Abstract #941

Table 1

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age</th>
<th>Relevant Medical History</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>56 years</td>
<td>Simple hysterectomy 10 years ago; multiple sclerosis with immunosuppressive treatment</td>
<td>Low-grade VaIN</td>
<td>6-month treatment with the Coriolus versicolor-based vaginal gel</td>
<td>Complete normalization of lesions on cytology and vaginoscopy</td>
</tr>
<tr>
<td>2</td>
<td>44 years</td>
<td>Persistent multicentric SIL lesions</td>
<td>High-grade VaIN and positive for HPV 53</td>
<td>Two CO2 vaporizations + adjuvant treatment with the Coriolus versicolor-based vaginal gel for 6 months</td>
<td>Complete normalization of lesions on cytology and vaginoscopy and clearance of HPV</td>
</tr>
<tr>
<td>3</td>
<td>49 years</td>
<td>Squamous cell carcinoma of the cervix at 37 years old due to infection with HPV 16 and 18, treated with radical hysterectomy, lymphadenectomy, pelvic radiotherapy, brachytherapy, and chemotherapy</td>
<td>High-grade VaIN and positive for HPV 53</td>
<td>Excisional treatment + adjuvant treatment with the Coriolus versicolor-based vaginal gel for 6 months</td>
<td>Regression to Low-grade VaIN on cytology and vaginoscopy and clearance of HPV</td>
</tr>
<tr>
<td>4</td>
<td>64 years</td>
<td>No relevant past medical history</td>
<td>High-grade VaIN (VAIN 3) and positive for HPV 18, 42, &amp; 67</td>
<td>Two laser vaporizations + adjuvant treatment with the Coriolus versicolor-based vaginal gel for 6 months</td>
<td>Complete normalization of lesions on cytology, vaginoscopy, and biopsy and clearance of HPV</td>
</tr>
</tbody>
</table>

Methodology: Here we present a series of case reports involving four patients between 44 and 64 years old diagnosed with VaIN through cytology, vaginoscopy, and/or biopsy. Two out of the four patients were immunocompromised due to previous history of cancer and multiple sclerosis. The patient diagnosed with low-grade VaIN followed a conservative management with the Coriolus versicolor-based vaginal gel alone. The other three patients with high-grade VaIN, were subject to either an excisional treatment or a CO2/Laser vaporization, in combination with the Coriolus versicolor-based vaginal gel for 6 months as an adjuvant treatment. Follow-up cytology, vaginoscopy, biopsy and HPV tests were performed over time for monitoring patients.

Results: After 6 months of adjuvant treatment with the Coriolus versicolor-based vaginal gel, all patients showed regression (1 patient) or complete normalization (3 patients) of their lesions in cytology, vaginoscopy, and/or biopsy. Additionally, patients showed negative results for HPV tests.

Conclusion: The application of a Coriolus versicolor-based vaginal gel could be useful both, in conservative treatment (patients with LSIL VaIN) and in post-intervention treatment to prevent lesion’s recurrence and aid in HPV clearance, representing a possible clinical advantage approach in this patient population.

Disclosures: 

#1012

HISTOLOGICAL GRADE AS A PROGNOSTIC VALUE OF UTERINE SARCOMAS: CLINICOPATHOLOGICAL ANALYSIS OF A CASE SERIES

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Introduction/Background: Leiomyosarcomas (LMSM) is an extremely rare tumor (1% of uterine tumors) with a high mortality rate. LMSM is characterized by a high potential for hematogenous metastasis, and high aggressivity. The histological subtype, tumor spread and patient age have all been recognized as important prognostic variables. However, significant issues about the significance of these elements have arisen recently.

Methodology: 22 cases of primary and progressive LMSM patients were analyzed in terms of patient age, TNM and grade, time, and place of recurrence. The histological form was evaluated using WHO standards, and the degree of microscopic malignancy was established using the French Federation of Tumor Centers criteria.

Results: Recurrences occur most frequently in the lungs (n=15; 68.2%), with just seven instances (31.8%) having local relapses. The tumor formed intramurally in the vast majority of patients (n=21, 95.5%). SMA expression was consistent across all clinical patients.

The time to recurrence development was 14 months in G3 (50% of cases), 26 months in G2, and 24 months in G3 patients (Cox’s F-Test, Grade - (1/2) F(10, 12) = 1.04; p = 0.47; Grade - (1/3) F(15, 17) = 2.9; p = 0.016; Grade - (2/3) F(14, 16) = 2.7; p = 0.027).

Conclusion: In contrast to previous research, we were unable to discover a link between tumor size and metastasis. We believe that the grades of ULMS do not vary in metastasis or recurring tumor. Low-grade forms do not advance to high-grade forms. Tumor size and patient age are not independent indicators of disease progression; SMA and Desmin expression intensity is an IHC indicators of leiomyoma histogenessis; tumor grade is an independent and the most important prognostic marker in the therapy of LMSC.

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