

**422** MANAGEMENT OF PREGNANCY IN A 27 YEAR OLD MULTIGRAVIDA WOMAN WITH CERVICAL CANCER IN RESOURCE LIMITED SETTINGS: A CASE REPORT

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**Introduction/Background\*** Cervical cancer is the most common gynecologic cancer in women worldwide, and is a global problem. Cervical cancer occurs mainly in developing countries and low-income countries. In Indonesia, cervical cancer has the highest percentage of cancer in 2013. The number of women with cervical cancer ranges from 90-100 cases per 100,000 population and every year there are over 40.000 cervical cancer cases. Its management is challenging especially in pregnancy. We report management of pregnancy in a 27 year old woman with cervical cancer in Manado, Indonesia.

**Methodology none**

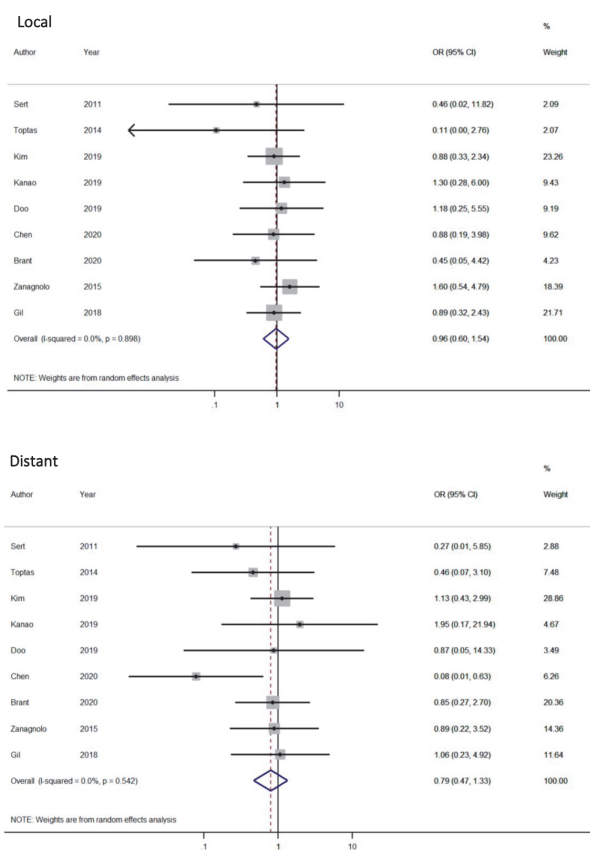
**Case report** A 27-year-old Indonesian women gravida 6, para 2, abortus 3 at 10-11 weeks of gestational age (GA) came to Prof. DR. R. D. Kandou General Hospital complaining of vaginal bleeding mixed with foul smell discharges for 4 months. Speculum examination revealed visible exophytic mass measuring ±5x4x5 cm suspiciously originating from the portio extending to the 1/3 proximal of the vagina that are friable and bleed easily. Histological diagnoses were moderately differentiated invasive squamous cell carcinoma of the cervix with obvious parametrial involvement (stage IIB). The patient received 4 series of neoadjuvant chemotherapy (NACT) with carboplatin and paclitaxel. The patient tolerated the therapy well and had a good response, no obvious side effect was observed. The Caesarean section (C/S) were done at 36 weeks GA, a live baby boy of 2000 grams weight was extracted with APGAR score 6-8.

**Result(s)\* none**

**Conclusion\*** At present, the consensus and guidelines for cervical cancer treatment in pregnancy are still uncertain, but this case suggest the combination of carboplatin and paclitaxel could be effective and well-tolerated regimen against stage IIB cervical cancer. Furthermore, this case illustrates the importance of screening for cervical cancer before pregnancy to prevent complications that may occur to both mother and child during pregnancy.

underwent radical hysterectomy with different surgical approaches.

**Methodology** Systematic review of literature was performed in PubMed, Cochrane Library, Clinicaltrials.gov and Web of science with terms like ‘pattern relapse cervical cancer,’ ‘pattern recurrence cervical cancer,’ ‘Open vs. Laparoscopic cervical cancer relapse.’ Inclusion criteria were prospective or retrospective comparative studies to different surgical approaches that described patterns or locations of relapse in patients with Ib1 cervical cancer. For the quantitative analysis, the pool odds ratio of the recurrence localization was calculated. The quality of the studies was assessed with the Newcastle-Ottawa scale.



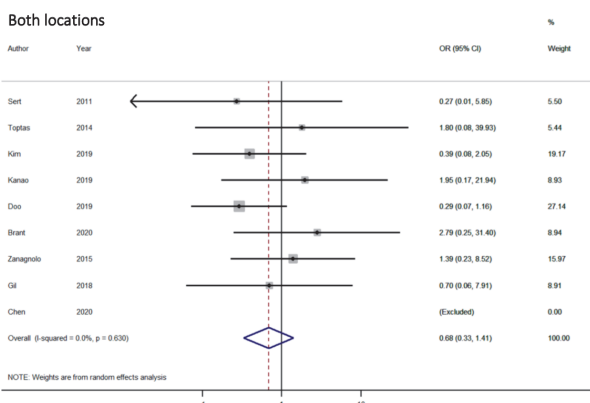
Abstract 445 Figure 1

**445** PATTERN OF RELAPSE IN PATIENTS WITH STAGE IB1 CERVICAL CANCER AFTER RADICAL HYSTERECTOMY. MIS VS OPEN APPROACH. SYSTEMATIC REVIEW AND META- ANALYSIS

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**Introduction/Background\*** After the LACC trial, SUCCOR study and other studies, we know that patients who have undergone Minimally Invasive Surgery for cervical cancer have worse outcomes, but today we really don’t know if the surgical approach can be a reason to change the pattern of relapses on these patients. We would try to evaluate the pattern of relapse in patients with cervical cancer Ib1 FIGO 2009 who



Abstract 445 Figure 2