around 3%. In our small series, the overall incidence of aberrant anatomy was 20%.

Abstract #590 Figure 1 Operative photographs and reconstructed CT images of aberrant anatomy

Disclosures NONE

#593 PLEOMORPHIC LOBULAR CARCINOMA OF THE BREAST: CLINICAL PRESENTATION AND THERAPEUTIC CHALLENGES

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Introduction/Background Invasive pleomorphic lobular carcinoma (PLC) represents 15% of invasive lobular carcinoma (ILC) and is thought to be more aggressive with a worse prognosis. Methodology We retrospectively reviewed the clinical records of 18 patients diagnosed with PLC in Salah Azaiez Institute (2006–2021)

Results All reported cases were females, with a median age of 59.5.

Median tumor size was 30mm. Four patients had multifocal lesions while only two presented with bilateral tumors.

Only 5 cases were classified as stage T3/4 tumors and two patients were metastatic at the time of diagnosis.

65% of the patients had preoperative core needle biopsy yielding a diagnosis of PLC in only 6 cases (46.15%). Two patients did not undergo surgery owing to the advanced stage at presentation and chemotherapy was conducted instead.

Among patients for whom surgery was stated, 11 patients underwent total mastectomy (64.7%). Sentinel lymph node dissection was performed on exactly 4 patients. Lymph nodes were free of tumor in the majority of cases.

On pathological examination, LPC was associated with invasive ductal carcinoma in 9 cases.

Almost 90% of the cases were high-grade carcinomas with a lympho-vascular invasion present in 8 cases. The tumor cells were positive for hormone receptors in 90% of cases while HER2neu was negative in 94.44% of cases.

Data on adjuvant treatment was available on merely 12 patients. Concomitant radio-chemotherapy with endocrine therapy was indicated for 10 patients, while others received either exclusive radiotherapy or chemotherapy.

The median follow-up was 27 months. At that time, most of the patients were free of disease, while one patient developed ipsilateral relapse for which she underwent total mastectomy. Two patients died 04 months after the onset of the treatment.

Conclusion The PLC’s treatment approach is not well established however surgical resection remains the standard-of-care. More studies are required for further understanding of its clinical behavior and optimal treatment guidelines.

Disclosures the authors have nothing to disclose.

#600 LAPAROSCOPIC RETROPERITONEAL PARA-AORTIC LYMPHADENECTOMY: POSTOPERATIVE AND SURVIVAL OUTCOMES OF THE FIRST GREEK CASE-SERIES STUDY


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Introduction/Background Laparoscopic para-aortic lymphadenectomy is a procedure performed for staging purposes. Retroperitoneal approach is an alternative approach, potentially superior to intraperitoneal regarding bowel dysfunction and hemorrhage. Main purpose of the present study was to present the main intraoperative, postoperative and short-term survival outcomes of first relative cases treated with this approach in an ESGO-certified Gynecological Oncology Center.

Methodology A prospective observational cohort was performed during 2020–2022. Epidemiological, histopathological characteristics and indications of the procedure were reviewed. Primary outcomes were intraoperative and postoperative complications, namely hemorrhage, vessel injury, need for transfusion, bowel injury, peritoneal bowel dysfunction, perinephral hematoma, total hemoglobin drop, hospitalization duration. Short-term survival outcomes were also reviewed.

Results There were overall 8 cases in which laparoscopic retroperitoneal para-aortic lymphadenectomy was attempted. Median age was 52 years, median BMI 26.4. Indications were restaging for apparent early-stage ovarian cancer (n=3), surgical staging of high-risk apparent early-stage endometrial cancer (n=2), restaging for concomitant early-stage endometrial and ovarian cancer (n=1), staging for apparent advanced-stage cervical (n=1) and staging for potential lymph-node recurrence of previously treated vulvar cancer (n=1). All operations were performed by ESGO-certified physicians (S.P, N=6 and F.G, N=2). Method was abandoned in one case in which diagnostic laparoscopy for apparent early-stage serous endometrial cancer revealed diffuse omental metastasis and conversion was decided. Median surgical time was 135 minutes. Median number of resected nodes was 15. No major intraoperative and postoperative complication was observed. There was only 1 case of subcutaneous hematoma observed on 1st postoperative day, treated conservatively with compression. Median haemoglobin reduction was 2.3 gr/dl. Median hospitalization duration was 2 days. The total of patients remains free of recurrence and alive during follow-up period (5–29 months).