As clinicians, it is essential to be aware of the most common signs, symptoms, laboratory, imaging, and intraoperative findings of various pathologies. This knowledge could make a positive impact on patient care.

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CASE REPORT: RECURRENT PARAVAGINAL AGGRESSIVE ANGIOMYXOMA FIVE YEARS AFTER INITIAL EXCISION AND DIAGNOSIS

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Introduction Aggressive angiomyxoma is a rare mesenchymal tumour found mainly in the pelvis and perineum of women of reproductive age. Although benign, the tumour is deemed aggressive due to the frequency of local infiltration. The mainstay of treatment is surgical excision. Neoadjuvant use of GNRH analogues to limit tumour growth prior to surgical excision has been reported. Reports suggest a recurrence rate ranging from 30 to 72 percent.

Methods This case describes a 39 year old woman who was re-referred to the gynaecological oncology service with suspected recurrence of paravaginal angiomyxoma, five years after surgery to remove the primary tumour.

Results Preoperative magnetic resonance imaging revealed a paravaginal mass measuring 5 cm x 4.5 cm x 5.5 cm extending from the lower vagina and gradually tapering at the level of the vulva on the left side. Following six months of treatment with GNRH analogue, the mass was excised under general anaesthesia. A multilobular tumour extending from the fat of the left labium to the bladder neck and the ischiorectal fossa was excised. Excision beyond the gross margins of
tumour was limited by its proximity to the pubic periosteum and bladder neck. The patient recovered well post operatively. As the bland spindle cell lesional cells were difficult to distinguish from non-lesional soft tissue, HMGA2 staining was used to confirm extension of angiomyxoma to those margins of limited excision. **Conclusion** HMGA2 staining can be useful for assessing margins in aggressive angiomyxoma, particularly in the setting of recurrent disease with prior surgical change.

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**293** MALIGNANT TRANSFORMATIONS IN MATURE CYSTIC TERATOMA OF THE OVARY. ‘RARE, RARER, RAREST’

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Background Malignant transformation (MT) in mature cystic teratoma of the ovary (MCTO) is a rare event with most common transformation is to squamous cell carcinoma. This paper presents the clinicopathologic characteristics of MT in MCTO.

**Methods** Pathological and clinical records were reviewed.

**Results** Between January 2016 and December 2019, of the 317 MCTO, there were 19 cases of malignant transformation with an incidence of 6%. Mean age of diagnosis was 52 years old (range 33–70 years old), of which 60% were aged 50 years old and above. Mean Gravidity and Parity is 3. Eleven out of 19 are squamous cell carcinoma (incidence:3.5%). The uncommon MT were adenocarcinoma (3) and mucinous carcinoma (3) at 1% incidence rates. A very rare MT reported in MCTO were carcinoid tumor (1) and follicular carcinoma (1). All cases had unremarkable preoperative CA125 value. The largest average diameter of MCTO with malignant transformation was 13 cm, of which 60% with right laterality. Five patients underwent fertility-sparing surgery. Ten patients were at Stage I, while 3, 4 and 2 patients were at Stage II, III, and IV respectively.

**Conclusion** MT in MCTO is not a common occurrence but should be considered in older patients with large tumor size despite a low preoperative tumor marker. Early diagnosis, appropriate surgery and adjuvant treatment improve survival.

**Abstract 293 Table 1** Summary of cases with malignant transformation in MCTO