both the maternal cancer condition, and prenatal chemotherapy exposure are associated with genotoxic stress in CBMCs. Whole-genome sequencing revealed a significant increase in mutational load in cHSCs of all treated cases (n=12), versus healthy pregnant women (n=3; p=0.04). A platinum-specific mutational signature was found in cHSCs from patients treated with carboplatin, suggesting a direct effect of the drug on the fetal genome. cHSCs from patients treated without carboplatin showed age-related signatures, pointing to a more indirect effect upon prenatal chemotherapy exposure. Additionally, in a pilot study we observed an increased number of structural chromosomal variants in single CBMCs of n=1 ABVD-treated patient compared to n=1 healthy control.

Conclusion These findings indicate that prenatal chemotherapy exposure is correlated with increased genotoxicity in cord blood cells, pointing to direct and indirect mechanisms and depending on the type of treatment.

Disclosures NA

#637 ANENCEPHALUS FETUS IN PREGNANT WOMAN WITH ASYMPTOMATIC LARGE RETROPERITONEAL TUMOUR

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Introduction/Background Retroperitoneal tumours are rare tumours, which could be defined as cystic or solid masses in imagistic investigations and could be divided in benign or malignant tumours. More than 70% of the primary retroperitoneal masses are malignant. The most common in this region are sarcomas. Also epithelial malignancies, lymphomas and metastases of different germ cell tumours may appear in the retroperitoneum. From the benign lesions most frequent are lipomas, fibromas and benign neurogenic tumours. During pregnancy, both benign and malignant retroperitoneal tumours are extremely rare.

Results We present the case of a 34 years old VIIIG VIIP pregnant patient, recently admitted to our hospital for uterine contractions. The ultrasound examination diagnosed a gigantic abdominal mass and a 20 weeks pregnancy with an anencephalic fetus. After counselling the patient, the medical abortion was induced. CT was performed after and so we had the imaging of 20/15/13 cm tumour with a mixed, incapsulated structure, predominantly liquid, with parenchymal areas inside, heterogeneously iodophilic, with focal calcifications and a regular outline. The tumor develops from the left intersplenorenal space and occupies the entire left half of the abdomen. For our patient the surgery was recommended, but she refused it, because the symptoms were minor, excepting the deformation of the anterior abdominal wall.

Conclusion Contrast-enhanced computed tomography (CT) and MRI are the most important in diagnosing this type of tumours, but the differential diagnosis of these masses in retroperitoneum - malignant or benign, is done by histopathology. Usually, no symptoms appear until retroperitoneal tumours reach an important volume, so they are incidental diagnosed during investigations for nonspecific complaints. First step of treatment is surgery with complete tumour resection followed by anatomopathology and the management will be choose for the best prognosis of the patient.

Disclosures I do not have any conflict of interest with any person or organization.

#658 A CLINICAL CASE OF NON-HODGKIN'S B-CELL LYMPHOMA OF RARE LOCALIZATION (OVARIES) DURING PREGNANCY IN A PATIENT WITH A CFTR GENE MUTATION CAUSING CYSTIC FIBROSIS

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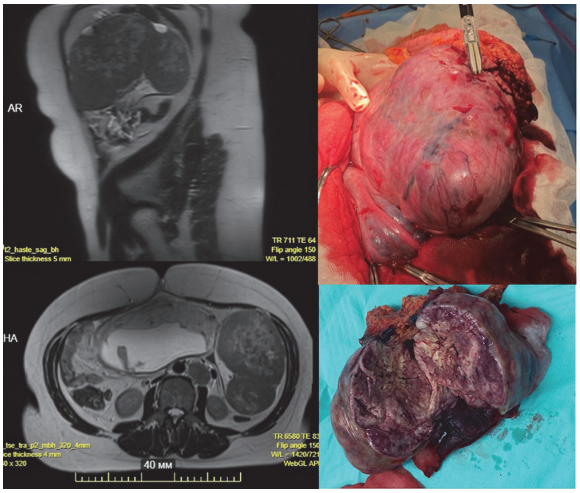
Introduction/Background Primary ovarian site manifestation of lymphomas are sporadic neoplasms, accounting 0,2–1,1% of all cases of extranodal non-Hodgkin's B-cell lymphoma predominantly with unfavorable prognosis. The accompaing of these diseases with pregnancy is an extremely rare condition that causes difficulties in diagnosis and treatment

Methodology Pregnant thirty-nine-year-old patient after In vitro fertilization with Pre-implantation Genetic Diagnostics due to mutation in the CFTR gene which was diagnosed after cystic fibrosis (with severe lung/digestive system disorders) in the first child. At gestational age (GA) 24 weeks ORADS-4 ovarian neoplasm was detected. Non-contrast MRI discovered a solid lesion measuring 14,5x8,8x10,5cm in the left ovary with signs of true diffusion restriction and ascites. Due to pain, peritoneal symptoms an emergency operation was performed: laparotomy, left adnexectomy, omentectomy (due to preoperative rupture of the tumor with hemorrhage and adhesions to the omentum). Morphologically high-grade B-cell lymphoma, not otherwise specified (HGBL-NOS) with Ki67–97% was detected (figure 1). After whole body MRI scanning tumor changes of the paraaortic lymph nodes were diagnosed. Taking into account strong wish of patient to maintain pregnancy, the high-grade lymphoma, the risk of worsening the prognosis the DA-EPOCH-R chemotherapy was initiated.



Abstract #658 Figure 1 Malignant neoplasm of the left ovary (lymphoma) during pregnancy