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Abstracts

varies with age with a predominance of benign cysts in adolescents. A predominance of benign tumours is verified in both children and adolescents.
Conclusion: In conclusion ovarian masses are rare in children and adolescents. Despite the predominance of benign ones, a high index of suspicion of malignancy should be kept in young patients.

E-PS-09-006
Coexistence of glandular carcinoma and squamous carcinoma in situ of the cervix in a pregnant woman: a case report and literature review
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Background & Objective: Adenocarcinoma comprises 10-25% of all cervical carcinomas in developed countries. The majority of cervical adenocarcinomas are associated with high-risk HPV. Usually, the detection of a high-grade squamous intraepithelial lesion (HSIL) occurs in older women with less frequent screening. We describe a case of adenocarcinoma associated with squamous carcinoma in situ within the cervix of a young pregnant woman.
Method: A 32-year-old pregnant woman with cervical cytology results of HSIL and adenocarcinoma in situ diagnosed during the first trimester underwent colposcopy. The biopsy revealed the presence of an adenocarcinoma with stromal invasion. The patient refused a pregnancy interruption, being treated by cervical conisation and caesarean section at 33 weeks. Three months after delivery, a hysterectomy, pelvic lymphadenectomy and bilateral salpingo-oophorectomy was performed.
Results: Pathological study revealed an endocervical adenocarcinoma, usual type, with foci of villoglandular differentiation. Immunohistochemically, the neoplastic cells were reactive for p16 and CEA, and negative for oestrogen receptors and vimentin. HPV genotyping had a positive result for HPV-16. A mesonephric duct hyperplasia was also observed.
Conclusion: The differential diagnosis of cervical adenocarcinoma includes several benign and malignant entities. Careful morphological examination and immunohistochemical evaluation are crucial for correct categorization and staging of these neoplasms. Screening has an essential role in the detection of cervical lesions in early stages, therefore avoiding aggressive treatments.

E-PS-09-007
Angiomyofibroblastoma of the uterine cervix occuring in a patient with breast cancer: a case report
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Background & Objective: Angiomyofibroblastoma (AMFB) is an uncommon, benign mesenchymal tumour which generally occurs in the vulvovaginal region. We report a case of cervical AMFB. To the best of our knowledge, this is the second reported AMFB of the uterine cervix in a patient with breast cancer in English literature.
Method: A 40-year-old female patient presented to the hospital with vaginal bleeding. In medical history she had a triple negative invasive ductal breast carcinoma which was treated with conservative breast surgery with axillary dissection and adjuvant chemo and radiotherapy in 2007. The gynaecologic examination revealed a polypoid mass located in both vagina and cervix. The patient was diagnosed with cervical leiomyoma and underwent total abdominal hysterectomy and bilateral salpingectomy.
Results: Macroscopically, a well-defined mass which was 6x5 cm in size was detected in the posterior cervix. The cut surface was solid and light yellow in appereance. Histologically, the tumour was characterized by hypercellular and hypocellular edematous areas mixed with small blood vessels. Randomly distributed blood vessels were thin walled and no extravasation of the red blood cells was noted. The tumour cells were uniform eosinophilic, spindle-shaped or epitheloid without mitotic figures or atypia. The immunohistochemistry showed strong positivity with desmin, vimentin, estrogen receptor (ER), progesterone receptor (PR), focal positivity with CD117 and caldesmon and negativity with CD34 and smooth muscle actin. According to these findings, the tumour was diagnosed as a "angiomyofibroblastoma".
Conclusion: A recognition of this entity is important to avoid misdagnosis of other angiomyxoid neoplasms such as aggressive angiomyxoma.

