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358 CONTRALATERAL RECURRENT PHYLLODES TUMOR OF THE VULVA IN A TEENAGER

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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.

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

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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.

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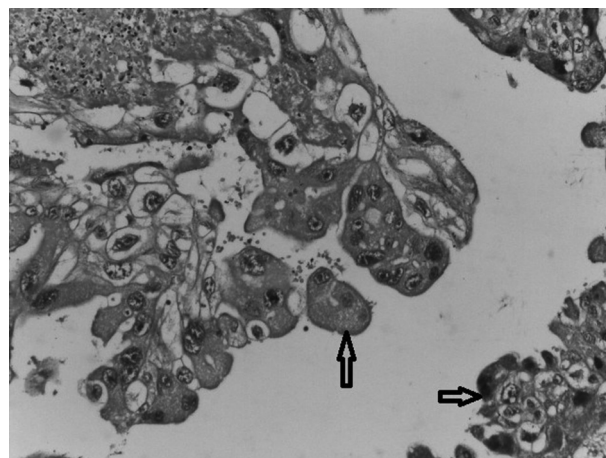
360 UNUSUAL CASE OF ACUTE HEMOPERITONEUM IN A PATIENT WITH CHORIOCARCINOMA

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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

450,000 miu/ml. Patient was diagnosed with acute intra-abdominal bleeding.

Results At the time of laparotomy, she was diagnosed with 3 liters of hemoperitoneum and uterine rupture. There was fungating 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.

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361

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

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

Background Mullerian Adenosarcomas (MAS) are rare mixed tumors (glandular epithelium associated with sarcoma) that occur mainly in the uterus and rarely in extrauterine 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. 46years, complaint of abdominal pain and feces on tape. Physical examination showed a large fixed mass filling the pelvic cavity. Magnetic Resonance showed a lobulated, retroperitoneal mass up to 14x11cm, heterogeneous with blood component, without definite capsule, peritoneal thickening, moderate ascites and CA125: 400UI dosage. The patient underwent complete staging surgery in 2010. The pathological anatomical results was Low-Grade Mullerian Adenosarcoma with sarcomatous overgrowth of Retroperitoneum. 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 different quimioterapics. The histological results have changed over the years and the last one was High-Grade Carcinosarcoma.

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 survivals recorded case of extra-genital MAS of retroperitoneum.

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362

RARE PRESENTATION OF ADNEXAL MASS: FOLLICULAR DENDRITIC CELL SARCOMA, A CASE REPORT

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Objectives To report a rare histopathological diagnosis of adnexal mass.

Methods We describe a case of a patient referred to our Gynecology Oncology service to investigate an adnexal mass found in routine exams.

Results A 58-year-old woman was referred to our service due to an adnexal mass associated with hypogastric pain. Physical examination revealed a hardened mass bulging the anterior-right vaginal wall, discreetly painful by the touch. A magnetic resonance imaging (MRI) of the pelvis revealed a right adnexal heterogeneous mass measuring 9,5 x 4,5 x 6,5 cm adjacent to the iliac vessels. There were no altered tumoral markers. She underwent to exploratory laparotomy, and a mass in the right broad ligament was found. Bilateral salpingo-oophorectomy and total hysterectomy was performed, as well as the excision of the tumor (which was adhered to the right iliac vein, pelvic wall and obturator fossa) and homolateral pelvic lymphadenectomy. The intraoperative pathologic evaluation of the lesion suggested a Carcinoma. The anatomopathological study of the retroperitoneal tumor was consistent with poorly differentiated malignant neoplasm. The immunohistochemical analysis showed a strong and diffuse expression of CD23 and negative expression of other markers, ruling out the previous diagnosis and bringing to light the actual histology of the tumor, follicular dendritic cell sarcoma (FDCC).

Conclusions It is known that FDCC is an uncommon lymphoid neoplasm, especially in pelvic location, with low incidence and indolent growth, difficult to diagnose, but with high rates of local recurrence and eventually distant metastases. There is no standard treatment established and adjuvant therapy is still controversial.

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363

AGGRESSIVE ANGIOMYXOMA OF THE VULVA: A CASE REPORT

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Objectives To present a case of Aggressive Angiomyxoma of the vulva in a 33 year old Gravida 2 Para 2 (2002).

Methods The patient presented with a left labial mass that recurred two years after excision was done. Contrast enhanced computed tomography (CT) of the abdomen revealed an enhancing mass within the left ischioanal fossa