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.

IGCS19-0039

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

that extended through the pelvic floor musculature into the pelvis. The soft tissue mass is seen predominantly on the left side of the vaginal region extending inferiorly to the vulva and superiorly to the uterus at the level of L5 vertebra. The mass displaced and compressed the adjacent rectum and sigmoid colon to the right. This mass measured approximately 33cm x 10 cm x 17 cm (CC x W x AP). Debulking of the mass was carried out by abdominal and perineal approach.

Results Histopathologic studies of the mass showed small, uniform, spindle shaped cells with poorly defined, pale eosinophilic cytoplasm and vesicular nuclei in a myxoid background. This confirmed the diagnosis of aggressive angiomyxoma.

Conclusions Long-term periodic follow-up with imaging studies was advised because of its high rate of recurrence in spite of negative tumor margins after wide excision.

IGCS19-0488

364 A CASE OF SERTOLI-LEYDIG CELL TUMOR OF OVARY IN YOUNG WOMAN: A RARE DISEASE

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Objectives We reported a Sertoli-Leydig cell tumor with symptoms of hyperandrogenism.

Methods Sertoli-Leydig cell tumor (SLCT) also called androblastoma represents less than 0,5% of all primary ovarian tumor. The majority of SLCTs are unilateral and confined to the ovaries. It's more common in young women between the age of 25 and 35. In approximately 90% of the cases are diagnosed as Stage IA.

Results We reported a case of SLCT in a 17-year-old female who was presented at emergency room with acute abdominal pain caused by an ovarian torsion. She underwent an emergency laparotomy with confirmed finding of an ovarian tumor without disease at peritoneal cavity. Histopathological examination showed a well encapsulated gray colored solid mass with smooth external surface measuring 16.0 x 14.5 x 11.0 cm. The patient did not receive any adjuvant treatment. After ten months, she presented a pelvic peritoneal recurrence associated with symptoms of hyperandrogenism including hirsutism, deepening of the voice as well amenorrhea. Optimal oncologic cytoreduction surgery was performed. Histopathological exam confirmed Sertoli- Leydig tumor. Immunohistochemical revealed positive for inhibin alpha, FOXL2 and calretinin. The patient received six cycles of carboplatin and paclitaxel chemotherapy regimen. After treatment, the symptoms of hyperandrogenism disappeared. In the moment, the patient has been in a follow-up without any evidence of disease.

Conclusions There is not consensus about the best treatment options. Surgery is still the standard treatment of primary and resectable cases. After recurrence, chemotherapy with platinum and taxares agents are useful in clinical practice.

IGCS19-0545

365 COLLISION TUMOR IN CERVIX: SMALL-CELL NEUROENDROCRINE CARCINOMA AND ADENOCARCINOMA – CASE REPORT OF RARE TUMOR

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Objectives We reported a rare case of collision tumor in cervix displaying dual histological component of adenocarcinoma and small cell neuroendocrine carcinoma in a 53-year-old woman.

Methods Collision tumors are the presence of many histological types in a single organ. It have been reported in adrenal, brain, skin, lung, breast, but is unusual in the uterine cervix

Results A 53-year old female who presented abnormal, persistent and small volume of vaginal bleeding. She presented a small ulcerative lesion in the uterine cervix. Subsequently, she underwent a colposcopy with biopsy that showed small-cell neuroendocrine carcinoma and adenocarcinoma. Immunohistochemistry confirmed the findings and revealed positivity for P63, synaptophysin, chromogranin A and vimentin. No distant metastasis are found at CT scan.Total hysterectomy with pelvic lymphadenectomy surgery was performed, which histopathological reported ulcerative lesion in the uterine cervix extending until endocervical canal with 1cm of depth without parametrial involvement. Negative for pelvic lymph nodes and vascular invasion. The patient received adjuvant chemoradiotherapy with cisplatin and etoposide. She did not receive brachytherapy. The patient has been in follow-up without disease evidence.

Conclusions Despite of stage IB, the patient has a tumor with aggressive histologies and worse prognosis. In such cases, we offer intensive treatment because we don't have a consensus about the best management of this condition. In addition, only a few cases have been reported due to the rarity of collision tumors of cervix.

IGCS19-0399

366 MIXED OVARY TUMOR WITH MALIGNANT GERMINAL COMPONENT AND SEX CORD-STROMAL, UNCLASSIFIED: PRESENTATION OF AN UNUSUAL CASE

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Objectives

- Ovarian neoplasm composed of germ cells and elements of the sexual cords, in genetically and phenotypically normal women without the morphology of gonadoblastoma. In 1972, Talerman introduced the term for these neoplasms.