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.

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

Seda Sahin Aker. Gynecologic oncology, Kayseri city education and training hospital, KAYSERI, Turkey

10.1136/ijgc-2022-ESGO.465

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 administered 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 spacesStep 2: Isolation of umbilical artery and n.obturatorius Step 3: Isolation of external iliac artery and veinStep 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.

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

Veronica Maggi, Susan Dababou, Simone Garzon, Pier Carlo Zorzato, Anna Fести, Massimo Piergiuseppe Franchi, Stefano Uccella. Obstetrics and Gynecology, University of Verona, Verona, Italy

10.1136/ijgc-2022-ESGO.467

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