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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