



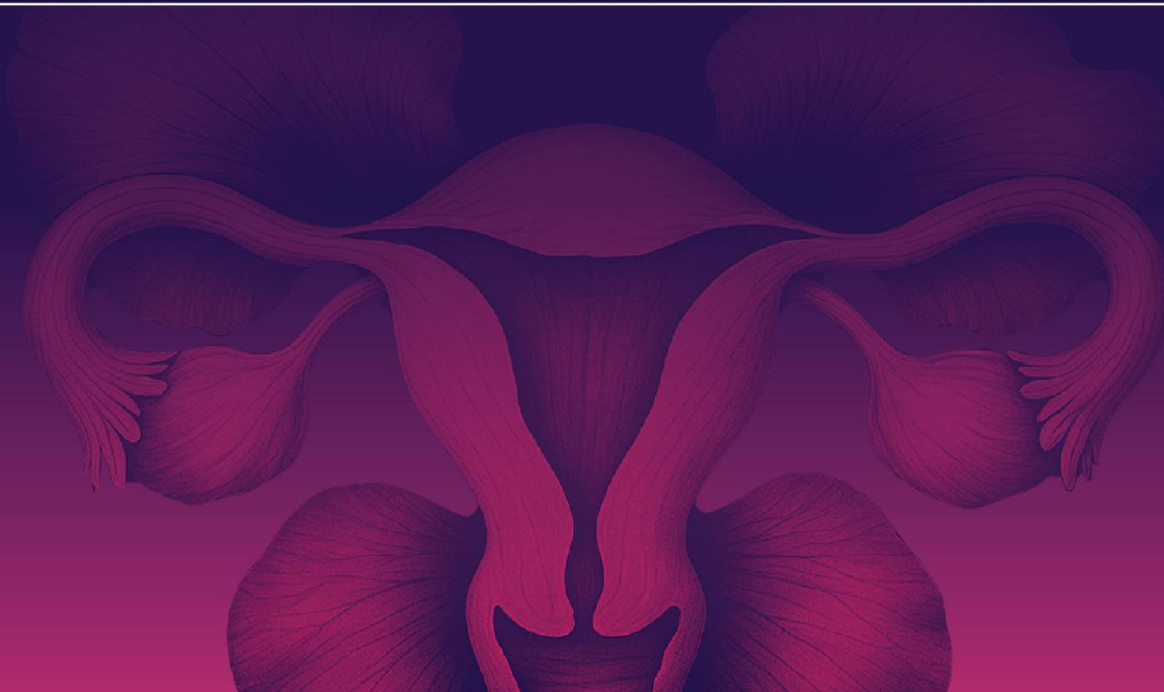
SOCIETATEA ROMÂNĂ DE  
GINECOLOGIE ONCOLOGICĂ

Endorsed by ESGO

# AL II-LEA CONGRES AL SOCIETĂȚII ROMÂNE DE GINECOLOGIE ONCOLOGICĂ

25-27 SEPTEMBRIE 2025 — TIMIȘOARA CONVENTION CENTER

## VOLUM DE REZUMATE



# **VOLUM DE REZUMATE**

## **AL II-LEA CONGRES AL SOCIETĂȚII ROMÂNE DE GINECOLOGIE ONCOLOGICĂ**

**Coordonatori:**  
Prof. Dr. Elvira Brătilă  
Prof. Dr. Laurențiu Pirtea  
Dr. Mihai Băcilă

# **PREZENTĂRI ORALE**

# MMRd in early stage endometrioid endometrial cancer. Prognostic factor and therapeutic consequences

**Irina Cepraga<sup>1</sup>**

<sup>1</sup>*Consultant, Northampton, United Kingdom*

**Aim:** To assess the oncologic potential of MMRd status in early stage endometrioid endometrial cancer, to discuss sentinel/ full pelvic lymphadenectomy in early-stage EEC MMRd, to compare with data from literature

**Background:** MMRd is found as somatic mutation in 30% of endometrial cancer and is associated with lower progression free survival compared to MMRp tumors. Most of the recurrences are localised in pelvis and lymphnodes.

**Methods:** A monocentric retrospective study including 200 patients with early stage (I /II) endometrioid endometrial cancer was conducted at Northampton General Hospital in UK. The pathology was reviewed, and the MMR p/d status was noted. The recurrence rate in the MMRd group was compared with the recurrent rate in the MMRp group. Inclusion criteria were: Stage I/II EEC, any G, LVSI neg or focal positive, p53 wild type, all treated with at least TLH/BSO +/- pelvic lymphadenectomy, adjuvant treatment with Brachytherapy.