E-PS-09-008
Malignant mixed Mullerian tumours of the uterus: immunohistopathological analysis of a short series of cases
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Background & Objective: Malignant mixed mullerian tumours (MMMT) of the uterine corpus are rare and extremely aggressive biphasic tumours composed of intimately admixed epithelial and mesenchymal elements. They account for less than 1% of all neoplasms of the gynaecologic tract and occur almost exclusively in postmenopausal women.
Method: In this 3-year retrospective study, we analyze the clinical, histopathological and immunohistochemical features of 5 patients with uterine MMMT diagnosed and treated at the Emergency University Hospital in Bucharest Romania, between January 2015 and December 2017. Preoperative endometrial biopsy was diagnostic in only 2 cases.
Results: All patients presented with postmenopausal bleeding. Median age was 69 years. The patients were FIGO Stage IB and IIIA. In 4 cases, both the epithelial and mesenchymal components were high grade. One case presented with moderately differentiated endometrioid carcinoma. The other 4 cases featured a mixture of serous, clear cell and high grade endometrioid carcinoma. The sarcomatous components resembled leiomyosarcoma or high-grade endometrial stromal sarcoma. Three cases featured heterologous elements represented by rhabdomyosarcoma, osteosarcoma or neuroectodermal differentiation. Cytokeratins and Vimentin were diffusely positive in both components. ER and PR were more intense in carcinomatous areas, while CD10 was diffusely positive in sarcomatous areas. p16 and p53 revealed similar immunoreactivity in both components. Heterologous areas were focally positive for desmin, CD56 and synaptophysin.
Conclusion: The prognosis of MMMT is universally bad. Distinguishing it from pure sarcomas, adenosarcomas and undifferentiated carcinomas is extremely important because the malignant stroma may be inconspicuous and missed altogether, with the lesion being misdiagnosed as an ordinary carcinoma.

E-PS-09-009
Features of the inflammatory infiltrate in the tissue of the serous adenocarcinoma of the fallopian tube
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Background & Objective: The object of this research was to study the qualitative composition of the inflammatory tumour microenvironment in the serous adenocarcinoma of the fallopian tube and its influence on the immunophenotype of neoplasia.

Method: Immunohistochemical method was used to study the immune microenvironment (CD3, CD20, CD68 receptors). Tumour cells were examined for ER, PR, Ki-67 and p53 expression.
Results: The presence of the inflammatory infiltration and the increase in its intensity depended mainly on the degree of atypia of the cancerous cells and prevailed in the poorly differentiated neoplasias (66.7%). Its qualitative and quantitative composition depends on the reduction of the expression of the steroid hormones receptors in the tumour tissue and correlates with Ki-67 and p53 expression. Besides, the reduced T-cells infiltration and significant CD68+ -macrophages infiltration in the tissue of the serous adenocarcinoma of the fallopian tube is connected with the metastases in the regional lymph nodes.
Conclusion: Inflammatory cellular microenvironment in the malignant tumours of the fallopian tubes plays an essential role in the functioning of the cancerous cells and influences it greatly. The sensitivity of the cells to the steroid hormones falls and its proliferative and anti-apoptotic potential increases in response to the increase of the immune infiltration in the tissue.

E-PS-09-010
Correlation of histological grade of endometrial cancer with serum CA-125, CA 19-9, CEA and CA15.3
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Background & Objective: The histological grade of endometrial cancer patients is evaluated as a significant parameter that influences the risk of disease relapse. To date, there is little evidence in the literature suggesting that at least serum CA-125 and CA 19.9 levels correlate with the histological grade of endometrial cancer. The purpose of the present study was to investigate the correlation of grade with serum levels of CA-125, CA 19-9, CEA and CA15.3.
Method: We retrospectively retrieved patient records of postmenopausal patients with evidence of endometrial pathology (vaginal bleeding or endometrial thickness ≥ 5 mm determined by ultrasound examination). The study was based on a cohort of 178 patients that underwent dilatation and curettage between January 2013 and December 2016. The statistical analysis was performed with the IBM SPSS statistical package.
Results: Overall, 78 patients with endometrioid cancer grade 1 and 28 patients with grade 2 and 3 were detected. There was no difference in the mean patients` age among the two groups. Serum markers were comparable among the two groups and did not differ significantly. A difference was noted in the case of CA-125 which was very close but did not reach statistical significance.
Conclusion: Histological grade does not seem to influence the levels of cancer antigens in the sera of patients that have endometrial cancer. A potential association of CA-125 cannot be entirely ruled-out, however, given the lack of statistical significance in our study further studies are needed in this field to corroborate our findings.

