diagnosis of ovarian teratoma was suspected on radiological findings. We decided to perform an exploratory laparotomy, instead of laparoscopy due to COVID 19 outbreak. Intraoperatively, we found a uterine mass with fibroid appearance. The patient underwent total non-conservative hysterectomy. The frozen section concluded to the diagnosis of UL.

The postoperative course was straightforward. The diagnosis of UL was confirmed by the final histologic examination.

Conclusion The resemblance between UL and ovarian teratoma on the CT scan leads to confusion. Only surgical exploration and histologic examination allow to make the right diagnosis and then adjust a best management of this disease.

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PROGNOSTIC SIGNIFICANCE OF LYMPHOVASCULAR SPACE INVASION IN EPITHELIAL OVARIAN CANCER

H Mansouri, I Zemni, O Jaidane, J Ben Safta, J Ben Hassouna, M Hechiche*, R Chargui, K Ben Rahal. Department of surgical oncology, Salah Azzaiez institute, Tunisia

Objective To identify the clinical, therapeutic and survival impact of lymphovascular space invasion (LVSI) in epithelial ovarian cancer.


Results We performed primary debulking surgery in 128 patients (84.8%) and 23 patients (15.2%) underwent and interval debulking surgery. Maximal cytoreduction (R0) was achieved in 67 of patients (44.4%),39 patients had a residual disease $\leq$1 cm (25.8%) and 45 patients had a residual disease $>1$ cm (28.8%). LVSI were recorded in 51 patients (33.8%). LVSI were associated to higher serum level of CA 125 $>1000$UI/ml (52.9% vs 33%,p=0.01),higher quantity of ascites $>1$litre (49% vs 28%,p=0.01) with more frequent cacinosarcoma in the upper abdomen (60.8% vs 31%, p<0.0001) and more residual disease R1/R2 (72.5% vs 47%,p<0.0001),bilateral tumors (82.4% vs 58%,p=0.003),advanced FIGO stage III-IV (96.1% vs 68%, p=0.0001) and high tumor grade (88.3% vs 59%, p=0.0001). Among the 84 patients who underwent lymphadenectomy, LVSI positive tumors were correlated to a higher risk of lymph node metastasis (LNM) (57.1% vs 30.4%, p=0.018) with higher LN ratio (13.95 ±21.69 vs 7.25 ±17.90, p=0.17) and more frequent associated pelvic and para aortic LNM (33.3% vs 10.2%, p=0.015). LVSI positive tumors were correlated to a decreased 5-years overall survival (25.2%vs 44%, p=0.004) and recurrence free survival (26.8% vs 47%,p=0.019).

Conclusion LVSI is an independent predictor of extended lymph node metastasis, progression and survival in patients with primary epithelial ovarian cancer.