unanimously accepted. The work aims to specify the pathological and clinical features and to highlight the prognostic factors of these tumors.

**Methodology** Our study was retrospective and descriptive including 49 cases of primary borderline mucinous tumors of the ovary, diagnosed at the Department of Anatomical Pathology and Cytology of Salah Azaiez Institute, for a period of 27 years, going from 1992 to 2019.

**Result(s)** The mean age of our patients was 48 years old. Histologically, the cases were divided into 34 cases of pure MBT, 13 cases with intraepithelial carcinoma, and 2 cases associating an intraepithelial carcinoma with microinvasion. The majority of our cases were classified FIGO I and only one case was FIGO III. 14 patients received conservative treatment and 32 received radical treatment. The treatment wasn’t specified in 3 patients. The progress was good in the majority of cases. Only one patient had a contralateral recurrence after a follow-up period of 3 years. There was no significant difference regarding the risk of recurrence and risk factors such as age, gestation, hormonal contraception, hormonal status, FIGO stage, presence of peritoneal pseudomyxoma, intraepithelial carcinoma, and microinvasion.

**Conclusion** The prognosis of TMBL depends closely on their FIGO stage, stage I tumors have a good prognosis. The presence of intraepithelial carcinoma does not influence their prognosis. However, it is necessary to multiply samples to avoid missing a carcinomatous focus with an anarchic invasion of the stroma which constitutes a poor prognosis factor.

**Result(s)** On second surgical evaluation the right ovary appeared normal and wedge biopsy was benign. Soon after surgery she attained menarche. At 19th month post index surgery, AFP remained elevated; steady at mid-500 ng/dL level without radiological abnormalities. She is on pathway for weight reduction and regular follow up.

**Conclusion** This case report enriches the limited literature on rare reasons for non-hereditary and non-germ cell tumour AFP elevation. Moderate metabolic avidity on PET/CT may signify intense hormonal activities in premenstrual ovary. Causes like Hereditary Persistence of AFP (HPAFP), persistent elevated AFP due to non-hereditary mutations in enhancer and silencer regions of AFP transcription, dietary inflammatory agents and autoimmune neuroinflammation are some of issues which need further research. It is important to recognise these conditions to avoid inappropriate clinical decisions and minimise anxiety level of all concerned. There is need for worldwide registry and in-depth research with genome and exome sequencing to explore raised AFP with unaccommodating classical pathologies.

**Introduction/Background** Elevated Alpha-Feto Protein (AFP) in a young female with ovarian mass is virtually diagnostic of Malignant Germ Cell Tumours. We describe a case with outstanding clinical dilemma where the cause of raised AFP remains unsubstantiated.

**Methodology** A 13 year old girl presented with lower abdominal discomfort. Ultrasound examination suggested large left adnexal dermoid cyst. AFP was elevated at 728ng/dL. CT scan showed left adnexal mass and a suspicious small lesion in liver without any other abdominal lesion. She was overweight with grade-2 fatty liver, mildly raised alkaline-phosphatase, hepatomegaly with family history of liver malignancy. A torsted left-adnexal smooth mass was removed during surgery. Peritoneal washing, opposite ovary and systematic peritoneal cavity examination were unremarkable. HPE was inconclusive as the tumour was necrotic. After a gap she attended for follow up and on 4th postoperative-month AFP level was 534.84ng/dL.

Further CT and MRI did not reveal any liver lesions. Right ovary had features of polycystic ovary (PCO). On 5th postoperative-month PET/CT revealed FDG avid 3.5 cm solid-cystic lesion in right adnexa with SUV Max of 5.6, suspicious of malignancy. Patient and family underwent thorough counselling between extent of surgeries vs chemotherapy.

**Conclusion** A follow-up period of 3 years. There was no significant difference regarding the risk of recurrence and risk factors such as age, gestation, hormonal contraception, hormonal status, FIGO stage, presence of peritoneal pseudomyxoma, intraepithelial carcinoma, and microinvasion.

**Conclusion** The prognosis of TMBL depends closely on their FIGO stage, stage I tumors have a good prognosis. The presence of intraepithelial carcinoma does not influence their prognosis. However, it is necessary to multiply samples to avoid missing a carcinomatous focus with an anarchic invasion of the stroma which constitutes a poor prognosis factor.

**Introduction/Background** Elevated Alpha-Feto Protein (AFP) in a young female with ovarian mass is virtually diagnostic of Malignant Germ Cell Tumours. We describe a case with outstanding clinical dilemma where the cause of raised AFP remains unsubstantiated.

**Methodology** A 13 year old girl presented with lower abdominal discomfort. Ultrasound examination suggested large left adnexal dermoid cyst. AFP was elevated at 728ng/dL. CT scan showed left adnexal mass and a suspicious small lesion in liver without any other abdominal lesion. She was overweight with grade-2 fatty liver, mildly raised alkaline-phosphatase, hepatomegaly with family history of liver malignancy. A torsted left-adnexal smooth mass was removed during surgery. Peritoneal washing, opposite ovary and systematic peritoneal cavity examination were unremarkable. HPE was inconclusive as the tumour was necrotic. After a gap she attended for follow up and on 4th postoperative-month AFP level was 534.84ng/dL.

Further CT and MRI did not reveal any liver lesions. Right ovary had features of polycystic ovary (PCO). On 5th postoperative-month PET/CT revealed FDG avid 3.5 cm solid-cystic lesion in right adnexa with SUV Max of 5.6, suspicious of malignancy. Patient and family underwent thorough counselling between extent of surgeries vs chemotherapy.

**Result(s)** On second surgical evaluation the right ovary appeared normal and wedge biopsy was benign. Soon after surgery she attained menarche. At 19th month post index surgery, AFP remained elevated; steady at mid-500 ng/dL level without radiological abnormalities. She is on pathway for weight reduction and regular follow up.

**Conclusion** This case report enriches the limited literature on rare reasons for non-hereditary and non-germ cell tumour AFP elevation. Moderate metabolic avidity on PET/CT may signify intense hormonal activities in premenstrual ovary. Causes like Hereditary Persistence of AFP (HPAFP), persistent elevated AFP due to non-hereditary mutations in enhancer and silencer regions of AFP transcription, dietary inflammatory agents and autoimmune neuroinflammation are some of issues which need further research. It is important to recognise these conditions to avoid inappropriate clinical decisions and minimise anxiety level of all concerned. There is need for worldwide registry and in-depth research with genome and exome sequencing to explore raised AFP with unaccommodating classical pathologies.
Result(s)* Of the 255 patients included, 100 were in Group 1 and 155 in Group 2. Patient majority was, on average, younger and less comorbid, with predominant R0 surgery in Group 2. Dindo–Clavien score was similar between the two groups (\( p = 0.15 \)). Median OS was 26.8 months in Group 2 and 27.6 months in Group 1. SL was not statistically significant on OS (\( p = 0.7 \)). Median PFS was 18.3 months in Group 2 and 16.6 months in Group 1. SL had positive impact on PFS (\( p = 0.005 \)).

Conclusion* Patients who had received SL (Group 2) had significantly higher PFS regardless of node-positivity status when compared to those who had not received SL.