Introduction/Background In Algeria, breast cancer has become a major public health problem with a real urgency of intervention and management. The aim of this work was to analyse the epidemiological, clinical, therapeutic and evolutionary particularities of breast cancer in young women under the age of 30.

Methodology This is a retrospective cohort of 35 patients under 30 years of age with breast cancer who were treated at the radiotherapy department of the cancer center Tlemcen, Algeria between September 2017 and August 2021.

Results The median age was 28 (20–30) years, the left breast was affected in 51.4% of cases (18 patients) and the external site of the tumor predominated in 45.7% of cases (16 patients). 85.7% of patients had invasive ductal carcinoma. The tumors were classified as T1 in 25.7%, T2 in 57.1%, T3 in 8.5% and T4 in 8.5% of cases. 51.4% of the cases had lymph node involvement and the median histological size was 35 mm (0–70). 29 patients (82.8%) underwent radical surgery (pathy) and 6 patients (17.1%) underwent conservatory surgery. Chemotherapy was used in 11.4% of cases as adjuvant and in 88.5% of cases as adjuvant. 25 patients (71.4%) received adjuvant hormonal therapy and 12 patients (34.2%) received targeted therapy. Locoregional radiotherapy was delivered in all patients at a biological dose of 50Gy to the chest wall, supra and subclavicular lymph nodes ± tumor bed boost. Dermatitis was found in 100% of cases, dysphagia in 22.8%, pain in 20%, fibrosis in 14.2% and edema in 14.2% of cases. The median follow-up was 24.5 months (1-49) with one metastatic relapse.

Conclusion Although our series showed satisfactory results, breast cancer in young women remains of unfavorable prognosis.

Abstract 2022-RA-188-ESGO

OVAHIAN CARCINOMA METASTASIS BREAST MIMICKING THE PRIMARY BREAST CARCINOMA: CASEREPORT AND REVIEW LITERATURE

Introduction/Background Report one case of ovarian carcinoma metastasis breast mimicking the primary breast carcinoma

Methodology Case report and review literature

Results Breast is an uncommon metastatic site of ovarian cancer with only 0.3% – 0.6% of all breast malignancies. There are only 110 cases documented until 2015. The rarity of this circumstance can lead to insufficient diagnosis and overtreatment. The case in our report was the 55-year old female. She had the breast tumor, ovarian tumor and supraclavicular lymph node. The H&E images of all tumor showed adenoma carcinoma. We performed IHC stain eight markers, including WT1, PAX8, P16, p53, ER, PR, Mamma-globulin and Ki67. All tumor had the similar results with this panel markers. Detually, WT1, PAX8, P16, p53, ER were positive and PR, Mamma-globulin were negative. According to these results, we concluded this was the case of ovarian carcinoma metastasis to breast and supraclavicular lymph node.

Conclusion Surgical pathology and Immunohistochemistry play an important role in our case of determining the origin of the metastatic lesion of the breast therefore they give us precise diagnosis and staging. Sufficient assessment of this patient give us the reasonable management orientation without any overzealous treatment.

Abstract 2022-RA-215-ESGO

CLINICAL CASES OF ATYPIAL POLYPOID ADENOMYOMA: SINGLE-CENTER REPORT

Introduction/Background Atypical polypoid adenomyoma (APA) is a rare intrauterine pathological finding, which can often be misdiagnosed as malignancy. It mostly affects premenopausal women. Therefore, treatment is predominantly conservative including hysteroscopic transcervical resection (TCR), dilatation and curettage (D&C), and hormonal therapy. Due to the high recurrence rate, the most effective treatment for perimenopausal and postmenopausal women is hysterectomy. Mortality rates have not been reported. Following study analyzed four cases of APA, diagnosed after TCR of intrauterine pathology in a single center.

Methodology Clinicopathological characteristics of APA were assessed by retrospective analysis of medical records containing patients age, parity, body mass index, menstrual status, symptoms, associated pathology, and treatment.

Results Four cases of APA were confirmed within specimens provided by TCR (figure 1). The patients ages varied between 31 and 52 years; two patients were premenopausal and two were perimenopausal. Three patients underwent previous endometrial sampling, which revealed either endometrial polyp or simple endometrial hyperplasia (table 1). A 31-year-old patient with a 5 mm large intracavitary abnormality on ultrasound, underwent TCR. The abnormality (APA) was completely removed and successful pregnancy was achieved 14 months later.

Abstract 2022-RA-215-ESGO Table 1 Clinicoopathological characteristics of patients diagnosed with APA

<table>
<thead>
<tr>
<th>Case</th>
<th>Age (yr)</th>
<th>BMI</th>
<th>Parity</th>
<th>Menstrual Status</th>
<th>Clinical Symptoms</th>
<th>Largest Diameter (mm)</th>
<th>Associated Pathohistological Findings</th>
<th>Type of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38</td>
<td>31.2</td>
<td>0</td>
<td>Premenopausal</td>
<td>Infertility, Uterine cavity mass</td>
<td>14</td>
<td>None</td>
<td>Conservative</td>
</tr>
<tr>
<td>2</td>
<td>52</td>
<td>27.1</td>
<td>0</td>
<td>Premenopausal</td>
<td>AUB, Uterine cavity mass</td>
<td>11</td>
<td>Glandular Polyp</td>
<td>Hysterectomy</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>20</td>
<td>1</td>
<td>Premenopausal</td>
<td>Uterine cavity mass</td>
<td>5</td>
<td>None</td>
<td>Conservative</td>
</tr>
<tr>
<td>4</td>
<td>48</td>
<td>36</td>
<td>1</td>
<td>Premenopausal</td>
<td>AUB, Uterine cavity mass</td>
<td>18</td>
<td>None</td>
<td>Hysterectomy</td>
</tr>
</tbody>
</table>