospital Nove de Julho, Oncological Surgery, Sao Paulo, Brazil

Objectives Demonstrate recurrence and the histological progression of a rare extra-genital Mullerian Adenosarcoma in a High Grade Carcinossarcoma.

Background Mullerian Adenosarcoma (MAS) are rare mixed tumors (glandular epithelium associated with sarcoma) that occur mainly in the uterus and rarely in extraterine locations. Generally, MAS presents clinically indolent behaviour, whereas MAS with sarcomatous overgrowth, which is defined by the presence of a high-grade sarcomatous component in at least 25% of the tumour, is extremely aggressive and is characterized by recurrence and metastasis at an early stage.

Results Case Report.

D.C., 46 years, complaint of abdominal pain and feces on tape. Physical examination showed a large fixed mass filling the pelvic cavity. Magnetic Resonance showed a lobulated, retrorectal mass up to 14x11 cm, heterogeneous with blood component, without definite capsule, peritoneal thickening, moderate ascites and CA125: 400 UI dosage. The patient underwent complete staging surgery in 2010. The pathological anatomical results was Low-Grade Mullerian Adenossarcoma with sarcomatous overgrowth of Retropereitoneum. The patient has been alive in follow-up since then. Submitted to 6 surgeries (second surgery with HIPEC) for recurrences and clinically treated with 7 diferents quimioterapics. The histological results have changed over the years and the last one was High-Grade Carcinossarcoma.

Conclusions Literature review, from 1974 to 2016, shows a total of 41 cases of extra-genital MAS, 2/41 of retroperitoneum. No consistent data for extra-genital MAS are available because these are extremely rare and the standardization of treatment is difficult because of the limited experience. This is one of the longest overall survival recorded case of extra-genital MAS of retroperitoneum.