

imagistic, histopathological and immunohistochemical examinations) is necessary in order to classify these tumours.

PS-09-091

Case report of a monodermal mature teratoma: Struma ovarii in a 43-years old woman

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Objective: Since its first description in 1895 by Von Kalden, Gottschalk in 1899 and Mayer in 1903, only 150 cases of struma ovarii were reported in the medical literature. The diagnosis of struma ovarii is usually made after surgical resection of the pelvic tumour, on histological exam. We report a case of unilateral monodermal mature teratoma, struma ovarii type, in a 43-years old patient with benign ascites.

Method: A 43-years old woman presented at our Hospital of Obstetric-Gynecology with pelvic pains and repeated metrorrhagia. Total hysterectomy with bilateral oophoro-salpingectomy was performed.

Results: Histopathological examination, macroscopically: uterus increased in dimensions 200/180/100 mm that show in anterior wall a leiomyomatous nodule of 40/30 mm, right ovary - with cystic transformation 60/50 mm, left ovary - normal aspect 40/30 mm. Microscopy showed proliferative endometrium, leiomyomatous myometrium, right ovary - monodermal mature teratoma, struma ovarii type, left ovary - follicular cyst, fallopian tubes without modifications, ascites liquid without atypical cells. No symptoms of hyperthyroidism were observed, including the post-operative period.

Conclusion: Benign and unilateral struma ovary was diagnosed in a 43-years old woman. The patient shows no hyperthyroidism symptoms before and after surgery. No complication in postoperative period. Struma ovarii is a rare type of teratomas, difficult to identify without histopathological examination. Surgery is the only treatment because it can cause symptoms of pelvic mass and compression, also malignant alteration is possible.

PS-09-092

Synchronous endometrial serous carcinoma and cervical Squamous Cell Carcinoma

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Objective: Uterine serous carcinoma (SC) is a very aggressive tumour which often presents with extra-uterine spread. Synchronous occurrence of primary endometrial SC and cervical squamous cell carcinoma (SCC) has not been reported in English literature so far.

Method: A 60-year-old diabetic woman with elevated body mass index presented with vaginal bleeding. Fractional curettage revealed invasive SCC and clusters of atypical cells suspicious for adenocarcinoma. Total abdominal hysterectomy, bilateral salpingo-oophorectomy and pelvic lymphadenectomy was performed. Grossly, an exophytic cervical mass measuring 3.9 cm was observed; the endometrium was atrophic.

Results: Histological examination revealed invasive cervical SCC (stage pT1b1N0) and extensive serous endometrial intraepithelial carcinoma (SEIC) with focal superficial myometrial invasion and spread to cervix, fallopian tube, ovary and an iliac lymph node (stage pT3a1N1). Immunohistochemically, SC was positive for CK 7, CK 8/18 and vimentin, and negative for ER, p53 and WT1.

Conclusion: In patients with synchronous primary malignancies of the female genital tract, the stage of the disease of either tumour at the time of diagnosis is the most important predictor of survival. Cases of SEIC require careful pathologic examination to demonstrate invasive disease

and/or extra-uterine spread, and avoid understaging of the tumour. Surgical staging is recommended when SC is suspected.

PS-09-093

Evaluation of CINtec PLUS test diagnostic accuracy in benign and low grade cervical lesions and comparison with results of cervical biopsy p16/Ki-67: Double immunolabeling

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Objective: The aims of this study are twofold. Firstly, to trial the diagnostic accuracy of cervical cytology CINtec PLUS in benign, reactive, and low grade dysplasia (LGD) diagnosed by Pap smear. Secondly, to compare dual cytology staining results with 'gold standard' of cervical biopsy double immunolabeling (DIL).

Method: 19 suitable cases were accrued. A CINtec PLUS test was +ve if ≥ 1 cell showed both brown cytoplasmic p16, and red nuclear Ki-67 staining. Positive p16 in tissue sections was diffuse staining, and Ki-67 was +ve if upper $\frac{2}{3}$ epithelial nuclei were +ve.

Results: Pap smear results were as follows: LGD 7, ASC-H 5, ASCUS 3, Negative 3, HPV alone 1. Of 8 CINtec +ve cases, biopsy yielded CIN 3 in 4 cases, LGD in three cases, and a single case of HPV alone. Of 11 CINtec -ve cases, biopsy was LGD in four cases, HPV alone in two cases, and five benign reactions.

Conclusion: CINtec proved highly specific for detection of high grade lesions. The negative predictive value for all dysplasia was 87 %, higher than the positive predictive value of 64 %. Sensitivity for any dysplasia was 87 %, and specificity 64 %. Comparison of the 8 CINtec +ve with DIL disclosed one discrepant case, a CINtec false +ve, with HPV histology. Of the 11 -ve cases, 9 were also DIL -ve. The remaining 2 p16 +ve, Ki-67 -ve cases were both HPV effect with LGD. Architectural assessment remains an advantage.

PS-09-094

Synchronous melanocytic lesions in the female genital tract: Atypical melanocytic proliferation of the uterine cervix and vulvar malignant melanoma

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Objective: Melanocytic lesions of the uterine cervix are extremely rare and poorly studied with variations and uncertainties regarding the terminology. Melanosis, blue nevus and melanomas are the most commonly encountered pigmented lesions with this location. The aim of the present paper is to describe an unusual atypical melanocytic lesion of the uterine cervix in a patient with vulvar melanoma.

Method: A 60-year-old female patient has undergone surgery for a suspected HSIL diagnosed on cytology and a vulvar tumour. Additional sections from paraffin blocks containing cervical and vulvar lesion were IHC investigated using anti-HMB45, S100, CKAE1/AE3, vim, CD31 antibodies.

Results: In the tissue sections from the exocervical mucosa we observed squamous epithelium without atypia and an increased number of enlarged melanocytes with nuclear atypia in the basal layer of the epithelium, with extension until the inferior 1/3 of it. No HSIL lesions were identified.

Conclusion: Melanocytic lesions of the uterine cervix are extremely rare, the presented case being, to our knowledge, the only one reported in the Romanian medical literature. The increased number of melanocytes and limited extension of atypical cells in the epithelial thickness made the diagnosis difficult. The synchronous presence of the vulvar melanoma advances the suspicion of a multifocal pigmented lesion in the genital tract, likewise primary acquired melanosis with atypia of the conjunctiva, from which one evolved into nodular melanoma.