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								