Introduction/Background Because of the significant consequences 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 follows 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.

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.
in patients presenting with abnormal uterine bleeding in the perimenopausal period.

Disclosures Since the beta hCG values of the patient decreased rapidly after the operation and no metastases were detected, a 12-month follow-up was recommended, weekly until the beta hCG value was negative and monthly after it became negative.

Abstract #733

CHORIOCARCINOMA IN YOUNG PATIENTS AFTER SECTIO CAESAREA: A CASE REPORT

Vesna Krsic*, Jovan Krsic, Jovan Milojevic, Vesna Jovanovic, Jovana Serafimovic, Biljana Jovic Pavic. GAK Narodni front, Belgrade, Serbia; Medical Military Academy of Belgrade, Belgrade, Serbia; OBGYN Department of General hospital Lazarevac, Lazarevac, Serbia; Higher educational Institution for nurses Belgrade, Belgrade, Serbia; Dom zdravlja Zvezdana, Belgrade, Serbia; GAK Narodni front, Belgrade, Serbia

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Introduction/Background Choriocarcinoma is a malignant neoplasm with its origin in the trophoblast. It can be found after every pregnancy, but especially after a pregnancy complicated by mola hydatidosis (complication in 2–3% of all molas).

Methodology A 25-year-old female patient was admitted to our hospital for profuse bleeding 30 days after cesarean delivery.

The patient is an otherwise healthy young woman who was giving birth for the third time. Previous deliveries were Sectio Caesarea.

After the cesarean section, she had a curving curve and 4 exploratory curettages were performed.

The histopathological findings of the first three exploratory curettages indicated a normal endometrium, while the findings of the fourth exploratory curettage were hydatidiform moles. The primary biochemical marker, used in treatment and prognosis is hCG. beta hCG values ranged from 7000 I.U. after the second exploratory curettage to 66000i,j. after four.

Since the bleeding was becoming more and more abundant, a fifth exploratory curettage was performed and the findings confirmed the diagnosis of choriocarcinoma.

Results After the last histopathological findings, the patient underwent a hysterectomy with bilateral adnexectomy, and methotrexate was included in the therapy according to the scheme.

The patient does not have distant metastases because all other findings are normal and after the second dose of chemotherapy the value of beta hcg dropped to 5000,.i,j.

Conclusion Choriocarcinoma is a rare disease, but when we have to calv after pregnancy, we have to think about this disease, because in our case we could not easily reach the correct diagnosis, so it took a long time to get the proper treatment.

Disclosures There are different prognostic systems for choriocarcinoma: the presence of metastases, level of hCG in urine and plasma, and end of last pregnancy.

13. Vaginal and Vulvar Cancer

Abstract #78

NEUTROPHIL/LYMPHOCYTE RATIO (NLR) AND PLATELET/LYMPHOCYTE RATIO (PLR) ARE ASSOCIATED WITH ADVERSE OVERALL SURVIVAL OUTCOMES IN PATIENTS WHO RECEIVE RADICAL RADIOTHERAPY FOR LOCALLY ADVANCED VULVAR CANCER

Joanna Grech, Philip Mcloone, Amat Sadozye, Rosie Harrand, Ashleigh Kerr, Sharon Armstrong, Kathryn Graham*, Sir Anthony Mamo Oncology Centre, Msida, Malta; University of Glasgow, Glasgow, UK; Beatson West of Scotland Cancer Centre, Glasgow, UK

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Introduction/Background Radical radiotherapy (RT) is an important treatment modality in the management of locally advanced vulvar cancer. Pre-treatment markers of inflammation, such as neutrophil/lymphocyte ratio (NLR) and platelet/lymphocyte ratio (PLR), are associated with unfavourable outcomes in various gynaecological malignancies but there is a paucity of data in vulvar cancer. Research to date has focussed on predicting lymph node involvement pre-operatively. Here, we evaluated the impact of NLR/PLR on overall survival in patients undergoing RT for inoperable squamous cell carcinoma of vulva.

Methodology The central radiotherapy prescribing system at the Beatson West of Scotland Cancer Centre was interrogated to identify patients who commenced radical RT (or chemoradiotherapy (CRT)), 1st January 2016 to 31st December 2021, including those who received neoadjuvant chemotherapy (NACT) prior to RT/CRT. NLR and PLR were calculated from neutrophil, lymphocyte, and platelet levels obtained within 28 days of commencing RT/CRT, or NACT. Statistical analysis was performed on Stata®. Cox proportional hazards models were used to estimate unadjusted hazard ratios (HR) for survival.