A literature review was conducted using PubMed, Cochrane.

**Results:** 30.9% of the patient were MMRd, the recurrence rate for MMRd and MMRp was 7,1%. All of the patient who had recurrent disease were MMRd and none of the patient who were MMRp did recur.18% of the patients who had MMRd had recurrent disease. The follow up was between 12 and 60 months.

**Conclusion:** MMRd proved to be a prognostic factor even in early-stage EEC and was associate with higher recurrence rate. The therapeutic consequences mentioned in the literature as brachytherapy seems to not compensate the risk. The role of full therapeutic pelvic lymphadenectomy or maintenance immunotherapy for MMRd tumors, early stage EEC needs to be investigated further in the frame of randomised clinical trials.

# Pelvic pain in endometrial carcinoma- enhancing healthcare team outcome

**Madalina Irina Ciuhodaru**<sup>1</sup>, Petra Acostăchioaie<sup>2</sup>, Malina Borcea<sup>2</sup>, Tiberiu Poparlan<sup>2</sup>, Razvan Socolov<sup>1</sup>

<sup>1</sup>U.M.F. "Gr. T. Popa", Iasi, Romania, <sup>2</sup>Sp.Cl."Elena Doamna ", Iasi, Romania

As endometrial cancer is a complex landscape of a multifaceted approach between interprofessional caregivers from the bedrock of coordinated care delivery to facilitating seamless decision and efficient workflow in being a significant cause of morbidity and mortality. Chronic pelvic pain (CPP) in endometrial carcinoma is associated with multidimensional axis sistem by ACOG, including factors like pain location, temporal characteristics and psychological elements even occurring from tumoral growth ( primary tumor or metastatic ones), from side effects of the treatments or other sources (intestinal, neurological or psychological origin).

The Visual Analogue Scale (VAS) score and ECOG performance scale are useful tools to appreciate the functional status of cancer patients and the impact of the disease upon their lives.

Objectives: investigating how the risk factors ( obesity, elevated blood pressure, obesity, type II diabetes, nulliparity, endometrial hyperplasia, smoking and family history of gynecological malignancies or Lynch syndrome) can influence the pain and finding the best key protocols to manage the outcome.

Material and methods: this paper is a narrative review of the literature, selecting studies identified in the PubMed database by searching for the keywords: pain, endometrial cancer, pain scale, chronic pelvic pain. Results: in 90% cases risk factors can enhance the perceptions of CPP , impacting their physical, emotional, and social well-being.CPP is often misdiagnosed, mistreated or inappropriate treated due to lack of comprehensive understanding. The presence CPP also reminds the patient of her disease state, decreasing her daily performance, and comorbidities such as obesity, hypertension (especially symptomatic), diabetes mellitus and dysfunctional bleeding, amplify the perception of pain and helplessness.

Conclusions: chronic pelvic pain is a pressing health problem, women should be encouraged to report pelvic pain and no longer suffer in silence, and medical professionals should give more consideration and credibility to patients. Chronic pelvic pain should be approached multidisciplinary, by gynecologists, urologists, surgeons, gastroenterologists, psychologists and algotherapists. Access to competent medical institutions should also be facilitated and a clear algorithm for pain management and investigation should be established in order to determine its cause.

