A RARE CASE OF THE TALL CELL CARCINOMA OF THE BREAST WITH REVERSED POLARITY

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Introduction/Background Tall cell carcinoma of the breast with reversed polarity (TCCRP) is a rare subtype of papillary carcinoma recently recognized as a distinct entity on the fifth edition of the WHO classification of breast. Here we aim to highlight the histopathological features of this rare entity.

Methodology We retrospectively report the first case of TCCRP of the breast diagnosed and treated in the Institut of Salah Azaiez in 2022.

Results We report the case of a 45-year-old woman with no family history of cancer who suffered from bilateral mastodynia. There were no nodules or mass palpated on physical exam of the breasts and axillary region. The screening mammography showed an irregular hypoechoic mass of the right breast of 17×11 mm, classified as 4B. The core biopsy specimen revealed a complex nodular lesion. The mass was surgically excised and the pathological report revealed a TCCRP of the breast PR and ER were negative as well as the HER-2. The Ki-67% proliferative index was around 10%. The patient underwent lymph sentinel lymph node biopsy as treatment and was proposed for radiotherapy.

Conclusion TCCRP is a rare entity with histological features that mimic the papillary thyroid carcinoma. It is usually a triple-negative tumor, negative to thyroid transcription factor 1 and thyroglobulin with a low potential for malignancy and a good prognosis. Wide excision is the cornerstone of the treatment. However, chemotherapy and radiotherapy are still controversial due to lack of evidence.

BREAST CARCINOMA ARISING WITHIN FIBROADENOMAS: REPORT OF SEVEN OBSERVATIONS

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Introduction/Background Fibroadenoma is the most common benign breast neoplasm seen in young women under 30 years of age. Cancer within fibroadenoma is usually found incidentally during pathologic examination, with reported incidences ranging from 0.002% to 0.125%.

Methodology We retrospectively report seven cases of carcinomas arising in fibroadenomas to report clinical, radiological and histological characteristics of breast carcinomas arising within fibroadenoma.

Results The average age of patients was 41 years (26–53) with a mean delay of consultation of 92 days (15–365 days). In three cases, fibroadenomas were complex, containing cysts, adenosis and apocrine metaplasia. Carcinomatous lesions were dominated by the invasive type. Invasive ductal carcinoma was found in four cases, associated in one case with ductal carcinoma in situ (DCIS) and with mucinous colloid carcinoma in the other one. Lobular invasive carcinoma associated with lobular carcinoma in situ in one case (LCIS). In the two other cases, a focus of LCIS and DCIS was found arising from a complex background of fibroadenomas. Fibrocystic dystrophy lesions were found in the adjacent parenchyma associated in one case to intralobular neoplasia lesions. The treatment consisted of a lumpectomy in one case, conservative treatment in three cases and a mastectomy associated to axillary node dissection in the three others. Radiotherapy was indicated in six cases and chemotherapy done in four cases. After a mean follow-up of 3, 57 years (1–7) no sign of recurrence was reported.

Conclusion Although malignant changes are rare, the risk of malignancy inside a fibroadenoma should be kept in mind. Thus, follow-up is advised, and biopsy or excision is needed if any progressive changes or increase in size is seen.
Ovarian cancer

**2022-RA-127-ESGO**  **MESENTERIC RETRACTION IN OVARIAN CANCER ON ULTRASOUND**

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**Introduction/Background** Ovarian cancer is common in gynecologic oncology clinics, usually follow up of patients is done by CT after the chemotherapy. CT scan is very irritating for women especially if done every 6 months and using dye injection.

**Methodology** Therefore, we aimed here to present some of our work regarding using ultrasound in assessing the response of chemotherapy; the chemotherapy response score (CRS) is assessed by histopathology, but CT and ultrasound can be used. CRS 1 indicates no response to chemotherapy, CRS 2 indicates partial one and CRS 3 indicates complete response. we are reporting response in relation to the primary tumor and the metastasis. After surgery, score 3 should be confirmed by histopathology as there could be microscopic deposits. regarding ultrasound scoring, it can be done using some criteria including initial size, doppler signal, shape of the primary and the metastasis comparing them with response after chemotherapy 6–12 weeks and later on follow up. Further points are normalization of the ovarian size, regularity, adhesions of the ovary to the surrounding indicating previous infiltration and malignant adhesions, scoring of doppler signal, symmetry between both ovaries, necrosis and change in echogenicity and echotexture.

