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

METASTATIC MELANOMA IN THE BREAST: A REPORT OF 7 CASES

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Results Seven patients were found to have breast metastases from melanoma. Five were premenopausal females with a mean age of 51 years. Three patients had a primary lesion 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.

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

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 IGCS20_1048

UMBILICAL METASTASIS OF AN ENDOMETRIAL CARCINOMA: A CASE REPORT

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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.