malignancies, usually seen in peri- or post-menopausal women. Criteria for diagnosis of fibrosarcoma include mitotic count, the most important feature for distinguishing between benign and malignant lesions. Only few cases have been reported due to its low incidence and poor prognosis. These tumors are easily misdiagnosed so sometimes diagnosis is primarily based on histopathological and immunohistochemistry (IHC) report as in our case report. We report a rare case of ovarian fibrosarcoma.

Methods: A 40 year, P5L5, woman visited to gynecological oncology department of IGIMS, Patna, with complain of abdominal distention for 6 months. Her menstrual history was regular with average flow. On abdominal examination—a lump of 32 week size with mobility found. On vaginal examination—cervix was healthy, uterine size could not be assessed due to such huge mass. Her tumor markers showed raised cancer antigen 125 level with value of 152.7. Other tumor markers were within normal limit. Computed tomography abdomen showed 22×19×16 cm mass in left adnexa with multiple septae and few cystic areas.

Results: Primary debulking surgery done. Final pathological diagnosis was fibrosarcoma of left ovary. IHC showed ki-67—35%.

Conclusion: Primary ovarian fibrosarcomas is a rare neoplasm of ovary but it must be considered as differential diagnosis of unilateral huge solid ovarian mass in all age group. ki-67 along with mitosis, greater than 4 mitotic areas/HPF, has recently become an important indicator for diagnosis of ovarian fibrosarcoma. Preoperative diagnosis is often difficult. Gynaecologist has to wait for histopathological and IHC report for final diagnosis.

Poster (O25)

Rare Tumors & Metastatic Tumors

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Mature cystic teratoma of the ovary with keratinizing squamous cell carcinoma

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Objective: Learning about clinical manifestation and diagnosis of mature teratoma cases with malignant transformation.

Methods: A 41-year-old woman, P3A0, was referred from primary hospital because of post-operative pathological examination revealed a malignancy. Earlier, she underwent subtotal abdominal hysterectomy and bilateral salpingo-oophorectomy at primary hospital for indication abdominal enlargement and dysmenorrhea. After procedure, post-

operative pathological result revealed; keratinized squamous cell carcinoma, poorly differentiated originating from mature teratoma of the right ovary. Tumor cell infiltration was seen in the tissue around the right tube.

Results: Histological according to keratinized squamous cell carcinoma, poorly differentiated originating from mature teratoma of the right ovary.

Conclusion: Malignant transformation of benign ovarian tumors, including mature teratoma, is very rare. In addition, the clinical findings and pre-operative examinations did not help a lot to establish the diagnosis. Often the diagnosis was discovered unexpectedly in post-operative specimens such as happened in this case.

Poster (O26)

Epithelial Ovarian Cancer including Borderline Tumor

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Preoperative evaluation for prediction of suboptimal primary cytoreductive surgery in advanced-stage ovarian cancer

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Objective: To identify the preoperative predicting factors of suboptimal primary cytoreductive surgery (PCS) in advanced stage ovarian cancer patients and to determine the suboptimal cytoreduction rate.

Methods: Retrospective cross-sectional study was conducted between 1 January 2014 to 31 December 2019. Ovarian cancer International Federation of Gynecology and Obstetrics (FIGO) stage III-IV patients who underwent PCS in Phramongkutklao Hospital were reviewed. Data collection included age, performance status, serum cancer-antigen 125 (CA125) and radiological criteria from computed tomographic (CT) scan of whole abdomen with intravenous and oral contrast provided within 30 days to PCS. Univariate and multivariate logistic regression analysis were employed to access the predicting factors of suboptimal PCS. The suboptimal cytoreduction rate was presented in percentage.

Results: Eighty patients with advanced ovarian cancer who had PCS by gynecologic oncologist in Phramongkutklao Hospital were enrolled. The majority of ovarian cancer FIGO stage in this population was IIIC (60%). The suboptimal surgery rate in the study was 62.5%. According to univariate analysis, Eastern Cooperative Oncology Group performance score=1–3 ($p=0.017$), serum CA125 level of 500 units/mL or more ($p=0.02$), CT features of retroperitoneal lymph nodes above renal hilum