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, menarche at 8 years. Phenotypically without alterations. She was taken to surgery, evidence of right ovarian tumor, predominantly solid, smooth surface, multinodular. Weight 2460 grams, size 24 x 18 x 11 cm. No pelvic or para-aortic adenopathies. Pelvic cavity without metastatic involvement. The pathological 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.

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 PARAORTIC LYMPHADENECTOMY FOR ENDOMETRIAL CANCER -- SINGLE INSTITUTION STUDY

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Absences

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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 metastatic mammory 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 IIa 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.

References

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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 Trophoblastic 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. 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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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

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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.

Lymphadenectomy for Endometrial Cancer--Single Institution Study

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Surgical Techniques and Perioperative Man
IGCS19-0161

ULTRASONIC SURGICAL ASPIRATOR (SONOPET®) FOR ANOGENITAL INTRAEPITHELIAL NEOPLASIA

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Objectives The aim of the present study was to determine the efficacy and safety of the ultrasonic surgical aspiration (Sonopet®) in the treatment of anogenital intraepithelial neoplasia.

Methods We conducted a retrospective chart review of patients who underwent treatment of anogenital intraepithelial neoplasia between 2011 and 2018 with the ultrasonic surgical aspirator (Sonopet®).

Results 256 patients underwent treatment with the ultrasonic surgical aspirator. The most frequent pathologic entities treated were VIN 2 (41.79%) and VAIN 2 (40.62%). Anal disease including both condyloma and anal intraepithelial lesions were found and treated in 10.56% of patients. Overall recurrence for patients treated with Sonopet was 10.34%. For patients previously treated with other modalities such as laser, the recurrence rate was even lower (2.34%). The median time to recurrence was 12.2 months. No surgical complications were recorded, and only minor post-operative complications were reported by patients.

Conclusions The ultrasonic surgical aspiration (Sonopet®) is effective and safe surgical procedure for treatment of anogenital intraepithelial neoplasia. It was effective in both dermal and mucosal pathologies.

IGCS19-0445

IMPLEMENTATION OF THE ERAS PROTOCOL (ENHANCED RECOVERY ALTER SURGERY) AT A GYNECOLOGIC ONCOLOGY UNIT IN A LOW RESOURCE SETTING

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Objectives To evaluate the postoperative outcome of patients managed according to the ERAS guidelines.

Methods Retrospective study. 92 patients were included; they underwent radical surgery at our Unit. Period: June 2016 to December 2018. Since we work in a low resource setting, only some of the ERAS criteria could be applied (pre-surgical counseling, general preparation, peri and operative measures).

Results 92 pacientes included: 46 had an ovarian cancer, 33 a cervical cancer and 13 an endometrial cancer. The median age was 49.6 years. A Radical Laparoscopic Surgery was