Abstracts

Introduction/Background Minimum deviation cervical adenocarcinoma- Adenoma malignum (AM) is a rare variant of adenocarcinoma of the uterine cervix; it comprises 1%-3% of cervical adenocarcinomas. The most predominant symptoms are vaginal bleeding and discharge. Pre-operative diagnosis of AM can be difficult and definite diagnosis is based on histopathology.

Methodology

Results We report a rare case report of a 62-year-old Caucasian woman who presented initially with ascites and vague abdominal symptoms suggesting ovarian cancer. Blood tests were normal. CA-125 measured at 43.4 U/mL and CA 19–9 at 101.6 U/mL. CT of chest-abdomen-pelvis showed severe ascites, a cystic mass in the left parametrium, and a large cystic mass at the right adnexum. An MRI of abdomen-pelvis showed a cystic lesion on the right ovary, possibly cystadenoma or cystadenocarcinoma, with intra-abdominal fluid collection and peritoneal nodular enhancing lesions. Cervical macroscopical examination and smear were normal. Gastroscopy and colonoscopy were normal too.

After MDT discussion, decision was made for laparoscopic assessment and primary debulking surgery. During the laparoscopic assessment a frozen biopsy was obtained, which indicated a possible borderline mucinous tumor of the ovary with possible signs of adenocarcinoma; decision made to proceed to debulking surgery as R0 was feasible. Total abdominal hysterectomy with bilateral salpingo-oophorectomy, omentectomy, and paraaortic lymphadenectomy, with pelvic and paraaortic lymphadenectomy, appendectomy, and pelvic peritoneectomy was performed.

Cytology of peritoneal fluid showed no evidence of malignancy. Histology showed a well-differentiated gastric type, non-HPV related adenocarcinoma of the uterine cervix (depth: 4 mm), which spread to the endometrium, both tubes and ovaries (with an 8 cm tumor in the right ovary). MDT decision was for adjuvant radiotherapy and chemotherapy.

Discussion This case constitutes a rare clinical presentation of AM with ascites, and ovarian metastases. Symptoms, diagnostics tests and imaging indicated a possible diagnosis of ovarian cancer. Only histology was able to produce a definite diagnosis of AM.

Conclusion Preoperative image-guided adaptive brachytherapy followed by minimally invasive surgery allows high local control, reduces positive surgical margins and rates of lymph-vascular space invasion avoiding adjuvants treatments. Surgical approaches must be discussed with patients including preoperative brachytherapy as a downstaging treatment.

Abstract 2022-RA-214-ESGO Figure 1

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Introduction/Background To analyze the clinical outcomes and the safety of preoperative high-dose-rate (HDR) image-guided adaptive brachytherapy (IGABT) followed by minimally invasive surgery (MIS) in the multidisciplinary management of early-stage cervical cancer.

Methodology Medical records of all consecutive patients with early-stage cervical cancer treated at our institution between 2012 and 2018 with preoperative IGABT in a multidisciplinary approach were reviewed. Treatment schedule was pelvic node dissection, preoperative IGABT followed 6–8 weeks later by MIS hysterectomy.

Results Seventy patients with cervical cancer FIGO stages (I B 18.6%, I B 2 75.7% and I IA 1 5.7%) were treated by preoperative HDR brachytherapy. With a median follow-up of 37.4 months [95% confidence interval, 32.1–39.7 months] isolated vaginal vault recurrences was not observed, 3 pelvic relapses were reported (4.3%). None of patients received postoperative radiotherapy (EBRT) or radiochemotherapy. The estimated 3-year local and pelvic relapse free survival for the entire population were respectively 98% [95% confidence interval, 89%-100%] and 90% [80%-96%]. The estimated 3-year disease-free survival (DFS) for the entire population was 88% [77%-94%]. The 3-year overall survival (OS) rate was 97% [88%-99%]. Microscopic vaginal resection margin (R1) was observed in one patient (1.4%). Lymph-vascular space invasion (LVSI) was found in 6 (8.6%) patients. Forty-eight late complications in 36 patients (51.4%) were observed. Five (7.1%) grade vaginal wound dehiscences were observed. Urinary and gastrointestinal toxicities were grade 1–2. No grade 4–5 complications were observed.

Conclusion Preoperative image-guided adaptive brachytherapy followed by minimally invasive surgery allows high local control, reduces positive surgical margins and rates of lymph-vascular space invasion avoiding adjuvants treatments. Surgical approaches must be discussed with patients including preoperative brachytherapy as a downstaging treatment.