pregnancies and their sequelae were followed up in medical oncology. The data was collected from outpatient & inpatient tickets & admission registers and was analysed by descriptive statistics.

**Results** Most cases were seen amongst the second gravida 40%, Hindus 53.3%, low socio-economic strata 72%. Predominant Blood group was B 53%. Hemoglobin below 10 mg/dl was seen in 94%. 21.33% of patients had haemoglobin was below 6 gm/dl. Most of the patients of Hydatiform Mole was seen in 94%. 21.33% of patients had haemoglobin below 10 mg/dl. The most common blood group was B 53%. Hemoglobin below 10 mg/dl was seen in 94%. 21.33% of patients had haemoglobin was below 6 gm/dl. Most of the patients of Hydatiform Mole was seen in 94%. 21.33% of patients had haemoglobin was below 10 mg/dl. The most common blood group was B 53%.

Most cases were seen amongst the second gravida 40%, Hindus 53.3%, low socio-economic strata 72%. The risk of repeat molar pregnancy in future conception was higher in women above the age of 35 years old, with the highest incidence in patients between 15–20 years (29,41%). From all the cases of HM, 94,12% were diagnosed in first trimester of pregnancy and we had only one case in second trimester pregnancy. Amenorrhoea followed by vaginal bleeding was the common symptom in 14 cases (82,3%). A number of 12 patients were admitted because of exaggerated forms of hyperemesis gravidarum. The ultrasound exam showed the size of the uterus larger than the amenorrhoea and ovarian lutein cysts were present in almost half of cases. All the patients have had higher then normal values of HCG. In our department all the cases were managed with dilation, suction and mild curettage when necessary, except one case, finalized with hysterectomy, because of the molar type and the patient's age. Histopathological exam was performed in all cases. In 11 cases (64,7%) partial hydatidiform mole was diagnosed and in 6 cases complete HM (25,3%). A serial determination of HCG until normal values was always recommended, but we could not do the correct monitoring up to 6–12 months in 7 cases, related to the migration of the population in the region.

**Conclusion** Molar pregnancy has remained an important cause of maternal morbidity and mortality. There is need for early diagnosis, for proper treatment and follow-up of this condition. Due to the frequent use of ultrasound scanning, the diagnosis of hydatidiform mole could be made early in pregnancy. If hydatidiform mole is suspected, the quantitative estimation of serum level of HCG should be done. After an appropriate treatment, it is always necessary to follow-up the patient and in present this is a new challenge because the population migration due to new socio-economic conditions and modern life.

**Disclosures** I have nothing to disclose.

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**434 METASTATIC POSTMOLAR CHORIOCARCINOMA OF THE SKIN**

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**Introduction/Background** Gestational choriocarcinoma is a malignant tumor arising from trophoblastic cells with the lung and the vagina as its common sites of metastasis. Skin metastasis is known to be extremely unusual. This paper outlines the case of a 45-year-old multigravida who manifested with occasional nonproductive cough; multiple cutaneous lesions in left flank, right triceps area, upper back, and infraumbilical areas associated with neurologic symptoms, two years after undergoing hysterectomy for a molar pregnancy. Skin biopsy of the left flank masses showed metastatic gestational choriocarcinoma; and she had elevated B-hCG (309,245 mIU/mL), and lung, brain, liver, and right adrenal metastases on imaging studies. She achieved remission after treatment with Etoposide Cisplatin induction chemotherapy, high-dose EMACO with concurrent whole brain irradiation, and ten cycles of EMACO.