hyperthyroidism 17%. Preeclampsia was the most common indication for iatrogenic preterm delivery.

Conclusion CHM-CF pregnancy is an obstetric challenge; pregnancy can be continued if no complications occur which might lead to delivery, either spontaneous or iatrogenic. The mode of delivery is not associated with a higher rate of PTD.

Disclosures The authors declare that they have no conflict of interest.

#380 ULTRA HIGH-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA: RETROSPECTIVE STUDY OF A SINGLE COHORT AT SAN RAFFAELE SCIENTIFIC INSTITUTE, MILAN-ITALY

Giulia Sabetta*, Alice Bergamini, Raffaella Cioffi, Costanza Saponaro, Emanuela Rabaiotti, Francesca Maria Vasta, Elisa Grassi, Giorgio Candotti, Giorgia Mangilli. IRCCS San Raffaele Scientific Institute, Milan, Italy

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Introduction/Background Gestational trophoblastic neoplasia (GTN) with score >12 represents ultra-high-risk-GTN. Study investigates characteristics, treatment and outcome.

Methodology 14 ultra-high-risk-GTN patients, collected between January 1996 and October 2022, have been analyzed with descriptive statistics.

Results All patients were diagnosed with choriocarcinoma. Average age was 36 years, 28.6% were older than 40. All were symptomatic. Metrorrhagia was present in 57%. 78.6% had systemic symptoms, of these 55% had more than one symptom. 57% had respiratory distress, 14.3% hemorrhagic shock for rupture of arteriovenous-malformations (AVMs), 21.4% hyperthyroidism, 14.3% neurological symptoms, 14.3% gastrointestinal symptoms and two patients with kidney failure. Average serum β-subunit human-chorionic-gonadotropin (β-hCG) was 9773643 IU/L (477–3000000). Antecedent pregnancy was a term in 9(64.3%). Time interval from antecedent pregnancy was ≥12 months in 50%. All had lung metastases and 11(78.6%) brain and/or liver metastases. Average FIGO (International Federation Gynecology Obstetrics) score was 16 (14–18). 9(64.3%) were treated with EMA/CO (etoposide-methotrexate-dactinomycin/cyclophosphamide-vin-cristine) while 1(7.1%) was treated with EP/EMA (etoposide-cisplatin/EMA) and 4(28.6%) with EP/EMA with high-dose of methotrexate. From 1996 to 2004 patients did not induction of chemotherapy. From 2004 to 2014 all had alopecia and myelosuppression, 4 had oral mucositis of which one needed parenteral nutrition and had to change treatment. A patient developed corticosteroid-psychotic-disorder and another Posterior-Reversible-Encephalopathy-Syndrome-(PRES). One had disease progression, deceased from rupture of pulmonary AVMs.

Conclusion Ultra-high-risk-GTN is a systemic pathology such as to require medical observation both at diagnosis and during treatment. Standard regimen should be EMA/EP preceded by low-dose-EP.

Disclosures The authors declare no conflict of interest.

No financial disclosures to declare.

#409 THE FIRST NATIONAL DATA ON GESTATIONAL TROPHOBLASTIC DISEASES IN TURKEY

*Sabit Sinan Ozalp*, Müge Harma, *Nejat Ozguc, *Anil Turhan Cakir, *Mehmet Ibrahim Harma. Retained, Department of Obstetrics and Gynecology and Gynecologic Oncology, Medical Faculty, Eskisehir Osmangazi University, Eskisehir, Turkey. *Trohoblastic Diseases Society, Turkey, President, Eskisehir, Turkey; *Department of Obstetrics and Gynecology and Gynecologic Oncology, Medical Faculty, Bulent Ecevit University, Trohoblastic Diseases Society, Turkey, Member, Zonguldak, Turkey; *Department of Obstetrics and Gynecology and Gynecologic Oncology, Medical Faculty, Hacettepe University, Trohoblastic Diseases Society, Turkey, Member, Ankara, Turkey

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Introduction/Background This study is unique in being the first survey on Gestational Trophoblastic Diseases (GTD) covering the data of Turkey, evaluated by the Cancer Registry Unit.

Methodology The collected data covers the years 2020, 2021 and 2022 on GTD. The study was evaluated in 61 cities of Turkey. In this study age distribution, gravidity, parity, incidence per 1000 live births, type of GTD, treatment will be evaluated

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Conclusion The collected data covers the years 2020, 2021 and 2022 on GTD. The study was evaluated in 61 cities of Turkey. In this study age distribution, gravidity, parity, incidence per 1000 live births, type of GTD, treatment will be evaluated

Disclosures We have no disclosures

#541 GESTATIONAL TROPHOBLASTIC TUMOUR: CHORIOCARCINOMA

Yasmine El Gharbi*, Sassi Boughizene, Ines Ben Salem. University Hospital Farhat Hached, Sousse, Tunisia

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Introduction/Background Choriocarcinoma is a rare malignancy that arises from placental trophoblastic tissue. Approximately 50% of choriocarcinomas follow molar pregnancies, and the remainder occur after spontaneous abortions or ectopic or intrauterine pregnancies. It is characterized by early hematogenous spread to the lungs. It belongs to the malignant end of the spectrum in gestational trophoblastic disease. While the disease used to be fatal in the majority of cases, currently, most cases can be cured by chemotherapy.

