Introduction/Background The aim of our study is to determine the frequency of lymphatic metastases in women with cervical cancer with stage IB.

Methodology Material and methods: The study is single-center, retrospective for 1 year and was conducted in the Clinic of General and Oncological Gynecology, Medical Academy. All patients with histologically proven cervical carcinoma in stage IB were included. All women underwent preoperative laboratory tests, gynecological examination with ultrasound examination, and preoperative imaging of the lung, abdomen, and pelvis. All patients underwent radical laparohysterectomy with salpingooophorectomy type C (Querleu and Morrow type C2), systemic pelvic lymphatic dissection with/without para-aortic lymphatic dissection.

Results The study included 29 female patients with an average age of 56.8 years (from 35 to 84 years). Squamous cell carcinoma was found in 27 (93.1%) of the patients, and adenocarcinoma in the remaining 2 (6.9%). A total of 459 lymph nodes were removed, or an average of 15.8 nodes per patient. In 6 (20.7%) of all women, metastases were found in lymph nodes, all of which were squamous cell carcinomas with varying degrees of differentiation. Moderately differentiated squamous cell carcinoma was found in 3 (50%) of the patients with metastases, in 2 (33.3%) of them was poorly differentiated, and in 1 (16.7%) patient with highly differentiated.

Conclusion Lymph node metastases are found in patients with cervical cancer regardless of the degree of differentiation. Their removal may have a beneficial effect on the patient's survival.

Disclosures Systematic pelvic lymphadenectomy or whole pelvic irradiation is recommended for the patients with stage IB1 cervical cancer. However, the precise pattern of lymphatic tumor spread in cervical cancer is unknown.

Introduction/Background Mesonephric adenocarcinomas (MA) of the female genital tract are rare tumors originating from mesonephric duct remnants, which mainly occur in cervix followed by ovarian hilum and broad ligament, and rarely in uterine corpus and lateral wall of vagina. The diagnosis of MA is challenging as it exhibits mixture of histomorphological pattern that can be confused with endometrioid, serous, clear cell carcinomas and sex cord stromal tumors of female genital tract. Similar tumors cervix or paravaginal area are labeled as mesonephric like adenocarcinoma (MLA). KRAS is the most common molecular alteration seen in MA and MLA.

Methodology We present three such rare cases of MA and MLA with challenging diagnostic features.

Results All our 3 cases were post-menopausal females. One of the cases was diagnosed as MA of the cervix, and 2 cases as MLA from ovary. All the cases were positive for PAX-8, GATA-3, TTF-1. All 3 cases exhibited KRAS mutation in exon 2, using real-time polymerase chain reaction (RT-PCR).

Conclusion The application of a panel of immunohistochemical markers can help in correct diagnosis while ruling out the mimickers. Treatment of these tumors is based on the stage, and they usually show aggressive biological behavior with increased risk of recurrence.

Disclosures none