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.

Methods

- A 14-year-old patient with a history of abdominal pain. Ultrasound evidence of solid abdominopelvic mass with areas of cystic degeneration, diameters 22 x 13 x 10 cm. Antecedent of precocious puberty, menarca at 8 years. Phenotypically without alterations. She was taken to surgery, evidence of right ovarian tumor, predominantly solid, smooth surface, multilobed. Weight 2460 grams, size 24 x 18 x 11 cm. No pelvic or para-aortic adenomegalies. Pelvic cavity without metastatic involvement. The histological report shows mixed tumor of ovary with malignant germinal component and stromal-unclassified sexual cords: endodermal sinus tumor and dysgerminoma (70%) and sexual cord tumor with annular tubules (30%). Stage IA is classified. Receives adjuvant chemotherapy with Bleomycin-Etoposide-Cisplatin scheme for 3 cycles. One year after surgical resection in disease-free period.

Results This is an infrequent neoplasm reported in the literature. Approximately 10% of these tumors have malignant germ cell components compared to 60% of gonadoblastomas. It differs from gonadoblastoma in its macroscopic appearance, histological pattern, absence of regressive changes and occurrence in normal gonads of phenotypic and genetically normal women.

Conclusions This is a very rare neoplasm, the pillar of management being the resection of the gonad that contains the tumor and the conservation of the gonad against the lateral that is normal.

IGCS19-0661

367 PERSISTENT TROPHOBLASTIC DISEASE: NEGATIVE COURSE OF DISEASE AND PROGNOSTIC FACTORS

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Objectives To reveal negative clinical course and prognostic factors of persistent trophoblastic disease (PTD).

Methods Retrospective analysis of 141 patients diagnosed with PTD from 1996 to 2012, treated at Troghoblastic Disease Center of N.N.Blokhin NMRC of Oncology. 129 (91,5%) patients were low-risk disease, 12 (8,5%) - high-risk. Low risk PTD was treated with methotrexate regimen, high-risk - EMA-CO regimen.

Results Before obtaining care in Blokhin Center 40 (28,4%) patients underwent repeat uterine evacuation, 13 (9,2%) - hysterectomy; 13 (9,2%) patients were treated with nonstandard regimens, 7 (5%) underwent prophylactic chemotherapy. Absence of b-hCG follow-up after molar evacuation was detected in 31 (22%) cases. We estimated that the absence of b-hCG monitoring delayed PTD diagnostic by 2,5 months and increased risk of metastases, hysterectomy and multi agent chemotherapy in 2,5; 5 and 7,4 times resp. Repeat curettage delays PTD diagnostic by 6 weeks and increases risk of resistance in 2,5 times. Hysterectomy delays standard chemotherapy by 3 months and increases risk of metastatic disease in 3,2 times; the resistance occurs 3,5 times often. Nonstandard chemotherapy regimens delayed standard treatment by 13 months, the resistance was increased in 2,5 times; 70% of patients underwent multi-agent chemotherapy. Complete remission rate for low-risk PTD is 100% and for high-risk - 92%.

Conclusions Absence of b-hCG follow-up, repeat curettage, prophylactic chemotherapy, hysterectomy and nonstandard chemotherapy regimens are negative clinical course and prognostic factors for PTD.

IGCS19-0499

368 PRIMARY BREAST CARCINOSARCOMA

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Objectives Breast carcinosarcoma is a rare malignancy, accounting for approximately 0,08–0,2%, of all breast tumors. It consists of two cell lines, one of epithelial origin (carcinoma) and another of mesenchymal origin (sarcoma). It is a type of metaplastic mammary carcinomas and it is probably derived from myoepithelial cells.

Methods Case report of a breast carcinosarcoma.

Results A 65-year-old woman presented to our hospital with a 2-month history of rapidly growing mass in her left breast. Neither her medical nor family's history was positive for malignancies. She underwent an FNA, which was positive for adenocarcinoma, followed by a lumpectomy with axillary lymph node dissection. The pathology showed an undifferentiated neoplasm and the immunohistochemical cell staining was positive for keratin, SNA, Vimentin, S-100. Finally, the hormone receptor analysis was triple negative, suggesting beyond the others the diagnosis of breast carcinosarcoma. There was no evidence of metastatic foci except from a positive lymph node, indicating a IIIa stage. She received adjuvant treatment with chemotherapy and radiotherapy but sixteen months later she presented with a distant recurrence of both lungs and sternum. She received first line treatment with chemotherapy and radiotherapy to sternum.

Conclusions Aggressive behavior, chemoresistance and ominous prognosis seem to be the main characteristics of breast carcinosarcomas. Of course, the prerequisite for treatment is the right diagnosis that distinguishes this tumor from other types of breast cancer.

Surgical Techniques and Perioperative Man

IGCS19-0139

369 A DETAILED ANALYSIS OF LEARNING CURVE: ROBOTIC ASSISTED TYPE-I EXTRAFASCIAL PAN HYSTERECTOMY WITH PELVIC AND HIGH PARAAORTIC LYMPHADENECTOMY FOR ENDOMETRIAL CANCER–SINGLE INSTITUTION STUDY

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