Patient underwent a probe curettage. The pathology report showed a grade 1 endometrioid type of endometrial carcinoma. A total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed. Final pathology report revealed that stage 1A endometrioid type of endometrium carcinoma.

Results Third day after surgery patient had fever (38 °C), tachycardia (102 beat/min) swelling was spread to the upper abdominal wall skin, vaginal discharge. She underwent a Hartmann procedure, abscess debridement and end sigmoid colectomy procedure. Patient then underwent extensive surgical debridement after 48 hours and a vacuum sealing drainage dressing was placed to cover the open abdominal wall and a negative sucker was placed upon the anus for 5 days. The dressing was changed every 3 days. Cultures of the exudates from the wound grew *Pseudomonas aeruginosa*, *Klebsiella pneumoniae*. Antibiotic treatment was adjusted according to the sensitivity results. After 21 days of a negative pressure wound treatment, the abdominal wall defect was 15*15 cm diameter and the wound covered with a granulation tissue. Patient underwent a split thickness skin graft operation. In this video which we want to demonstrate how to reconstruct an open abdominal wall defect with a full thickness skin graft. After removing the granulation tissue, a good vascular supported tissue had seen and the necrotic wound had removed by a curette. The split thickness skin graft had taken from left leg's superolateral healthy skin with a measure of 10*25 cm diameter and 3 mm thickness. The skin is meshed to cover the large wound area. The graft covered the whole open abdominal wall and stitched up with 4,0 polipropilen sutures.

Conclusion Necrotizing fasciitis is an uncommon condition and has serious morbidity-mortality rate. Surgical debridement is the cornerstone of the treatment. NGWT combined with a STSG can help to heal wounds with NF.

Disclosures Picture 1:72 hours after STSG surgery

Picture 3: 3 months after STSG surgery

Translational research

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ACCUMULATION OF 53BP1 IN CIRCULATING TUMOR CELLS DURING TREATMENT WITH ERIBULIN IDENTIFIES CHEMOTHERAPY-RESPONSIVE METASTATIC BREAST CANCER PATIENTS

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Introduction/Background Evidence suggests that the DNA end-binding protein p53-binding protein 1 (53BP1) expression in breast cancer is associated with poor prognosis, especially in triple-negative breast cancer (TNBC). Circulating tumor cells (CTCs) provide accessible 'biopsy material' to track cell traits and functions and their alterations during treatment.

Methodology We prospectively monitored the 53BP1 status, as a parameter for intact DNA damage response, in CTCs from 63 metastatic breast cancer (MBC) patients with HER2- CTCs before, during, and at the end of chemotherapeutic treatment with Eribulin in the DETECT-IV trial. Nuclear 53BP1 staining and genomic integrity were evaluated by immunocytochemical and whole-genome-amplification-based polymerase chain reaction (PCR) analysis. We used mean 53BP1 scores in CTC samples as dividing criteria, i.e. compared patients with 53BP1 scores <50% and ≥50%. We analyzed PFS of the patients from these two groups using scores obtained with samples at different time points during the study.

Results We found a decline of mean CTC numbers from baseline to 12 weeks of treatment but a dramatic rise at the final visit due to disease progression in 10/13 of the cases (mean CTC-values at baseline: 18, 2nd visit: 2, final visit: 118). Comparative analysis of CTCs from patients with 15 triple-negative and 48 hormone receptor positive tumors revealed elevated 53BP1 levels in CTCs from patients with HR+ metastases, particularly following chemotherapeutic treatment. Kaplan-Meier analysis between nuclear 53BP1-positivity in CTCs and progression-free survival (PFS) revealed an increasing association during chemotherapy until last examination (p=0.065).

Conclusion Our data suggest that 53BP1 detection in CTCs could be a useful marker to capture dynamic changes of chemotherapeutic responsiveness in triple-negative and HR+ MBC.

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GENOMIC AND FUNCTIONAL CHARACTERISATION OF INTRA-TUMOURAL HETEROGENEITY IN HIGH GRADE SEROUS OVARIAN CANCER

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Introduction/Background High-grade serous ovarian cancer (HGSOC) is characterised by high degrees of genomic instability and heterogeneity, with most patients eventually acquiring resistance to platinum-based chemotherapy. Matching the best treatment options to patients remains problematic due to diverse platinum resistance mechanisms and limited effective predictive biomarkers. This study aims to understand the extent of intra-tumoural heterogeneity (ITH) in advanced stage HGSOC, at presentation and relapse, and to define the link between ITH at the genomic and phenotypic levels.

Methodology Patients (n=49) undergoing radical upfront-debulking for advanced HGSOC at Hammersmith Hospital, UK, underwent a tumour mapping of their tumour