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 33 cm 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**

**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 recurrence associated with symptoms of hyperandrogenism 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 parametral 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.

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**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.