thoracoabdominal CT scan was performed, showing a lung metastasis, three hepatic metastatic lesions, and a 6cm 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 childbirth 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.

#643 INVASIVE MOLE HYDATIFORM IN THE PREMENOPAUSAL PERIOD: A CASE REPORT

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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 Gravida 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 remained negative. Abdominal and thorax imaging did not show any findings regarding recurrence or metastasis.

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