

factors for recurrence. 35 patients were treated with a recurrence of a BOT. FSS was repeated in 11 (36.7%) patients. After FSS, the recurrence rate was 1/11 (9%). After complete surgical staging, 3/24 (12.5%) patients experienced a recurrence.

Conclusion Patients with BOT who receive a quality assured treatment have a very low risk of a malignant transformation. After individual consideration, FSS is safe in BOT in early FIGO stages. Patients should be counseled about a higher risk of recurrence in cases of FSS, especially in higher FIGO stages. In selected cases, FSS can also be reconsidered in the recurrence situation.

2022-RA-1545-ESGO **UTERINE TRANSPOSITION: IS IT AN OPTION FOR FERTILITY SPARING IN LOCALLY ADVANCED CERVICAL CANCER**

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Introduction/Background In Argentina, cervical cancer is the second most frequent and 1,600 women die from this cause per year. Conventional fertility preservation surgical treatments are not viable treatment options in advanced stages. Uterine transposition was promoted by Dr. Reitán Ribeiro.

Methodology We present two cases reports of patients with cervical cancer FIGO 2018 stage IIC1 despite this, they insisted on preserving fertility. Both nulliparous, 29 and 34 years old, the first case referred with Loop Electrosurgical Excision Procedure (LEEP): 0.7x0.5 cm with squamous no queratinizante carcinoma + HSIL in endocervix. The second case had LEEP: 1.3x1.2x0.3 cm with endocervical adenocarcinoma and compromised margins. Both had Magnetic Resonance (MR) without residual tumor; only finding: 44 mm and 8 mm obturator lymph node respectively. PET-CT: Distant hypermetabolic foci not seen. Oocyte cryopreservation in both. Subsequently, the first surgery: laparoscopic sentinel lymph nodes with intraoperative frozen-section confirming macrometastasis. The uterus and ovaries were transposed without the cervix to the upper abdomen. Ultrasound was used to guide the section on the uterus, leaving a uterine remnant of at least 1 cm suitable for cerclage. With the cervix in the pelvic position, primary treatment: concurrent chemoradiotherapy with cisplatin (6 cycles) and brachytherapy was started on postoperative day 20. Subsequently, in the second surgery, a simple trachelectomy was performed and repositioning of the uterus in the pelvis with negative margin frozen section

Results After 18 and 10 months of follow-up with physical examination, images and cytology-HPV cotesting, no signs of recurrence.

Conclusion We emphasize the importance of strict informed consent, explaining risks and benefits, especially in this controversial case that goes against scientific evidence. They were carefully selected cases with tumours less than 2 cm, without residual disease by MR post LEEP, and the best treatment tested by stage was respected without delay. Pending longer follow-up in time.

2022-RA-1599-ESGO **PREGNANCY ASSOCIATED BREAST CANCER: ABOUT 10 CASES**

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Introduction/Background Pregnancy-associated breast cancer (PABC) is defined as breast cancer diagnosed during pregnancy or in the first postpartum year. While it is relatively uncommon (occurring in 1 per 3000 pregnancies), it represents a challenge to both the patient and the multidisciplinary team. We ought in this study to describe, the clinical, paraclinical and management of pregnancy associated breast cancer.

Methodology we conducted a retrospective single-center cohort study of 10 patients diagnosed and treated for breast cancer during pregnancy between 2005 and 2022 in the obstetric and gynecology department of Ben Arous hospital.

Results Five patients were diagnosed during the second trimester, 3 during the first trimester and 2 in the postpartum period. A suspicious area was detected by ultrasound in 10 of 15 women. A recurrent abscess was present in 2 cases and the biopsy revealed the cancer. Five patients had positive hormone receptors and 7 sub expressed. One patient was in stage 0, 2 in stage 1, 2 in stage 3 and 5 in stage 4. Three patients decided voluntarily to legally terminate their pregnancies. Seven patients were treated with chemotherapy during pregnancy after the second trimester using anthracycline-based treatment. Three patients had gestation-related complications including preterm labor, intrauterine growth restriction dyspnea and chemotherapy related granulocytopenia.

Conclusion pregnancy associated breast cancer is a rare entity. It is associated with a high number of complications. A multidisciplinary approach is needed and patients should be an integral part of therapeutic decisions.

Miscellaneous

2022-RA-128-ESGO **ULTRASOUND ASSESSMENT OF PATHOLOGICAL LYMPH NODES IN GYNECOLOGIC CANCERS**

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Introduction/Background Lymph nodes can be affected in gynecologic cancers and they are uplifting the stage of cancer. They are a poor prognostic factor for cancers. They usually need radiotherapy if they are affected by metastasis. Usually they are detected by CT scan and MRI during assessing any pelvic malignancy. Ultrasound can be used for detecting suspicious nodes. We are aiming here to spot the light over this and showing a pictorial essay for nodes detected on ultrasound

Methodology Nodes are pathological on stage 3 cancer vulva (of inguinal ones and stage 4 if pelvic ones), stage 3 endometrial cancer (in pelvic ones and stage 4 if inguinal ones or scalene ones), Stage 3 cancer cervix (if pelvic and stage 4 if