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INCIDENTAL INTRAVASCULAR LARGE B-CELL LYMPHOMA ARISING IN THE UTERINE MYOMETRIUM

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Introduction/Background* IVLBCL is a rare subtype of B-cell lymphoma characterised by the proliferation of malignant lymphocytes within vascular lumina in the absence of an extravascular tumour mass. Due to its aggressive nature, systemic disease is often present at the time of diagnosis.

Methodology This is a case report of a 55-year-old Chilean woman who was referred for management of a large complex ovarian mass suspicious for an ovarian neoplasm. She underwent a staging laparotomy, including a total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy and appendectomy. A large, haemorrhagic, tortured left ovarian mass weighing 6kg was removed. The left ovarian cyst showed extensive haemorrhagic infarction related to previous torsion. However, on microscopic examination, the myometrium and endocervical mucosa showed numerous capillaries containing an intravascular population of large lymphoid cells with malignant cytologic atypia. Immunohistochemistry confirmed these cells were of B lymphocyte lineage, hence forming a diagnosis of intravascular large B-cell lymphoma (IVLBCL). Following referral to a haematological oncologist, a positron emission tomography (PET) scan found no other evidence of disease and our patient was recommended for surveillance.

Result(s)* 10 cases have been reported in the uterus, most of which present with abnormal vaginal bleeding or non-specific constitutional symptoms. There is no standardised treatment of IVLBCL, but most cases of uterine IVLBCL have been treated with both surgery and chemotherapy, with variable outcomes.

Conclusion* There is no standardised treatment of IVLBCL, but most cases of uterine IVLBCL have been treated with both surgery and chemotherapy, with variable outcomes.

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BREAST METASTASIS FROM OVARIAN CARCINOMA: ONE CASE REPORT AND REVIEW LITERATURE

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Introduction/Background* Report one case of ovarian carcinoma metastasis breast mimicking the primary breast carcinoma

Abstract 685 Figure 1

Methodology

Case report and review literature

Result(s)* Breast is an uncommon metastatic site of ovarian cancer with only 0.03 – 0.6% of all breast malignancies. There are only 110 cases documented until 2015. The rarity of this circumstance can lead to insufficient diagnosis and overtreatment.

The case in our report was the 55-year old female. She had the breast tumor, ovarian tumor and supraclavicular lymph node. The H&E images of all tumor showed adenoma carcinoma. We performed IHC stain eight markers, including WT1, PAX8, P16, p53, ER, PR, Mamma-globulin and Ki67. All tumor had the similar results with this panel markers. Detailly, WT1, PAX8, P16, p53, ER were positive and PR, Mamma-globulin were negative. According to these results, we concluded this was the case of ovarian carcinoma metastasis to breast and supraclavicular lymph node.

Conclusion* Surgical pathology and Immunohistochemistry play an important role in our case of determining the origin of the metastatic lesion of the breast therefore they give us precise diagnosis and staging. Sufficient assessment of this patient give us the reasonable mangement orientation without any overzealous treatment.

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EFFECT OF CIRCUMFERENTIAL TUMOR CAVITY SHAVING IN REDUCING THE RATE OF MASTECTOMY

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Introduction/Background* Breast-Conserving Surgery (BCS) is considered a standard of care for women with early-stage breast cancer.

Achieving adequate margins of excision is a crucial component of breast surgery.

In our department, we routinely assess circumferential tumor cavity shaving (CTCS) status using frozen section analysis.

We sought to determine the effect of CTCS on reducing the rate of mastectomy with no residual disease.

Methodology We conducted a retrospective review of a prospectively maintained database of patients who underwent primary BCS for stage 0-III breast cancer between January 2015 and December 2019 in Salah Azaiez Institute of Oncology, Tunis, Tunisia.

We identified 142 patients who underwent conservative surgery with positive CTCS on histological examination.

Complementary treatment consisting in mastectomy was performed on all patients.