Methodology case report

Results We report a rare case of a 42-year-old female patient admitted with a one-month history of vaginal bleeding. The patient has given birth twice vaginally, the latest was 13 months ago. She reports a history of spontaneous miscarriage at home one month ago, with an imprecise last menstrual period (LMP) and no evidence of intrauterine pregnancy.

The b-hCG level was 10,257 with an empty uterus on pelvic ultrasound, no fluid accumulation or lateral uterine mass. The patient underwent a brain CT scan following an episode of severe headache, which revealed a brain metastasis. A
thoracoabdominal CT scan was performed, showing a lung metastasis, three hepatic metastatic lesions, and a 6 cm splenic metastasis.

The case was discussed with the reference center for trophoblastic diseases in Lyon, who confirmed that even in the absence of anatomo-pathological evidence, the diagnosis of postpartum choriocarcinoma (attributed to the recent child-birth rather than the miscarriage) is established (FIGO score 15). Care was continued in the specialized center with multi-agent chemotherapy. The response was excellent, and the patient was subsequently discharged after 6 cycles of chemotherapy, and a 10-year follow-up was arranged.

Conclusion The overall prognosis is very good if a prompt diagnosis is made, and care is provided in a center with experience in the management of these cases.

Disclosures This report highlights that the diagnosis of choriocarcinoma might be proven challenging even for experienced clinicians. However, combining the gynecological history, elevated b-hCG levels and USS findings, usually leads to the diagnosis. Consideration should be given, as to whether or not a tissue biopsy is needed before starting treatment.

Conclusion Early diagnosis, treatment and proper follow-up of this condition will lead to a good outcome in this very young group of patients. Unfortunately, follow-up in teenagers was quite a real challenge during these 4 years of the study.

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

Abstract #643 Figure 1 Invasive mole piece

Conclusion Gestational trophoblastic diseases, which are rare but can be detected by beta hCG value, should be considered for women’s reproductive health, the interest for epidemiological, clinical and histopathological features of Gestational Trophoblastic Neoplasia is increasing. It is known that extreme ages are more frequent associated with the disease, so that, especially in teenagers, management and follow up represent a challenge.

Methodology This retrospective study assesses maternal characteristics, clinical presentation, tumor type, management and follow up of molar pregnancies managed in our third degree obstetric department of University Hospital of Oradea, from 1st January 2019 to 31st of December 2022.

Results More than 13000 deliveries were managed in this period in our hospital, also more than 1500 miscarriages being recorded and histopathological exam was performed in all of them. Gestational trophoblastic disease was diagnosed in 41 cases, 18 cases being teenagers. Fourteen from 18 cases were diagnosed in first trimester of pregnancy and we had only 4 second trimester pregnancies. Clinical and ultrasound exam showed a larger uterus than expected, but ovarian lutein cysts were not always present. Abnormal high values of beta HCG were always recorded. Histopathological exam after US guided aspirative curettage diagnosed 10 partial hydatidiform molar pregnancies, 7 cases of complete molar pregnancy and one choriocarcinoma and in this particular patient the oncologist’s recommendation for chemotherapy was made. Follow up was the most difficult to manage properly in this very young group of patients, serial HCG blood values until normalization was possible in only two thirds of the girls.

Introduction/Background Invasive hydatid mole, rare among gestational trophoblastic diseases, is a highly treatable malignancy. While it is usually observed in the reproductive period, its incidence is very low in the perimenopausal period.

Methodology A 48-year-old perimenopausal patient with Gravid 4, Parity 4, presented with abnormal uterine bleeding. The beta hCG result of the patient who had her last delivery as normal delivery at term in 2004 was reported as >10,000. In the gynecological examination, the uterus was observed to be approximately 12 weeks of gestation, and the uterine cavity was filled with a heterogeneous and vesicular mass approximately 6 cm in diameter. Firstly, endometrial sampling was recommended to the patient. A hysterectomy decision was made considering age, expectation of pregnancy, symptoms, and the risk of bleeding during the procedure.

Results In the pathology report after total abdominal hysterectomy and bilateral salpingo-oophorectomy, the tumor diameter was 8x7x5 cm and limited to the myometrium. At the same time, lymphovascular space invasion and perineural invasion were not observed. Beta hCG value decreased to 3998 two days after the operation, 413 after thirteen days, and 2 after about two months. In the sixth month of the operation, the beta hCG value remains negative. Abdominal and thorax imaging did not show any findings regarding recurrence or metastasis.