Abstract 314 Figure 1

Result(s)* Fifteen patients with PHMCF were extracted from the databases and ninety-four case-reports from literature. Vaginal bleeding and hypertensive disorders occur more often during a PHMCF pregnancy compared to normal pregnancies (27% and 18%), especially the incidence of severe early pre-eclampsia (PE) was high in case of fetal triploidy (41%). The incidence of progression into gestational trophoblastic neoplasia (GTN) was 13%. High numbers of premature delivery and termination of pregnancy in case of fetal triploidy led to a neonatal survival of only 26%.

Conclusion* Fetal triploidy has a poor prognosis and higher chance of maternal complications. Termination of pregnancy is therefore often advisable. In case of normal pregnancy in combination of a partial mole, continuation of pregnancy is possible in combination with close guidance and clinical monitoring preferably in obstetric high care units because of the high maternal and fetal risks.

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675 EVALUATION OF A WEB-BASED INTERVENTION FOR PATIENTS WITH GESTATIONAL TROPHOBLASTIC DISEASE: A RANDOMIZED CONTROLLED TRIAL

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Introduction/Background* Gestational Trophoblastic Diseases (GTD) comprise a group of rare diseases originating from the trophoblast, affecting women of child-bearing age. Providing optimal information to patients with a rare disease is challenging, because of the small number of patients and limited clinical expertise of many healthcare professionals. We investigated whether a web-based interactive intervention influences levels of distress, illness-perception and knowledge in women with GTD.

Methodology Sixty-nine patients diagnosed with GTD were enrolled in a multicenter randomized controlled trial using online questionnaires in the Netherlands between 2017-2019. Patients were randomized between direct access or postponed access to an online tool on GTD intended to increase knowledge on this rare condition and formulate questions prior to consultation with a medical specialist.

Result(s)* Patients using the online tool had higher level of knowledge compared to the control group ($p = 0.006$), and were satisfied with the intervention (92%). No differences in levels of anxiety, depression, distress and illness-perception were observed between the groups.

Conclusion* The online tool was valuable for newly-diagnosed GTD patients. The improvements in knowledge after digital education, indicates that this tool can be used as an effective method of supporting GTD patients' informational needs without causing extra distress.

677 ABSTRACT WITHDRAWN

920 CHORIOCARCINOMA: POSTMENOPAUSAL LESIONS, ISTHMIC LESIONS, AND RELATED VAGINAL METASTASIS

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Introduction/Background* Choriocarcinoma is a highly malignant epithelial tumor originating from the trophoblast. It primarily occurs during the reproductive years

Methodology We are reporting three different cases with choriocarcinoma with different presentations whether postmenopausal presentation, isthmic lesions, and later presentation after hysterectomy with vaginal metastasis.

Result(s)* All cases were managed surgically with reporting of their management in detail.

Conclusion* The majority of choriocarcinoma cases are intra-uterine and of gestational origin. postmenopausal and cervical choriocarcinoma are rare presentations of this pathology. It is important to include cervical choriocarcinoma in the differential diagnosis of cervical lesions during the reproductive age despite the extremely low incidence as an ectopic entity. Choriocarcinoma is completely curable by chemotherapy even in the presence of metastasis. If massive life-threatening vaginal bleeding occurs, surgery is needed. We should consider vaginal metastasis in any vaginal mass after hysterectomy for a suspected tumor as a vesicular mole or endometrial cancer.

986 PARTIAL HYDATIDIFORM MOLE WITH A LIVING FETUS: A NEED FOR A MANAGEMENT GUIDELINE.-

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Introduction/Background* Partial mole (PM) results from dispermic fertilization of a normal oocyte and produces a triploid set of chromosomes and is commonly associated with the presence of congenital fetal malformations. Partial molar pregnancy with an existing live fetus is a very rare condition, occurring in 0.005 to 0.01% of all pregnancies. It is sometimes called “Sad Fetus Syndrome”. It presents a challenging diagnosis, especially when clinical signs are almost completely absent and a challenging management when the patient is interested to continue her pregnancy. Currently, there is no international guidelines for management.

Methodology A retrospective analysis of the patients presented with partial mole with a living fetus to our GTD clinic, Mansoura University, Egypt in the last 5 years. Clinical characteristics and outcome were described. An Excel sheet and SPSS program were used for statistical analysis.

Result(s)* From September 2015 to August, 2020; eleven cases of PM with living fetus were managed in our hospital. Mean age was 25.7 years while mean parity was 1.2. Amniocentesis was performed in one case and was normal. Duration of pregnancy ranged from 14 to 37 weeks. The fetal outcome was normal preterm fetus in two cases (18.2%), infantile death after 2 months because of congenital fetal malformations in one case, early neonatal death because of severe prematurity in two cases, and induction of abortion or hysterotomy because of complications in 6 cases.

Maternal complications occurred in 6 cases (54.5%); hemorrhage in 4 cases (36.4%), pre-eclampsia-eclampsia in two cases (18.2%), hyperemesis gravidarum in one case (9.1%), and postmolar gestational trophoblastic neoplasia (GTN) in one case (9.1%).

Moreover, three cases (27.3%) presents as familial recurrent hydatidiform mole with proved NLRP7 gene mutation in two.

Conclusion* Maternal and fetal outcome of partial molar pregnancy with a living fetus is poor. Counseling of the patients for termination of pregnancy may be need. A global guideline for management is required.

Vaginal and vulvar cancer

19 EPIDEMIOLOGY OF VAGINAL MALIGNANT LESIONS IN THE REPUBLIC OF BELARUS

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Introduction/Background* Vaginal malignant lesions (VML) are a rather rare pathology and account for only 1-2% of all cases of cancer of the female reproductive system. In Belarus, over a 20-year period (2000–2019), 690 cases of VML (C52) were registered. The aim of the study was to estimate incidence, mortality and survival rate of newly diagnosed VML in Belarus from 2000 to 2019.

Methodology The data from the Belarusian Cancer Registry were analyzed.

Result(s)* The estimated age-standardized incidence rate of VML per 100,000 female population in Belarus has increased from 0.2 in 2000 to 0.4 in 2019 ($p > 0.05$). The mortality rate for 20 years was at the same level and amounted to 0-0.2 per 100,000 female population.

Of all newly diagnosed cases of VML over 20 years, 71.9% (496) were residents of the city and 28.1% (194) were rural residents.

The analysis of the age distribution showed two peaks of morbidity in the age categories 50-54 and 70-74 years, and these peaks are observed in all five-year periods.

Comparison of two ten-year periods (2000-2009 and 2010-2019) showed that rate of stage I increased by 11% (from 28.3% to 39.3%), as rate of stages II and III decreased by 7.2% (from 42.4% to 35.2%) and 5.4% (from 16.8% to 11.4%), respectively, and no change for stage IV (from 10.0% to 11.4%).

Comparison of 5-year adjusted survival rates between 2000 and 2019 showed increased by 9.7% for stage I ($71.0\% \pm 20.9\%$ and $77.9\% \pm 9.8\%$, respectively), increased almost doubled at stages II and III ($40.7\% \pm 10.5\%$ and $75.5\% \pm 6.5\%$, $32.0\% \pm 9.8\%$ and $53.9\% \pm 18.0\%$, respectively), and stage IV patients do not survive the 5-year mark.

Conclusion* In Belarus, for 20 years, morbidity and mortality of VMN remain stable. The quality of diagnostics has improved due to an increase in incidence of stage I and a decrease of stages II and III, as well as improved approaches to treatment, which is confirmed by data on an increase in survival.