Abstracts

CERVICAL CARCINOMA STAGE FIGO IA1 INVASIVE CERVICAL CANCER OF ONE CERVIX IN UTERUS DIDELPHYS TYPE OF ANOMALY – A CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction/Background Throughout the development of the urogenital system, the Müllerian ducts have a crucial role. In the beginning, they are found in both sexes, but they regress under the impact of the anti-Müllerian hormone (AMH). Without the involvement of AMH, the ducts evolve into the uterus, uterine tubes, cervix, and upper portion of the vagina. Anomalies of the Müllerian ducts are more frequent than imagined, varying from 0.5 to 6.7% in the general population and up to 16.7% in women diagnosed with recurrent miscarriage.

Methodology The authors report a case of invasive adenocarcinoma cervical cancer of one cervix in uterus didelphys type of a uterine abnormality (double uterus, double cervix), along with a review of the literature.

Results The 50-year-old patient was diagnosed, then surgically treated with a Wertheim-Meigs radical hysterectomy. Fifteen lymph nodes were removed during the surgery and examined under the microscope, but they showed no presence of the tumor cells. Except for adhesion removal between the bladder and urethra, no disease invasion was observed.

Conclusion The authors report a case of invasive cervical cancer of one cervix in uterus didelphys type of anomaly with a review of the literature.
and rectum in the middle line, surgery was open, conducted traditionally, and as described in the literature. Postoperative care went without any complications, and the patient was discharged from the clinic on time. The histopathological analysis classified the tumor as IB1 gradus I. Adjuvant radiotherapy was suggested and also performed after the definite pathohistological diagnosis.

**Conclusion**

**2022-RA-1034-ESGO SMALL CELL NEUROENDOCRINE CARCINOMA OF THE CERVIX**

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**Introduction/Background** Small cell neuroendocrine carcinoma of the cervix is a rare, aggressive malignancy that is accounting about 1–2% of the cervical cancers. The diagnosis of neuroendocrine cervical cancers occurs at an average age of 45 years. There is no standard treatment based on controlled trials because of the rarity of the malignancy. The prognosis is poor, with an overall 3-year survival rate of about 35%.

**Methodology** We report the case of a 33-year-old woman with an exophitic tumour of the cervix. The cervical biopsy showed a small cell neuroendocrine carcinoma. The CT-Scan of the chest and abdomen showed enlarged retroperitoneal lymph nodes and the large cervical tumour. The case was presented in the local tumour board (cT1B3, cN1, M0, G3/FIGO IIIC1), it was decided to start neoadjuvant treatment with Carboplatin AUC6 day 1 and Etoposide 120 mg/m2 days 1–3. After 4 cycles we confirmed gut clinical response with local regression in the pelvic MRI. We performed a radical hysterectomy with BSO and pelvic and paraaortal lymph node dissection. After histopathological work-up the tumour regression was confirmed: ypT1B1, pN1 (3/75), M0, L1, V0, Pn1. It followed the second discussion in the local tumour board. We decided a treatment with 2 additional cycles of Carboplatin and Etoposide followed by chemoradiotherapy, which were applied sequentially.

**Results** The follow-up controls up to 8 months after surgery showed no signs of cancer recurrence.

**Conclusion** Our observation confirms that cervical neuroendocrine small-cell carcinoma is a chemosensitive tumor. For tumours which are primarily not suitable for operation neoadjuvant chemotherapy should be started, followed by radical surgery when applicable.

**2022-RA-1037-ESGO EFFECT OF ALPHA-LIPOIC ACID SUPPLEMENTATION ON REGRESSION OF LOW-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS**

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**Introduction/Background** Low-grade squamous intraepithelial lesions (LSILs) account for most of the cytological anomalies for screening cervical cancer. Although they often regress spontaneously, the exact rates of regression are hard to predict and they can range between 7% and 95%. This research aimed to investigate the efficiency of alpha-lipoic acid (LA) in promoting spontaneous regression of LSIL.

**Methodology** A total of one hundred (100) patients diagnosed with LSIL were randomized to receive 600 mg/day of alpha-lipoic acid (ALA) or placebo for three months. Inflammatory parameters (sedimentation, high-sensitivity CRP fibrinogen and IL6) were determined immediately after blood sampling. LSIL was determined after performed cytological screening, targeted biopsy and histological confirmation of cytological-colposcopic diagnosis. Analyses were conducted at the study baseline and at the end of intervention. Comparison of results (before and after supplementation; control-tested) was performed using the Mann-Whitney U test or Chi-squared test, depending on the type of obtained data.

**Results** There were no significant differences in baseline levels of sedimentation, high-sensitivity CRP fibrinogen and IL6 between patients in control and treatment group. ALA supplementation didn’t have significant impact on analysed inflammation markers. Contrary to our expectations, supplementation with ALA significantly reduced spontaneous regression of LSIL -- from 88.9% in placebo group to 11.1% in treated group (p<0.001).

**Conclusion** ALA supplementation in investigated regime (600 mg/day for 3 months) was not effective in improving inflammation markers in patients with LSIL, however, it significantly decreased the rates of spontaneous LSIL regression in comparison to placebo. Therefore, it can be recommended as a dietary supplement for patients with diagnosed LSIL.