Results The median lymph nodes harvested were 10 on both sides (range: 7–15). The median operative time was 80 min (range 60–90) and blood loss was approximately 25 ml (range: 20–35 ml). There was no treatment specific perioperative mortality. None of the patients had flap necrosis. Seroma formation was the most common complication, observed in 26 (13.8%), skin edge necrosis in 22 (11.7%) including surgical wound infection in 13 (6.9%) cases. During the routine follow-up, six had (3.2%) persisting seroma, five (2.6%) had grade II lymphedema and two developed deep venous thrombosis (1.06%). Eleven patients (5.8%) developed recurrence during the follow-up period. Six patients had locoregional recurrence, while 5 patients (3.2%) developed systemic recurrence. The femoral artery blow out was not observed in any patient even after receiving radiotherapy.

Conclusion This modified technique reduced the all possible morbidities without compromising oncological principles. It can be reproducible and feasible with a comparable learning curve.

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411 ENDOMETRIAL ADENOCARCINOMA ARISING FROM ADENOMYOSIS: AN UNUSUAL CASE
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Endometrial cancer is the third most common genital malignancy in women. It comprises 3% of cancer-related mortalities. The typical precursor lesion for this is endometrial hyperplasia. Adenomyosis, on the other hand, is a benign uterine pathology that is present in up to 30% of women. There is no clear understanding on how malignant transformation occurs in this condition.

This paper presents an unusual case of a 36-year-old Gravida 1 Para 0 (0010), who consulted at the gynecologic emergency room with a chief complaint of vaginal bleeding. She was diagnosed with adenomyosis and endometrial polyps, which were also appreciated sonographically. After failed efforts to address her recurring bleeding over the course of three years, hysteroscopically and medically, she eventually underwent total hysterectomy with bilateral salpingectomy. On histopathologic examination, there were noted foci of endometrioid adenocarcinoma, FIGO grade I, confined within adenomyotic foci with no myometrial invasion. When she consulted at the Gynecologic Oncology Clinic after missing follow-ups, an impression of tumor recurrence was made based on imaging and examination. She was advised for re-exploration for bilateral oophorectomy and tumor debulking, but she opted to forego treatment.

The occurrence of such malignancy with a background of a benign lesion is considered rare in literature. This emphasizes the significance of careful histopathologic evaluation, even after a surgery for a supposed benign illness. This also poses the need for further exploration regarding the pathogenesis and clinical course of patients who have this malignant transformation.