

Methods The necessary data was obtained by medical chart review, interview with the patient, image diagnose exams and literature review.

Results The development of osteosarcoma at the same time of another cancer is a rare fact. The risk factors and the origin of this tumor remains controversial. It is clearly that ionizing radiation can induce sarcoma. It is difficult to make systematic studies due to the rarity of these cases. For uterine cervical cancer stages IB2 to IVA radiotherapy associated with cisplatin for up to six cycles (chemoradiotherapy) has been the first line treatment choice with good results. The sarcomas post radiotherapy are rare. Usually appear 10 to 14.3 years post-treatment, the incidence comprises about 0.1% of all cancer cases and women are more affected because gynecological cancers are more frequently subjected to radiotherapy with a long-term survival.

Conclusions This case is relevant due to the length of time over which patients treated with radiotherapy may remain to be diagnosed with bone disease. A post-radiation sarcoma should be considered and differentiated from bone metastasis. To early diagnose is important to allow full treatment, providing a longer disease free survival.

IGCS19-0662

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A RETROSPECTIVE STUDY SHOWING THE SAFETY OF MINIMALLY INVASIVE SURGERY OF CERVICAL CANCER

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10.1136/ijgc-2019-IGCS.165

Objectives Cervical cancer (CC) is the fourth most common malignancy in women worldwide. Surgical treatment, including radical hysterectomy and pelvic \pm para-aortic lymphadenectomy, is the gold standard for women with early stage CC. Recently, the LACC trial demonstrated that minimally invasive surgery was associated with lower rates of disease-free survival (DFS) and overall survival (OS) than open surgery among women with early-stage CC. The aim of the current study was to present our experience with laparoscopic treatment of patients with CC in terms of OS and DFS as well as the type and site of recurrence.

Methods This was a retrospective analysis of a prospectively collected database of patients with CC who underwent laparoscopic surgery. The primary outcome of this study was to evaluate the 5-year OS and DFS. Secondary outcome was to compare the rate and the type of recurrences rate.

Results Ninety-one patients were included in this study. All patients underwent laparoscopic radical treatment; no conversion was required. DFS was 33.7 ± 27.2 months. A total of 10 patients (11.0%) had recurrence diagnosed during follow-up. Site of recurrence were: pelvis in 6 cases (6.0%), lymph node in one case (1.0%), lung in two cases (2.0%) and both pleural and pelvis in 1 case (1.0%). Time to recurrence among patient who had recurrence was 14.4 ± 10.8 months. OS was 32.5 ± 27.1 months.

Conclusions Although we acknowledge the limitations of the study design, this retrospective series demonstrated the safety of laparoscopic radical treatment of patients with CC as demonstrated by the low rate of recurrence.

IGCS19-0588

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SENTINEL LYMPH NODE DETECTION IN PATIENTS WITH CERVICAL CANCER, A FEASIBLE PROCEDURE FOR A PUBLIC HOSPITAL IN GUATEMALA

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10.1136/ijgc-2019-IGCS.166

Objectives The objective is to evaluate the feasibility of sentinel lymph node (SLN) detection in patients with cervical cancer using the low-cost methylene blue dye and to optimize the application procedure.

Methods Patients with 2009 FIGO stage IA2 to Ib2 cervical cancer and subjected to abdominal radical hysterectomy and pelvic lymphadenectomy were enrolled. Methylene blue was injected, 1 mL in depth and 1 mL on the surface of the cervix at 3 o'clock and 9 o'clock. We enrolled 61 cases from 2013 to 2018 and surgically removed lymph nodes were examined for the blue lymph nodes that were considered as SLNs. After 20 min, it was shown with precision the lymphatic drainage until the first lymph node station from both sides.

Results A pooled detection rate of 85.2% (95% CI 82.3% to 91.6%). The positive predictive value and specificity were both 100% and sensitivity and negative predictive value were 90% and 97%, respectively. SLNs were identified in obturator and external iliac areas in 50% and 31.7%, respectively; no SLNs were discovered in the common iliac region.

Conclusions Blue dye cervical injection is a 'low-cost', safe, and a feasible procedure to detect Sentinel Lymph Node in carcinoma of the cervix. Other tracers, such as indocyanine green, are widely used in gynecological oncology, but with a higher cost of the product and the needing of a dedicated optical filter to be shown on human view.

IGCS19-0232

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DRUG-INDUCED ENCEPHALOPATHY IN CERVICAL CANCERS TREATED WITH IFOSFAMIDE: A CASE SERIES AND REVIEW OF LITERATURE

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10.1136/ijgc-2019-IGCS.167

Objectives The incidence of cervical cancer in Indonesia ranks fourth with 17 per 100,000. Ifosfamide has been used for end-stage cervical cancer and recurrent cases, but this drug is associated with various side effects. Ifosfamide-induced neurotoxicity can be cranial nerve paralysis, to acute encephalopathy and reversible posterior encephalopathy. Until now, the incidence of ifosfamide neurotoxicity in our centers and how much this has affected patients is unknown. In this study we presented a series of encephalopathy cases found in cervix cancer patients who received ifosfamide chemotherapy.