occurred. In 8 patients (30.7%), early complications were recorded and in 5 (17.4%) a reoperation was required. In our series, two perioperative deaths caused by cardio-vascular and not because of surgical complications have occurred (7.4%). Two late complications – a urostomy stenosis and a para-stomal hernia needed surgical repair. Over a median follow-up period of 40 months, 9 (33.3%) patients have died. Median overall survival (OS) was 33 months (range 1–96 months). The primary pelvic exenteration survival rates were 83% at 2 years and 46% at 5 years, respectively.

**Conclusion** Primary pelvic exenteration might be associated with a low rate of intraoperative, but with possible postoperative complications which could be lethal. Its long-term survival is relatively high in trained teams.

**Disclosures** None