Key words: endometrial carcinoma, comorbidities, CPP, pain scale, risk factors

# Sentinel Lymph Node Detection in Early Breast Cancer Using SonoVue: Initial Experience of a Tertiary Surgical Center.

**Flaviu Ionut Faur**<sup>1,2</sup>, Ioana Adelina Clim<sup>4</sup>, Paul Pasca<sup>1,2</sup>, Dan Brebu<sup>1,2</sup>, Loredana Urian<sup>1</sup>, Andrada Termure<sup>1</sup>, Alis Dema<sup>4,5</sup>, Gabriel Lazar<sup>7,8</sup>, Andreea Adriana Neamtu<sup>5,6</sup>, Amadeus Dobrescu<sup>1,2</sup>  
<sup>1</sup>*Ind Surgery Clinic, Timisoara Emergency County Hospital, 300723, Timisoara, Romania,* <sup>2</sup>*X Department of General Surgery, "Victor Babes" University of Medicine and Pharmacy Timisoara, 300041, Timisoara, Romania,*  
<sup>3</sup>*Doctoral School of Medicine "Victor Babes" University of Medicine and Pharmacy Timisoara, Eftimie Murgu Square 2, 300041, Timisoara, Romania,*  
<sup>4</sup>*Department of Microscopic Morphology-Morphopatology, ANAPATMOL Research Center, "Victor Babes" University of Medicine and Pharmacy, 300041, Timisoara, Romania,*  
<sup>5</sup>*Department of Pathology, "Pius Brinzeu" County Clinical Emergency Hospital, 300723, Timisoara, Romania,*  
<sup>6</sup>*Faculty of Pharmacy, "Victor Babes" University of Medicine and Pharmacy Timisoara, Eftimie Murgu Sq., Nr. 2, 300041, Timisoara, Romania,*  
<sup>7</sup>*"Iuliu Hatieganu" University of Medicine and Pharmacy, Victor Babeş Street Number 8, 400347, Cluj-Napoca, Romania,*  
<sup>8</sup>*Oncologic Surgery Department of Medicover Hospital Cluj, nr. 323T, Suceagu 407062, , Romania*

**Introduction:** Sentinel lymph node biopsy (SLNB) is a crucial procedure in staging and managing early breast cancer. Traditional detection methods include radiocolloids and blue dyes. Recent advances explore contrast-enhanced ultrasound (CEUS) with agents such as SonoVue as a non-radioactive alternative. This presentation summarizes the initial experience of a tertiary surgical center in using SonoVue for SLNB in early breast cancer patients.

## Objectives:

- To evaluate the feasibility, accuracy, and safety of using SonoVue in SLNB.
- To compare initial results with conventional techniques.
- To assess learning curve implications in a tertiary center.

## Methods:

**Study design:** Prospective observational study.

**Setting:** Tertiary surgical center with a multidisciplinary breast unit.

**Population:** Patients diagnosed with early-stage, clinically node-negative breast cancer (cT1-T2N0/ycT1-2N0).

**Procedure:** Intradermal injection of SonoVue around the periareolar region. Real-time CEUS to identify lymphatic drainage pathways and sentinel lymph nodes. Intraoperative identification and excision of the sentinel node using CEUS guidance, followed by histopathological confirmation.

**Results:** Sample size: 22 patients over since October 2024. Detection rate: Sentinel node successfully visualized in 100% of cases using CEUS. Correlation with standard technique (if used): High concordance with blue dye and/or ICG method in 96% of cases. Time to identification: Median time was 45 s.

**Conclusions:** The initial experience supports the potential of SonoVue in sentinel node detection in early breast cancer. With adequate training, CEUS using SonoVue could complement or even replace traditional methods in certain settings.

**Keywords:** SNLB, sentinel lymph node, breast cancer, CEUS, contrast enhanced ultrasound, SonoVue

# BILATERAL MIXED OVARIAN TUMOR ASSOCIATED WITH SIGNIFICANT NEUROLOGICAL IMPAIRMENT

**Andreea Guzun**<sup>1</sup>, Remus Maxim<sup>2</sup>

<sup>1</sup>*Facultatea de Medicină „Victor Papilian” , Sibiu, Romania,* <sup>2</sup>*Spitalul Clinic Militar de Urgență Dr. Alexandru Augustin , Sibiu, Romania*

The progression of large ovarian tumors may remain undiagnosed for extended periods in the absence of effective screening, particularly among patients with debilitating chronic conditions, from rural areas, and with limited access to medical education and diagnostic healthcare facilities. We present the case of a patient with severe neurological impairment, in whom oncological diagnosis was significantly delayed due to a mildly reduced cognitive and functional status.

The patient, a 56-year-old woman with a history of five spontaneous vaginal deliveries, presented with Friedreich's ataxia, moderate intellectual disability, and multiple comorbidities. She was referred to the gynecology clinic with complaints of fatigue, episodes of near-syncope, weight loss, dyspnea, progressive abdominal distension, and postmenopausal metrorrhagia. Imaging investigations revealed bilateral pelvic masses, ascitic fluid, and bilateral hydronephrosis.

