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Abstracts

ovarian stroma. Immunohistochemical examination with CD34 and CD31 highlighted endothelial cells.
Conclusion: The analysis of all five cases with ovarian anastomosing hemangioma pointed the following clinico-morphological features: accidental finding in menopausal age, small sized lesion often in combination with stromal luteinization and serous cystadenomas but the significance of this combination is still uncertain.

PS-09-038
Differences of the ARID-1 ALPHA expressions in squamous and adenosquamous carcinomas of uterine cervix
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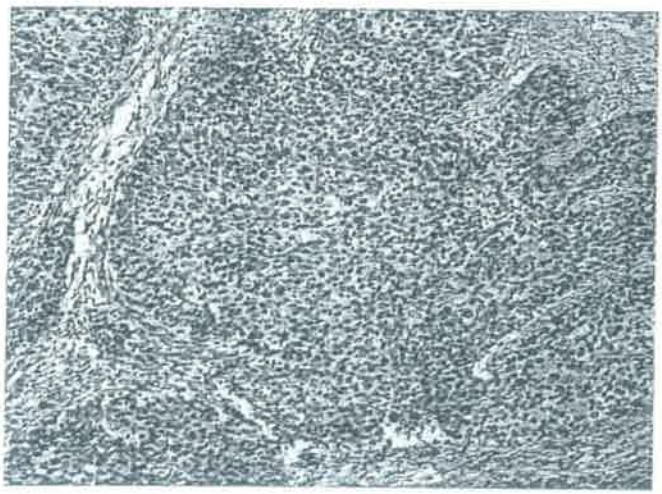
Objective: AT-rich interactive domain 1A (ARID1A) is a tumour suppressor gene involved in chromatin remodeling. This retrospective study was designed to evaluate the differences of tissue expressions of ARID1A in a spectrum of cervical neoplasms.
Method: One hundred patients recently diagnosed as cervical intraepithelial neoplasms or invasive squamous cell carcinoma with or without adenomatous component at the Tepecik Training and Research Hospital were identified using pathology databases.
Results: In this series, there were 29 low and 29 high grade cervical intraepithelial neoplasms, 27 squamous cell carcinomas and 15 adenosquamous carcinomas. Statistically it was determined that the expression of ARID1A was significantly down-regulated in adenosquamous carcinomas when compared with in non-invasive or invasive squamous cell carcinomas ($p = 0.015$).
Conclusion: Our findings were demonstrated to link of ARID1A expression and the adenomatous differentiation of uterine squamous cell carcinomas. Therefore it may be suggested that ARID1A gene may act as a role of pathogenesis of cervical adenosquamous carcinomas.

High ARID1A expression in a SCC sample (DAB X100):



PS-09-039
Invasive mole of the uterus: Report of two rare cases and review of the literature
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Objective: Gestational trophoblastic neoplasias (GTN) are rare tumours that constitute less than 1 % of all gynecological malignancies. Invasive mole is a distinct subgroup of GTN, which if not diagnosed and treated early, can result in serious complications like uterine perforation and haemoperitoneum.
Method: We present two rare cases of an invasive mole of the uterus, which developed following the evacuation of a molar pregnancy. They were 43-year-old and 49 -year-old patient with vaginal bleeding after endometrial curettage and have a continuous high level of human chorionic gonadotropin (hCG).
Results: We performed hysterectomy to the two patients who completed the panty. They were given a diagnoses of invasive mole of the uterus and successfully treated before any major complications could arise.
Conclusion: After molar pregnancy curratege, 15–20 % patients can develop postmolar gestational trophoblastic diseases. The vaginal bleeding that continues after molar pregnancy curettage, high or not decrease value of hCG and the persistant theca lutein cysts are the most frequency findings. The patients must be researched for metastasis. Usually, chemotherapy should be given after curettage and sometimes hysterectomy can be done.

Gross: Invasive mole:

PS-09-040
Rare subtype of gestational trophoblastic disease: Placental site trophoblastic tumour
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Objective: Placental site trophoblastic tumour (PSTT) is a rare gestational trophoblastic disease (GTD). The most important difference between PSTT and other GTD is slow growth and chemotherapy resistance of PSTT.
Method: The aim of this report is to present a unique entity of GTD and challenges in differential diagnosis.
Results: A 27 year-old woman revealed to clinic with menometrorrhagia. In sonographic and magnetic resonance imaging intramural mass resembling myoma uteri and right adnexial multiloculated cyst was obtained. In clinical history patient had a pregnancy 5 years before and baby was alive and healthy. Surgical excision was performed for intramural mass and adnexial cyst. In histopatholgoical evaluation mononuclear and multinuclear trophoblasts were infiltrating myometrium and uterine vessels. This finding was representing a trophoblastic neoplasia and beta-HCG serum levels was negative. With clinical and histopathological findings PSTT was diagnosed. After the histerectomy and bilateral salphingooopherectomy diagnose was confirmed and chemotherapy was given.