E-PS-09-011
Uterine carcinosarcoma: a case report and literature review
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Background & Objective: Carcinosarcomas of the uterus (malignant mixed Müllerian tumours) are a rare occurrence, accounting for only 2–5% of all uterine malignancies. Affects women of older age and are, however, highly aggressive. Report a case of a 61-year-old patient with uterine carcinosarcoma.
Method: A biopsy was performed followed by hysterectomy at a tertiary hospital
Results: Female, 61 years old, with uterine tumour that has been externalized through the uterine canal. A biopsy was performed and the result was a malignant neoplasia. The biopsy was followed by a hysterectomy that diagnosed a carcinosarcoma.
Conclusion: Carcinosarcomas are characterized by an aggressive clinical course and an extremely poor prognosis. This type of tumour still has little information regarding it and it's limited to a few randomized experiments and case reports. It has been previously reported that 70-90% of tumour-related deaths occurred within 18 months after diagnosis and the other stufy in 39 months. It is important to consider this tumour as a differential diagnosis in older women with uterine tumour that has been externalized through the uterine canal.

E-PS-09-012
Giant cell endometrial carcinoma: a case report and review of literature
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Background & Objective: We report an unusual case of endometrial adenocarcinoma with a malignant giant cell component which is a rare type of poorly differentiated endometrial adenocarcinoma.
Method: A 75-year-old female presented with postmenopausal vaginal bleeding. After a positive for malignancy diagnostic curettage, she underwent a total hysterectomy with bilateral salpingo-oopharectomy and pelvic lymph node dissection.
Results: On pathology we recognized a dedifferentiated neoplasm with nearly 70% of atypical giant cells with extremely increased size. Some of these giant cells were multinucleated with high mitotic rate and a diffuse architectural pattern of growth. The rest 20% consisted of serous adenocarcinoma and 10% of high grade endometrioid carcinoma. The giant cells were positive in immunohistochemistry for ER, PR, p16, p53 and vimentin. Lymphovascular invasion was identified in the right parametrium even though the neoplasm was limited in the upper half of the myometrium. All lymph nodes were negative for metastasis.
Conclusion: Giant cell carcinoma is a rare and aggressive subtype although its morphological, immunohistochemical features as well as its biological behavior has not been clarified yet.

E-PS-09-013
Endometriosis and adenomyosis – still enigmatic entities
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Background & Objective: Endometriosis and adenomyosis represent two gynaecological entities, which have a common morphology, sometimes confused or associated, but distinct pathophysiology, which still arise controversies. We aimed to compare endometriosis and adenomyosis using morphoclinical criteria, in order to highlight their pathogenic theories, and to try to create a feasible diagnostic algorithm.
Method: This retrospective 5-year study included 290 cases of adenomyosis and 24 cases of endometriosis, diagnosed in women aged 30-73 years old who underwent hysterectomy with or without adnexectomy, simple excision or adnexectomy. The histopathologic diagnosis was made on standard histological sections, immunohistochemistry in selected cases, and corroborated with clinical data.
Results: Endometriosis was diagnosed by the presence of endometrial glands and stroma in the ovary, sometimes delimitating cystic spaces, or in cutaneous scars. Some cases presented incomplete histological criteria, the diagnostic being made by only one endometrial component, or by residual islands of siderophages. Adenomyosis represents endometrial glands and stroma in the myometrium, accompanied often by smooth muscle hyperplasia. Leiomyoma, benign ovarian cysts, endometrial simple