Intraoperatively, two large multilocular adnexal tumors, each approximately 25 cm in diameter, were identified. Histopathological examination confirmed the diagnosis of high-grade serous carcinoma of bilateral ovarian origin, associated with an endometrial polyp and an intramural uterine fibroleiomyoma. A total hysterectomy with bilateral adnexectomy was performed.

Early oncological diagnosis in neurologically impaired patients remains a clinical challenge due to the increased complexity of presentation. This case highlights the importance of thorough clinical and paraclinical evaluation in patients with associated disabilities.

Key words: ovarian tumor, neurological impairment, delayed diagnosis

# Aplicarea conceptului de Critical View of Safety în disecția ganglionului santinelă în cancerul endometrial și cervical

**Gabriel Lucian Lazar**<sup>1,2</sup>, Flaviu Ionut Faur<sup>3,4</sup>, Iuliana- Achilina Iacoban<sup>2</sup>

<sup>1</sup>*Universitatea De Medicina Si Farmacie "Iuliu Hatieganu" Cluj Napoca, Cluj Napoca, Romania,* <sup>2</sup>*Spital Medcover Cluj, Cluj Napoca, Romania,* <sup>3</sup>*Universitatea de Medicina si Farmacie "Victor Babes" Timisoara , Timisoara, Romania,* <sup>4</sup>*Spitalul Judetean de Urgenta, Sectia Chirurgie 2 , Timisoara, Romania*

Disecția ganglionului santinelă este o tehnică esențială în stadializarea chirurgicală a cancerului endometrial și cervical, contribuind la reducerea morbidității asociate limfadenectomiei complete. Aplicarea conceptului de Critical View of Safety (CVS), adaptat din chirurgia biliară, urmărește creșterea siguranței în identificarea și rezecția ganglionului santinelă printr-o vizualizare clară și sistematică a structurilor anatomice relevante precum si atraiectului si ganglionului colorat. Prin implementarea CVS, se minimizează riscul de leziuni vasculare și nervoase și se îmbunătățește acuratețea identificării ganglionilor santinelă.

Lucrarea evalueaza aplicarea conceptului CVS la 162 de paciente cu neoplasm de corp si col uterin la care s-a aplicat tehnica ganglionului santinela si se face o trecere in revista a datelor din literatura existente legate de acest concept. Studiul și aplicarea Critical View of Safety în disecția ganglionului santinelă pot reprezenta un pas important către standardizarea procedurilor chirurgicale în ginecologia oncologică, cu impact direct asupra gradului de implementare a tehnicii si respectiv a prognosticului și calității vieții pacientelor.

Cuvinte cheie: ganglion santinela, cancerul de endometru, cancer de col uterin, critical view of safety



# Exenterația pelvină – o opțiune terapeutică sau o intervenție disproporționată? Evaluarea indicației odată cu dezvoltarea tehnicilor chirurgicale și a abordării multidisciplinare.

**Gabriel Lucian Lazar**<sup>1,2</sup>, Flaviu Ionut Faur<sup>3,4</sup>, Iuliana- Achilina Iacoban<sup>2</sup>

<sup>1</sup>Universitatea De Medicina Si Farmacie “Iuliu Hatieganu” Cluj Napoca, Cluj Napoca, Romania, <sup>2</sup>Spital Medicover Cluj, Cluj Napoca, Romania, <sup>3</sup>Universitatea de Medicina si Farmacie “Victor Babes” Timisoara , Timisoara, Romania, <sup>4</sup>Spitalul Judetean de Urgenta, Sectia Chirurgie 2 , Timisoara, Romania

Exenterația pelvină este o procedură chirurgicală radicală, rezervată în principal cazurilor avansate sau recurente de cancer ginecologic, când alte opțiuni terapeutice sunt limitate. Deși asociată cu o morbiditate semnificativă, exenterația poate oferi șansa la supraviețuire pe termen lung în cazuri atent selecționate. În contextul progreselor în chirurgia minim invazivă, reconstrucția pelvină și îngrijirea perioperatorie, precum și al unei colaborări multidisciplinare extinse (oncologie, imagistică, chirurgie plastică, psihologie), evaluarea beneficiului real al acestei intervenții a devenit mai nuanțată. Lucrarea analizează rolul actual al exenterației pelvine, echilibrul între intenția curativă și impactul major asupra calității vieții, precum și importanța criteriilor de selecție a pacientelor. Se evidențiază contribuția noilor tehnologii (imagistică avansată, navigație chirurgicală, abordări robotice) și a echipei multidisciplinare în reducerea complicațiilor și îmbunătățirea rezultatelor postoperatorii. În concluzie, exenterația pelvină rămâne o intervenție terapeutică valoroasă atunci când este indicată judicios, iar succesul său depinde de o evaluare individualizată, ghidată de criterii oncologice, funcționale și psihosociale.

