

**Methodology** This retrospective study was conducted at Salah Azaiez institute. It included 334 women treated for non-metastatic breast cancer between January and December 2014.

**Results** The mean age was 52 years (25–94 years). The age group of 40–50 years represented 36.4%. Young women (younger than 35 years-old) represented 5.6% of patients. The most common symptom was mass in 283 patients, with an average size of 35 mm at presentation, followed by mastodynia and nipple discharge. The mean delay of consultation was 5 months (1–120 months). TNM stage at diagnosis was T2 (34.6%) followed by T4 (24.3%). T1 stage represented only 9.9% of cases. Axillary lymph nodes were found in 151 patients (45.2%). All patients were non-metastatic. Conservative surgery was performed for 27.2% of patients, while 69.7% of cases had radical surgery. Neoadjuvant chemotherapy was given to 86 patients. The predominant tumor histological pattern was invasive ductal carcinoma (78.44%). Mean pathological tumor size was 28.5 mm (0–120 mm), positive axillary lymph nodes were found in 72.7% of cases. Scarf bloom Richardson II was the most frequent grade. Immunophenotyping showed that hormonal receptors were expressed in 61.7% of the tumors HER was over-expressed in 15.9% of cases. Luminal B was the most common molecular subtype.

**Conclusion** Despite progress in screening initiatives, breast cancer in Tunisia is detected at advanced stages, with a younger population and more aggressive tumors. In order to decrease diagnostic delays and enhance screening and early detection, there is a need for genetic evaluation in our population.

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#### LAPAROSCOPIC EXCISION OF ISOLATED PELVIC LYMPH METASTASIS OF NASOPHARYNGEAL CARCINOMA

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**Introduction/Background** Nasopharyngeal carcinoma is the most commonly diagnosed head and neck cancer in Southern Asia. Lymphatic drainage of the nasopharynx is predominantly to the cervical lymph nodes. Patients are presented mostly with cervical region lymph metastasis. Radiation therapy is the main corner of the treatment. distant metastasis of nasopharyngeal carcinoma is commonly metastasis to bone, liver, lung and distant lymph nodes. In this video presentation, we present a case of isolated pelvic lymph node metastasis of nasopharyngeal carcinoma after 1-year disease-free period.

**Methodology** a 42 year old women diagnosed with a non-keratinizing squamous cell type of nasopharyngeal carcinoma was treated with radiotherapy admitted to gynecologic oncology unit. After 1 year disease-free period Pet-Ct showed an isolated pelvic lymph node recurrence. Laparoscopic excision of bulky lymph node was planned.

**Results** Step 1: Preparation of retroperitoneal spaces Step 2: Isolation of umbilical artery and n.obturatorius Step 3: Isolation of external iliac artery and vein Step 4: Excision of bulky lymph node

**Conclusion** The patient was discharged 24 hours after surgery. The pathological evaluation showed metastasis of nasopharyngeal carcinoma. Patient was treated with systemical chemotherapy after surgery.

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#### BREAST ANGIOSARCOMA: EXPERIENCE OF A TUNISIAN ANTI-CANCER CENTER

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**Introduction/Background** Breast angiosarcoma is rare and aggressive. It accounts for less than 1% of all breast malignancies. It can be developed after external beam radiation therapy or de novo. It has no distinguishing clinical or radiological characteristics, and it is commonly mistaken with other benign tumors.

**Methodology** We describe seven cases of primary breast angiosarcoma: 6 cases occurred de novo, and one case occurred after external radiation, collected from 1995 to 2022 in our institution.

**Results** The median age at the diagnosis was 53 years. The tumor size ranges from 1 to 11 cm. Breast ecchymosis was noticed in one case, while six patients presented a palpable mass. Breast imaging didn't show any pathognomic signs. The histological diagnosis was based on the positivity of endothelial markers CD31 and vimentin. One patient had a history of invasive breast carcinoma, initially treated by conservative surgery followed by radiotherapy. Ten years later, she developed an ipsilateral angiosarcoma. Mastectomy was performed. After five months, she developed a recurrence, treated with an excision followed by chemotherapy. Six cases were primary angiosarcoma: 4 patients had a mastectomy. Local recurrences were noted in 2 of them, respectively, after 6 months and 1 year. They had wide excision and flash radiation. The rest of the patients had a lumpectomy with free margins. One of them had 5 years follow-up with no sign of recurrence. 2 patients had pulmonary metastasis. They had chemotherapy; one died after 1 month, and the other is lost of follow-up.

**Conclusion** The diagnosis of breast angiosarcoma is challenging, as it is frequently mistaken with other benign lesions. Physicians should be aware and consider the diagnosis even when confronted with a benign tumor clinical presentation. Treatment consists on mastectomy and radiation therapy without axillary dissection.

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#### AGGRESSIVE VASCULAR RESECTION TO ACHIEVE COMPLETE CYTOREDUCTION IN GYNECOLOGIC ONCOLOGY: A SINGLE-CENTER EXPERIENCE

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**Introduction/Background** Major vascular resection in patients with gynecologic malignancy is rarely performed; however, sometimes, it is necessary to achieve complete cytoreduction. The literature is limited, and we would like to report our results on patients undergoing primary debulking surgery with major vascular resection.

**Methodology** We aimed to observe the outcome of patients undergoing vascular resection to obtain optimal cytoreduction. Consultant surgeons from our Vascular Surgery Department