**Results** Complete interval surgical debulking is common in CRS 3. Tumor marker measurement in addition is a useful marker for detecting disease progression after chemotherapy. The chemotherapy response is assessed on the primary tumor and the metastasis. The Doppler findings can be graded as 1–4.

**Conclusion** We aimed here to propose a way for assessing response for chemotherapy using ultrasound using the histopathological chemotherapy response score in a way to reach an agreement.

**2022-RA-130-ESGO**  **ULTRASOUND CHEMOTHERAPY RESPONSE ASSESSMENT IN OVARIAN CANCER**

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**Introduction/Background** Detection of ovarian malignancies is by transvaginal ultrasound. Currently, the first-line imaging for staging and assessing disease response in ovarian cancer is computed tomography (CT) of the abdomen and pelvis. However, CT has limitations in mesenteric and small-bowel implants. Ultrasonography by an expert can evaluate the intra-abdominal spread of disease Because of the low cost and high availability. (1) we are describing 2 cases showing common signs on ultrasound to suspect retraction

**Methodology** Small bowel mesentry root involvement is of great clinical importance because achieving complete cytoreduction is unfeasible. laparoscopic evaluation is undertaken before surgery using the Fagotti score for the small bowel mesentery root. ultrasound can detect that lesion easily based on limited mobility of the intestine, cauliflower mass of the intestine, failure to identify the mesentery individually.

**Results** US was done revealed multiple implant over ileum & jejunum with mesenteric affection o the small intestine that was detected as limited mobility of the loops of the intestine in the ascites, cauliflower shaped closely packed intestinal loops and limited mobility of the cauliflower mass. Case 2: Ultrasound revealed limited mobility of the intestine on the right side (ileum) than on left side in relation to each other with cauliflower mass appearance with packed closely intestinal loops.

**Conclusion** Ultrasonography performed by an expert may be a strategy for evaluating the intra-abdominal spread which allows the accurate qualification of patients for PDS or IDS.

**2022-RA-173-ESGO**  **ENDOMETRIOID BORDERLINE OVARIAN TUMOR: CLINICAL CHARACTERISTICS, PROGNOSIS AND MANAGEMENT**

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**Introduction/Background** Endometrioid Borderline Ovarian Tumor (EBOT) is a rare subtype of borderline ovarian malignancies. This study aimed to determine the prognosis of a series of EBOT.

**Methodology** A retrospective review of patients with EBOT treated in or referred to our institutions. A centralized histological review by a reference pathologist; data on the clinical characteristics, management (surgical and medical) and oncologic outcomes of patients were required for inclusion.

**Results** Forty-eight patients were identified Median age was 52 years (range 14–89). Fourteen patients underwent a conservative surgery and 32 a bilateral salpingo-oophorectomy (unknown in two cases). Two patients had bilateral tumors. Forty-three patients had stage-I disease and 5 patients had a stage-II disease (10%). Stromal microinvasion and intraepithelial carcinoma was observed in 6 (12%) and in 13 (27%) patients respectively. Endometriosis was histologically associated in 12 patients (25%). Synchronous endometrial disease was found in 7 (24%) of 29 patients with endometrial histological evaluation. The median follow-up was 72 months (range 6–146 months). Two patients developed a recurrence after cystectomy in form of borderline disease (5%). No death related to EBOT occurred.

**Conclusion** Peritoneal restaging surgery should be performed if not realized initially, since 5% of EBOTS are diagnosed at stage II-III. Fertility-sparing surgery seems a safe option in selected patients. Because synchronous endometrial diseases including endometrial carcinoma are frequent, systematic hysterectomy (or endometrial sampling in case of fertility-sparing