

2022-RA-1158-ESGO UTERINE SARCOMA

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Introduction/Background Uterine sarcomas are rare tumors, representing 3 to 5% of malignant tumors of the uterus. They are characterized by a significant histopathological and clinical diversity. Their diagnosis is not very often made until the histopathological analysis of the hysterectomy or myomectomy specimen, distinguishing between: carcinosarcoma; leiomyosarcoma; rhabdomyosarcoma; adenosarcoma; stromal sarcoma; undifferentiated sarcoma. Doppler ultrasound does not differentiate uterine sarcomas from fibroids. MRI, and in particular dynamic sequences after injection of gadolinium, can help in the diagnosis. Surgery is the first step in the management of uterine sarcoma, consisting of a total hysterectomy with bilateral adnexectomy. A pelvic curage with omentectomy will be added in case of carcinosarcoma.

Methodology ten cases of uterine sarcoma treated in the department of gynecology-obstetrics I at the CHU Hassan II in Fez between 2016 and 2021 were analyzed retrospectively.

Results Of the 10 patients, 60% are multiparous, 80% post-menopausal and 01 patient has a history of uterine fibroid. 80% of our patients consulted for metrorrhagia. 90% of our patients had surgical treatment. Anatomopathological analysis of the surgical specimens revealed 07 leiomyosarcoma, 02 endometrial stromal sarcoma, and 01 adenosarcoma. Three patients received adjuvant radiotherapy, while a combined chemotherapy/radiotherapy postoperatively was indicated for one patient.

Conclusion Sarcomas are rare cancers of the uterus and their prognosis is poor. Their diagnosis must be made early, as the tumor stage is the major prognostic factor.

2022-RA-1159-ESGO STUMP

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Introduction/Background Smooth muscle tumors of the uterus are subdivided into three categories: leiomyomas, leiomyosarcomas and STUMP (smooth muscle tumor of uncertain malignant potential). This classification is based on the study of 3 histopronostic criteria which are: nuclear atypia, mitosis index and the presence or absence of tumor necrosis. The STUMPs are smooth muscle tumors whose morphological characteristics do not allow them to be formally classified as benign or malignant tumors. The diagnosis of uterine sarcoma or stromal tumor of uncertain malignant potential must be evoked on MRI.

Methodology Six cases of STUMP treated in the department of gynecology-obstetrics I at the CHU Hassan II in Fez between 2017 and 2021 were analyzed retrospectively.

Results Of the 06 patients, 50% are multiparous. 80% of our patients consulted for metrorrhagia. All patients had surgical treatment. Anatomopathological analysis of the surgical specimens revealed STUMP in all cases.

Conclusion Uterine STUMP is a rare condition, and diagnosis can be difficult, often with unusual combinations of findings. Prognosis for the patient is unclear and there is a risk of

recurrence with the tumors. To reduce mortality, regular follow-up and a centralised approach are recommended.

2022-RA-1319-ESGO A CASE OF ISOLATED INGUINAL NODAL CANCER OF MULLERIAN ORIGIN

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Introduction/Background Inguinal nodal disease has been reported to be a rare metastatic site for cancer of Mullerian origin. However, isolated inguinal nodal disease has not been reported in literature.

Methodology We present a case of a 48-year-old lady with inguinal lymph node endometrioid adenocarcinoma, with no gynaecological primary detected.

Results This lady who has no significant past medical history presented with a left groin lump to the General Surgery department and an excision biopsy revealed histology consistent with metastatic adenocarcinoma, in keeping with primary from the female gynaecologic tract (CK7, PAX8, ER positive; GATA3, CDX2 negative). She reported occasional intermenstrual bleeding therefore hysteroscopy and endometrial curettage was performed, revealing normal vagina, cervix, and a benign endometrial polyp and focal endometrial hyperplasia with no atypia. Computed Tomography scan of the thorax, abdomen and pelvis, and Magnetic Resonance Imaging performed revealed no significant pathology besides a cluster of prominent left inguinal lymph nodes. Screening oesophageal-gastroduodenoscopy and colonoscopy performed was unremarkable. After discussion at the multidisciplinary tumour board meeting, a total hysterectomy, bilateral salpingo-oophorectomy and complete debulking of left inguinal lymph nodes was performed. Final histology of uterus and bilateral tubes and ovaries did not reveal any malignancy, except for endometrial hyperplasia without atypia, and focal endometriosis on left ovary. Histology of the inguinal lymph nodes removed were found to be consistent with endometrioid carcinoma.

Conclusion Our hypotheses for isolated endometrioid carcinoma in the inguinal lymph node includes malignant transformation of ectopic endometriotic deposit or endosalpingiosis in the inguinal lymph node.

2022-RA-1380-ESGO TRIPLE NEGATIVE BREAST CANCER ABOUT 24 PATIENTS AND LITERATURE REVIEW

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Introduction/Background Triple-negative breast cancer (TNBC) is defined by the absence of estrogen and progesterone receptor expression and the absence of HER2 overexpression or amplification. Epidemiologic and clinical features are distinct from the other subtypes, including younger age at diagnosis, higher risk of relapse despite increased chemosensitivity, and higher incidence of lung and brain metastases. Indeed, TNBC has distinct clinical and pathological features. Due to its aggressive behavior, relatively poor prognosis, and lack of