Conclusion We highlight in this video the identification and systematization of the most important anatomical structures and landmarks located in the presacral region with the aim of achieving a safe dissection during gynecologic cancer procedures.

SQUAMOUS CELL CARCINOMA OF THE BREAST: 3 SPECIFIC CASES

Fadoua Bouguerra, Rym Zanzouri, Najla Attia, Asma Selmane, Tbessi Sabrine, Semia Kanoun Belajouza, Sameh Tebra. Farhat Hached Hospital, Sousse, Tunisia

Introduction/Background Primary squamous cell carcinoma of the breast is rare. The clinical and radiological aspects are not specific. Treatment is based on the surgical option. The prognosis remains controversial.

NEUROENDOCRINE CARCINOMA OF THE BREAST: A CASE REPORT

Asma Selmane, Sabrine Tbessi, Fadoua Bouguerra, Amal Chamsi, Rihab Melliti, Semia Kanoun Belajouza, Nadia Bouzid, Sameh Tebra. Radiation-oncology, CHU Farhat Hached, Sousse, Tunisia

Introduction/Background Primary neuroendocrine carcinoma of the breast is a rare histopathological variant. It represents 0.1% of breast cancers.

Methodology We report a case treated in the department of oncology-radiotherapy of Sousse with the aim of detecting the anatomoclinical, therapeutic and evolutionary aspects of this cancer.

Results We report the case of a 52-year-old patient. The history of her disease was marked by the appearance of a nodule of the left breast. An echo mammogram was performed and showed a 2.5 cm solid and irregular nodule in the inner quadrant of the left breast classified as ACR4. This nodule increased in size with the appearance of permeation nodules and bleeding with a new mammogram showing a large tumor in the left breast measuring 14 cm associated with carcinomatous mastitis and homolateral axillary adenopathies. The biopsy concluded to a poorly differentiated neuroendocrine carcinoma of the breast. Hormone receptors were positive, HER2 labelling was negative and Ki67 was evaluated at 80%. The tumor was classified as T4dN1M1a (costal involvement). The patient received 3 courses of FEC100 but due to clinical progression, a second line of VP16-cisplatin-based chemotherapy was indicated. The evolution was marked by an increase in tumor size with spontaneous bleeding. The patient underwent left locoregional radiotherapy at a dose of 50 Gy (2 Gy per fraction) with a 20 Gy boost on the tumor including the costal lesion followed by a left mastectomy. The evolution was marked by adrenal and cerebral progression 8 months after surgery. Given the refractory nature of chemotherapy, only hormone therapy was pursued. The patient underwent total brain irradiation radiotherapy at a dose of 20 Gy in 5 fractions with good tolerance.

Conclusion Primary neuroendocrine carcinoma of the breast is a rare entity with a poor prognosis. The literature has been limited to case reports in which the management has been similar to our case.