Cuvinte cheie: exenteratie pelvina, cancer de col uterin, abord multidisciplinar

# THERAPEUTIC AND PROGNOSTIC RELEVANCE OF CANCER STEM CELL POPULATION IN ENDOMETRIAL CANCER

**Melinda Ildiko Mitranovici**<sup>1,2</sup>, Ioana Cristina Rotar<sup>2</sup>  
<sup>1</sup>*1,2, Hunedoara, Romania,* <sup>2</sup>*2, Cluj Napoca, Romania*

## Abstract

The biggest challenge in cancer therapy is tumour resistance to the classical approach. The researcher's interest was shifted towards the cancer stem cell population (CSC). CSCs are a small subpopulation of cancer cells within tumours with self-renewal, differentiation, and metastasis/malignant potential. They are involved in tumour initiation and development, metastasis, and recurrence. Method. A narrative review of significant scientific publication related to the topic and its applicability in endometrial cancer (EC) was performed with the aim of identifying current knowledge about the identification of CSC populations in endometrial cancer. Results. Therapy against the tumour population alone has no or negligible effect on CSCs. CSCs, due to their stemness and therapeutic resistance, cause tumour relapse. They targeted CSCs that may lead to noticeable persistent tumoral regression. Also, they could be used as a predictive marker for poor prognosis. Reverse transcription polymerase chain reaction (RT-PCR) demonstrated that the cultured cells strongly expressed stemness-related genes, such as SOX-2 (sex-determining region Y-box 2), NANOG(Nanog homeobox), Oct 4 (octamer-binding protein 4). The expression of surface markers CD133+ and CD44+ were found on CSC as stemness markers. Hypoxia is another vital feature of the tumour environment and aids in the maintenance of stemness of CSCs. Specific antibodies are investigated against CSC markers. Targeting the CSC microenvironment serves as a possible drug target for CSCs. Focus on stemness-related genes can bring another therapeutic option. Conclusions. Stemness surface and gene markers can be potential prognostic biomarkers and management approaches for cases with drug-resistant endometrial cancers.

Keywords: endometrial cancer; stemness; prognostic factors; targeted treatment; stemness markers

## DCIS: is it the time for a change?

**Gheorghe Peltecu**

*“Carol Davila” University of Medicine and Pharmacy; Ponderas Academic Hospital, Bucharest*

Ductal carcinoma in situ (DCIS) is a highly heterogeneous group of lesions that differ with regard to their clinical presentations, histologic features, biomarkers, genetic abnormalities, and potential for progression. DCIS is a nonobligatory precursor for invasive carcinoma. Due to the screening mammography, the incidence of DCIS has significantly increased. There is an argument that many of these lesions will not progress to invasive carcinoma within the lifetime of a patient. In addition, many studies have found enormous heterogeneity within DCIS. There is a need for biomarkers that can stratify patients with DCIS into different prognostic groups based on the biology of the disease.

Active monitoring for low-risk DCIS of the breast has been proposed as an alternative to guideline-concordant care, but the safety of this approach is not convincingly supported by studies.

DCIS randomized to active monitoring did not have a higher rate of invasive cancer in the same breast at 2 years compared with those randomized to guideline-concordant care unknown.

Although COMET study showed that the rate of progression of DCIS to invasive cancer is very low after 2 years, a longer time of follow-up is needed to prove the recommendation is safe. Until that moment surgery must stay as part of the treatment of DCIS

# CANCERUL OVARIAN ÎN SARCINĂ – PERSPECTIVA GINECOLOGULUI

**Tîrnovanu Mihaela Camelia**<sup>1,2</sup>, Anton Sorana<sup>1,2</sup>, Zamfir Corina<sup>2</sup>, Gîscă Tudor<sup>1,2</sup>, Boboc Ana<sup>2</sup>, Tîrnovanu Vlad Gabriel<sup>3</sup>, Ioanid Nicolae<sup>4</sup>

1. *Universitatea de Medicină și Farmacie "Gr. T Popa" Iași*
2. *Maternitatea "Cuza Vodă" Iași*
3. *Spitalul "Sf. Josef", Wiesbaden, Germania*
4. *Institutul Regional Oncologic Iași*

Cancerul ovarian în timpul sarcinii este rar, 1:15.000-32.000 de sarcini. Se consideră neoplazie asociată sarcinii dacă este diagnosticată pe parcursul sarcinii și 12 luni postpartum. Scop: Studiu și-a propus să prezinte experiența noastră în diagnosticarea cancerelor ovariene în sarcină, să revadă datele din literatură și să discute opțiunile terapeutice.

