Abstract 291 Table 1

Endometrial Cancer						Hematologic Cancer				
Case No	Age (years)	Histology	Stage	Rx	Site	Histology	Lineage	Intraoperative Findings	Rx	Follow up
1	71y/o	Endometrioid adenocarcinoma G3	IA	RATLH BSO LND	Pelvic and paraaortic nodes	Non-Hodgkin Small lymphocytic lymphoma	B cells	Enlarged lymph nodes intraop	Chemotherapy and radiotherapy	Died 2 years later from recurrent metastatic endom cancer
2	70y/o	Endometrioid adenocarcinoma G1	IA	RATLH BSO LND	Pelvic nodes	Non-Hodgkin Small lymphocytic lymphoma (B cell- CLL)	B cells	Enlarged lymph nodes intraop	Clinical trial Chemotherapy	Lost follow up
3	59y/o	Carcinosarcoma MMMT	IB	TAH BSO LND + chemotherapy	Paraaortic nodes	Recurrent (treated 20 years before) Anaplastic Large cell Lymphoma	T cells	Enlarged lymph nodes intraop	Chemotherapy	Died 7 years later
4	75y/o	Endometrioid adenocarcinoma G2	IB	TAH BSO LND	Pelvic nodes	Diagnosed 5 years before Non-Hodgkin Small lymphocytic lymphoma (B CELL CLL)	B cells		Chemotherapy	Died 3 years later
5	84y/o	Endometrioid adenocarcinoma G1	IA	RATLH BSO LND	Pelvic nodes	Mature B cell neoplasm with extensive plasmatic differentiation	B cells	-	No therapy indicated	Lost f/u
6	52y/o	Endometrioid adenocarcinoma G1	IA	RATLH BSO LND	Pelvic & aortic nodes	Mature B cell non Hodgkin follicular lymphoma	B cells	Extremely enlarged pelvic and paraaortic nodes densely adhered to vessels	Chemotherapy	Last follow up was 7/2019
7	54y/o	Endometrioid adenocarcinoma G2	IIIC	TAH BSO LND, OM, chemotherapy and radiotherapy	Pelvic & paraaortic nodes	B cell lymphoma	B cells	Enlarged lymph nodes	No therapy indicated	Last follow up was 8/2019

RATLH: Robotic assisted laparoscopic hysterectomy, BSO: bilateral salpingo oophorectomy, LND: lymph node dissection, OM: omentectomy

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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292

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

Case N= 19	Age	Diameter (cm)	Laterality	Malignant Transformation	Procedure	Stage	Adjuvant Treatment	status on Follow up (alive in months)
1	39	17	right	SCCA	USO	IIIC	TC x 6	6
2	41	11	right, bilateral	SCCA, MCT	THBSO, staging	IA	observe	24
3	49	16	right, bilateral	SCCA, MCT	THBSO, staging	IIB	TC x 6	8
4	50	9	left	SCCA	USO	IA	observe	21
5	52	8.5	bilateral	SCCA	THBSO, staging	IIB	TC x 4	6
6	54	17	right	SCCA	THBSO, debulking	IV	-	-
7	56	14	left	SCCA	THBSO	IIB	TC x 6	7
8	59	13	right, bilateral	SCCA, MCT	THBSO, staging	IC	TC x 6	3
9	59	9	Left, bilateral	SCCA, MCT	THBSO, debulking	IV	-	-
10	63	11	right	SCCA	THBSO, debulking	IIIC	TC x 6	22
11	70	16	left	SCCA	THBSO	IA	observe	3
14	58	5	left	Adenocarcinoma with neuroendocrine	THBSO, staging	IA	TC x 6	20
13	59	12.5	right	Adenocarcinoma	THBSO, debulking	IIIC	TC x 6	7
12	67	11	right	Adenocarcinoma	THBSO, debulking	IIIC	TC x 4	6
13	38	28	right	mucinous carcinoma	USO	IC	TC x 6	45
14	40	10	right	mucinous carcinoma	USO	IA	observe	15
15	41	20	right	mucinous carcinoma	THBSO, appendectomy	IA	observe	24
18	52	9	left	Follicular carcinoma	THBSO, staging	IB	observe	36
19	33	9	left	Carcinoid carcinoma	USO	IA	observe	42
Overall incidence rate: 6%								
SCCA: 3.5% Adenocarcinoma: 1% Mucinous carcinoma: 1% Follicular carcinoma and carcinoid carcinoma: <1%								
TC: Carboplatin-Paclitaxel								