Introduction/Background Solitary fibrous tumors are rare spindle neoplasms that are usually located in the pleura. These tumors can rarely be seen in extrapleural areas. Localization in the pelvic region is also quite rare. This study aims to provide information about the follow-up and treatment of a patient diagnosed with a solitary fibrous tumor located in the extrapleural adnexal area on the right.

Methodology The treatment and follow-up process of a patient diagnosed with a solitary fibrous tumor in the pelvis are presented retrospectively in this study.

Results Our patient, a 42-year-old female, presented with complaints of right groin pain. Imaging revealed a semi-solid lesion containing large cystic areas that extended into the abdominal cavity, measuring 242x231x112 mm. Suspicious areas were observed in the pelvic tissue for invasion, and the patient was suspected of having uterine sarcoma. Tumor markers (CA125, CA19-9, CEA, CA15-3) examined prior to the case were normal.

Conclusion The appearance of extrapleural solitary fibrous tumors (ESFT) in the pelvis is extremely rare. A definitive diagnosis is primarily based on characteristic microscopic appearance along with immunohistochmical examinations. Therefore, considering ESFT in the differential diagnosis is important in pelvic masses since it does not have a pathognomonic radiological imaging finding. In our case, the tumor was observed to invade the pelvic sidewalls inside the abdomen. Invasion of the external iliac artery and vein was also observed. The external iliac vein was excised and reconstructed. Even though the tumor has been completely removed, careful follow-up is required for ESFT due to its potential for malignancy.

Disclosures Total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed on the patient. Pathology results showed a CD34, STAT6, bcl-2, and CD99 diffusely positive inhibin weakly positive staining with a hemangiopericytoma-like vascular pattern. The final pathology resulted in a solitary fibrous tumor with the potential for aggressive behavior.

Introduction/Background Uterine leiomyosarcomas (LMS) are rare, aggressive gynecological malignancies of the female reproductive tract. One of the challenging directions in advancing the prognosis and optimization of treatment tactics in LMS is investigating the expression of molecular-biological markers in tumor tissue. So, the aim of our study was to evaluate the expression of p53, Bcl-2, Bax and Ki-67 and their prognostic relevance.

Methodology A retrospective chart review was done to 198 patients with LMS from 1971 to 2021. Immunohistochemical (IHC) staining for 20 patients was performed for p53, Bcl-2, Bax and Ki-67. Negative and positive IHC staining was scored for each marker. Survival was determined from the time of initial diagnosis to last follow-up.

Results Ten (50%) patients with LMS expressed p53. P53+ patients mostly had multiple metastases, compared to p53− patients with solitary metastases (60% against 20%) (p<0.05). Eleven (55%) patients expressed Bcl-2 and 4 (20%) expressed Bax. In Bcl-2+ patients distant metastases were observed in 45.5%, compared to Bcl-2− patients were, were we observed metastatic disease in 77.8% (p=0.068). Expression of Ki-67 was observed in 15 patients (75%).

Conclusion LMS patients with p53 expression had a poorer survival compared to LMS patients with negative expression (p53+—26.7±18.4% and p53−—80.0±12.6%, respectively (p<0.05). On opposite, the disease-free survival is better in bcl-2+ patients, compared to patients, who don't express bcl-2 (47.2±19.6% and 28.1±18.0%, respectively (p>0.05). We didn't observe statistical significant difference in survival depending on Bax expression. LMS patients with Ki-67 expression had a poorer survival compared to LMS patients with negative expression (34.9±13.1% and 60.0±20.7%, respectively (p>0.05). Our study indicates that p53 expression may serve as a prognostic marker for LMS patients.

Disclosures No Disclosures