Conclusion Resolvin E3 could be a potential therapeutic target for the cancer treatment.

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113 DOEGE – POTTER SYNDROME: A RARE PRESENTATION OF PELVIC MALIGNANT SOLITARY FIBROUS TUMOUR

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Introduction Solitary fibrous tumours (SFTs) are a rare mesenchymal neoplasm with an incidence of 2.8 per 100,000. Only 1% are reported to occur in the female genital tract. Approximately 5–10% of SFTs are associated with Doege–Potter syndrome, a para-neoplastic phenomenon with non-islet cell hypoglycaemia due to tumour production of low molecular weight insulin growth-like factor (IGF) - II.

Methods We present the third reported case of a pelvic SFT with Doege–Potter syndrome in a 61 year-old woman who presented with an unwitnessed collapse at home and a BSL of 1.25 mg/dL. CT scan found a 23 cm right sided pelvic mass adjacent to the uterus. She underwent emergency surgery due to refractory hypoglycaemia. The mass was extremely vascular and resulted in an 8.3L blood loss requiring a massive transfusion, postoperative ICU admission and management of acute

kidney injury and transfusion-related lung injury. Glycaemic control was achieved immediately upon tumour removal. Her recovery was uncomplicated and final histopathology confirmed SFT with malignant transformation. We present a literature review of the previous cases and discuss the challenges involved in diagnosis and treatment.

Conclusion Doege - Potter syndrome is an extremely rare presentation of pelvic SFT. Complete surgical excision is the gold standard for treatment of this rare condition.

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114 IDENTIFICATION OF FACTORS IMPACTING RECURRENCE IN PATIENTS TREATED FOR BORDERLINE OVARIAN TUMORS: A FOCUS ON RADICALITY AND MINIMALLY-INVASIVE APPROACH

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Introduction To compare oncological outcomes and disease-free survival (DFS) of patients with borderline ovarian tumors (BOTs) treated via laparotomy (LPT) vs. laparoscopy (LPS) and to evaluate the impact of the different radicalities of treatment on DFS.

Abstract 113 Figure 1