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.

IGCS19-0573

361 EXTRA-GENITAL MULLERIAN ADENOSSARCOMA 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 Carcinossarcoma.
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, retrouterinemassup to14x11cm, 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 Adenossarcoma 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 differents quimioterapics. The hystological 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 rareand 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.

IGCS19-0708

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 salpingoophorectomy and total hysterectomy was performed, as well as the excision of the tumor (wich was adhered to the right iliac vein, pelvic wall and obturator fossa) and homolateral pelvic lymphadenectomy. The intraoperatory pathologic evaluation of the lesion suggested a Carcinoma. The anatomopathologycal 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 (FDCS).
Conclusions It is known that FDCS 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