Conclusion Extrauterine localisation is reported only is isolated cases in the littérature. In the absence of uterine primary tumor, the differential diagnosis considerations depend upon the site of involvement. Surgical resection or debulking are the mainstay of treatment.

IGCS20_1047

83 METASTATIC MELANOMA IN THE BREAST : A REPORT OF 7 CASES

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Introduction Malignant melanoma is the most rapidly increasing cancer in the world. Metastatic disease occurs in 20% of patients. Metastases to the breast are rare. Melanoma is, however, among the most commonly reported primary tumors to metastasize to the breast.
Methods A retrospective case review of our melanoma registry to find all patients with melanoma metastatic to the breast in salah azaiez institute tunisia.
Results Seven patients were found to have breast metastases from melnoma. Five were premenopausal females with a mean age of 51 years. Three patients had a primary lesions were in the heel, two in the axillary area, one in the vagina and one in the head. One patient had bilateral breast involvement, and all had other sites of metastases. The median survival after diagnosis of breast metastases was 4 months.
Conclusions Metastases to the breast from melanoma are uncommon but should be suspected in patients with a breast mass and a prior history of melanoma even years after a primary has been removed.

IGCS20_1048

84 UMBILICAL METASTASIS OF AN ENDOMETRIAL CARCINOMA: A CASE REPORT

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Background Sister Mary Joseph's nodule (SMJN) can be the first manifestation of an underlying malignancy or an indication of a recurrence in a patient with a previous malignancy. The incidence is about 1–3%. The most common origin of SMJN is ovarian and gastric carcinoma and is often a sign of poor prognosis. Metastases from primary endometrial cancer to the umbilicus are rare. According to the published literature, we only count 32 cases of SMJN with endometrial origin.
Results A 77-year-old obese woman with type II diabetes and hypertension was referred to our institution for an endometrial adenocarcinoma G1 diagnosed in a previous biopsy. Total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed. Histologic diagnosis revealed an endometrioid adenocarcinoma G1 with a depth of myometrial invasion <50% and negative peritoneal washing cytology - FIGO stage IA. Seven months later, the patient presented with a cutaneous nodule on the umbilical region measuring 52 mm. A skin biopsy showed metastasis of an endometrial adenocarcinoma. A CT scan did not show any other abdominal mass, ascites, regional lymphadenopathy or pulmonary lesions. A second surgery including full recession of the umbilical lesion and abdominal wall mesh repair was performed. Histological diagnosis revealed metastasis of the same origin with her primary disease with clear margins. The patient remains in clinical control in our institution.
Conclusions We presented a very rare case of umbilical metastasis(SMJN) of an endometrial adenocarcinoma. We decided to perform surgery alone, since there are not specific recommendations about other therapeutic approaches.

IGCS20_1051

85 GYNECOLOGICAL CANCERS SEEN IN THE ONCOLOGY UNITS OF THE JOSEPH RAVOAHANGY ANDRIANAVALONA HOSPITAL, ANTANANARIVO, MADAGASCAR

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Introduction Gynecological cancers are a real scourge in the developing country. Their care remains a challenge. The aim of this study is to describe the epidemiological and clinical characteristics of the various gynecological cancers in order to establish an early diagnosis and optimize their management.
Methods This is a 2-year descriptive and cross-sectional retrospective study from March 2017 to March 2019, including all patients followed for gynecological cancer in the Oncology Units of the Joseph Ravoahangy Andrianavalona Hospital.
Results Among 951 female cancer patients, 31.7% had gynecological cancers. Cervical, Ovarian, Choriocarcinoma, Endometrial and Vulvar Cancer were the top 5 gynecological cancers, reporting 67.44%, 17.67%, 5.58%, 4.19% and 2.33%, respectively. They were more common in the 50 to 59 age group, except for Choriocarcinoma, which mainly affected young people under 30 years of age. In all types, the average time to diagnosis ranged from 8.03 to 13.12 months. The ignorance of screening and vaccination for cervical cancer estimated at 86.9% and 87.5%. Less than 10% have known their immune status and no genetic research has been reported for ovarian neoplasia. Discovered at an advanced stage predominated, linked to patient neglect in half of the cases.
Conclusion Gynecological cancers have proven to be frequent in our center, although it remains not-extrapolable for Madagascar. More detectable and curable cancers are represented. The promotion of awareness and exploration of the infectious and genetic risk factors implicated in these pathologies would be necessary to promote an early diagnosis, improving the prognosis.