 OVEREXPRESSION OF MEL-18 ENHANCES UTERINE SMOOTH MUSCLE TUMORS OF UNCERTAIN VAGINAL CANCER WITH UTERINE PROLAPSE: A RARE ENTITY

Results
A total of 120 patients, age 32-88 years (median age 65 years). 113 patients underwent surgery (87 had TH + BSO and 26 had TH+BSO+lymphadenectomy). 7 patients were not fit for surgery and treated with hormone. Post op histology showed 76 patients G1, 20 patients G2 and 17 patients G3. 111 patients had FIGO IA and 2 patients had IB. 26 patients were given adjuvant radiotherapy (3 EBRT and 23 Brachytherapy).

Conclusions Rate of adherence with BGSC guidelines for surgery and adjuvant radiotherapy were 90% and 88.5% respectively. Some grade changes between pre and post-op histology, findings in clinical examination and imaging were attributed to the main management reason to treat outside BGCS guidelines. Recurrent rate was 2.5%.

Conclusions Mel-18 was highly expressed in EC and promoted cell proliferation, migration and positively regulated cell cycle progression via PI3K/AKT/mTOR pathway.

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OVEREXPRESSION OF MEL-18 ENHANCES PROLIFERATION, MIGRATION AND POSITIVELY REGULATES CELL CYCLE IN ENDOMETRIAL CANCER VIA PI3K/AKT/MTOR PATHWAY

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IGCS19-0408

VULVAR AND VAGINAL CANCER

VULVAR CANCER WITH UTERINE PROLAPSE: A RARE ENTITY

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

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Abstracts

Objectives Primary vaginal cancer is a rare condition, constituting 1–2% of all gynecologic malignancies. It usually occurs in patients over 60 years of age. Primary vaginal cancer combined with uterine prolapse is very rare.

Methods We present 3 cases of primary vaginal cancer in women with uterine prolapse treated in Salah Azaiez Institute between 1997 and 2017

Results The mean age was 74.6 years, the mean parity was 6, and the patients were free of disease during follow up period. The mean tumor size was 6.3 cm and the patients were free of disease during follow up period. The mean age was 74.6 years, the mean parity was 6, and patients were free of disease during follow up period.

Conclusions Uterine prolapse combined with vaginal cancer is a very uncommon condition. Our series seems to be important due to number of cases reported and the successful treatment management.

IGCS19-0411

BRACHYTHERAPY AND SQUAMOUS CELL CARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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Objectives Primary vaginal carcinoma is an uncommon malignancy. Brachytherapy (BT) places a central role in the overall treatment course. We sought to describe the utilization rate of BT and evaluate the potential survival benefit of BT over radiotherapy alone (RT) in primary squamous cell carcinoma of vagina (PSSCV).

Methods A retrospective analysis of Salah Azaiz Institute data base was performed analyzing women with PSSCV treated with external beam radiation (EXBR) alone and with the combination of EXBR and BT and diagnosed between 1994 and 2015.

Results Of the 76 PSSCV patients, 43 met inclusion criteria. The mean age was 60 years. EXBR alone was performed in 62.8% of patients, whereas the combination of EXBR and BT was performed in 37.2%. Median follow-up was 33.4 months. Kaplan-Meier estimated that 5-year disease free survival (DFS) and overall survival (OS) was 71.9% and 72%, respectively. We found that patients who underwent the combination of EXBR and BT had better OS (81.2% Vs 29.6%) than EXBR alone (P=0.000063), but the DFS was better on patients who underwent EXBR alone than who underwent a combination of EXBR and BT the and (80% Vs 66.6%), this results wasn’t statically significant (p=0.505). Factors associated with best OS include size < 4 cm, tumor site on one wall of the vagina, histological grade 1, RT dose >60 Gy, the absence of tumor recurrence. Only exophytic growth was correlated with best DFS.

Conclusions The combination of EXBR and BT seems to be the best model of radiotherapy for PSSCV.

IGCS19-0416

SURGICAL MANAGEMENT OF METASTASIS OF PRIMARY VAGINAL CARCINOMA: ONE SINGLE INSTITUTE EXPERIENCE

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Objectives Because primary carcinoma of the vagina comprises less than 2% of all gynecologic malignancies, the management of metastasis is not well know.

Methods We reported the surgical management of metastasis of primary vaginal in 2 patients treated in Salah Azaiz institute on 1994 and 2006.

Results The first patient was 37 years old and had a primary neuroendocrine tumor of vagina and the second patient was 68 years old and had a primary adenocarcinoma of vagina. The first patient was staged as stage I of FIGO and the second as stage IV of FIGO. The two patients underwent surgery as primary treatment followed by chemoradiotherapy. And they were free of disease. Fourteen years later, the first patient developed a lung metastasis managed with surgery and oncologic results were successful (lived for 3 years after). The second patient developed a brain metastasis managed with surgery and followed by prophylactic radiotherapy; the patient was free of disease during her follow up period (2 years).

Conclusions We reported a successful surgical management of metastasis of primary vaginal carcinoma in two patients; our findings seem to be interesting due to lack of data about the management of those metastasis.

IGCS19-0420

THE MANAGEMENT OF PRIMARY ADENOCARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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Objectives Primary adenocarcinoma of vagina (PAV) accounts less than 15% of Primary carcinoma of the vagina (PCV). The objective of this study was to report the treatment management of PAV and to identify the prognosis factors affecting the overall survival (OS) and the disease free survival (DFS).