OVEREXPRESSION OF MEL-18 ENHANCES UTERINE SMOOTH MUSCLE TUMORS OF UNCERTAIN MALIGNANT POTENTIAL (STUMP): ULTRASOUND CHARACTERISTICS

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Objective: Uterine smooth muscle tumors of uncertain malignant potential (STUMP) represent a group of rare and challenging myometrial neoplasms. STUMPs that are followed by a recurrence are biologically low-grade leiomyosarcomas, but using current methods of analysis, this diagnosis cannot be made with certainty until a recurrence has developed. Our objective is to describe ultrasound findings in women with STUMP.

Methods: We retrospectively evaluated preoperative sonographic data of patients with histopathological STUMP diagnosis between 2014 and 2018 in Turin S. Anna Hospital, a tertiary center. The tumors were characterized on the basis of ultrasound images and ultrasound reports using the terms and definitions of the Morphological Uterus Sonographic Assessment (MUSA) group.

Results: Thirteen patients with STUMP (19 lesions, of which 17 pure STUMP and 2 STUMP with LMS associated) were identified. Using the MUSA terms and definitions most STUMP were poorly or moderately vascularized (69%) and almost all had both circumferential and intra-lesional flows (82%). Only three (16%) STUMP showed shadowing. Outline were well-defined in sixteen cases (84%). All STUMP had non-uniform echogenicity. Eleven (58%) STUMP were isoechogenic, two (11%) hyperechoic and six (31%) had mixed echogenicity. Thirteen (68%) STUMP had microcystic anechoic areas. Over 30% of patients had multiple stumps and almost 80% associated myomata.

Conclusions: The suspicion of STUMP is supported by the ultrasound finding of a single or multiple lesion, isoechogenic or with mixed echogenicity, without shadowing, with regular borders, internal microcystic anechoic areas and vascularization from minimal to high both circumferential and intralesional.

Vulvar and Vaginal Cancer

VAGINAL CANCER WITH UTERINE PROLAPSE: A RARE ENTITY

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Objective: Vaginal cancer with uterine prolapse is an extremely rare entity. The purpose of this study was to present a case of vaginal cancer with uterine prolapse and to review the existing literature on this rare condition.

Methods: We present a case report of a 76-year-old woman who presented with a vaginal mass and dyspareunia. A diagnosis of squamous cell carcinoma of the vagina with Stage IIA disease and grade 3 was made. The patient underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy with vaginal closure.

Results: The patient had an uneventful postoperative course and was discharged on the third postoperative day. She was followed up at the gynecologic oncology clinic every 3 months for surveillance. There were no signs of recurrence at the 12-month follow-up visit.

Conclusions: Vaginal cancer with uterine prolapse is a rare and challenging condition. Early diagnosis and appropriate treatment are essential to achieve good outcomes. This case highlights the importance of a multidisciplinary approach in the management of such cases.