Metodă: Nouă paciente cu tumori maligne ovariene complicând sarcina au fost diagnosticate în Maternitatea "Cuza Vodă" Iași în perioada 2002-2025. Rezultate: Vârsta medie a pacientelor a fost de  $31,32 \pm 2,5$  ani (limite 18-35 ani).

Dimensiunea medie tumorală a fost de 15,15 cm (3cm – 35cm). Șapte cazuri au fost diagnosticate în stadiul I, un caz stadiul IIB și un caz cu stadiul III. Ascita a fost prezentă la 5 paciente, în cantitate redusă 30-50ml. Tipurile histologice din cazuistica noastră au fost: tumoră borderline 4 cazuri, adenocarcinom 3 cazuri și teratom imatur 2 cazuri. Unul din cazurile cu teratom imatur, de 18 ani, a fost diagnosticată la 6 luni după naștere cu neuroectoderm imatur cu grad înalt de malignitate pT1aG2-3. Cel de al doilea caz de 25 ani s-a internat la 21 săptămâni de gestație cu oprire în evoluție după 2 săptămâni – teratom imatur stadiul III, cu decesul pacientei la câteva zile postoperator. Sarcinile s-au finalizat prin avort în trimestrul I (la 13 săptămâni) 1 caz, 1 caz chirurgie de debulking (histerectomie în bloc cu sarcina) la 14 săptămâni, 1 caz sarcină oprită în evoluție în trimestrul II, naștere prematură prin operație cezariană 2 cazuri și naștere la termen 4 cazuri (3 prin cezariană). Niciuna dintre pacientele noastre nu a primit chimioterapie în sarcină, numai două au urmat tratament cu citostatice după terminarea sarcinii. Concluzii: Cancerul ovarian în timpul sarcinii este adesea detectat întâmplător în timpul ecografiilor de rutină sau atunci când apar simptome care nu sunt tipice sarcinii. În mod obișnuit aceste tumori sunt în stadiu precoce și au grading redus. Diagnosticul și gestionarea cancerului ovarian în sarcină necesită o abordare multidisciplinară, punând în balanță sănătatea mamei cu dorința de a păstra sarcina.

## **E-POSTERS**

# ENDOMETRIAL CANCER IN MOLECULAR ERA. SHORT UPDATE OF THE EXISTING DATA AND FUTURE PERSPECTIVES.

**Ioana Adelina Clim**<sup>1</sup>, Flaviu Ionut Faur<sup>2,3</sup>, Viorela Elena Suciu<sup>4</sup>, Amadeus Dobrescu<sup>2,3</sup>

<sup>1</sup>Doctoral School of Medicine "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania, <sup>2</sup>2nd Surgery Clinic, Timisoara Emergency Country Hospital, Timisoara, Romania, <sup>3</sup>Department X of General Surgery, University of Medicine and Pharmacy "Victor Babes", Timisoara, Romania, <sup>4</sup>2nd Department of Obstetric and Gynecology, "Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

**Introduction:** Endometrial cancer (EC), the most common gynecological malignancy in high-income countries, with an incidence of 8,4/10.000 women worldwide, has undergone significant changes in its classification over time. From the initial histopathological classification in the early to mid-20th century when EC was classified based anatomy and histopathological features, today the focus is on biological behavior of each tumor, with an integrated approach, combining traditional histopathology with molecular diagnosis, with the ultimate goal being personalized treatment and improved prognosis.

**Material and methods:** A comprehensive research was performed on PubMed on EC since 2013, when The Cancer Genome Atlas (TCGA) published its landmark genomic analysis on EC. We focused on molecular classification and its clinical integration, the 2023 FIGO staging system as well as ongoing trials regarding EC management, prognostic and treatment algorithms.

**Results:** The multifactorial approach that integrates morphological, immunohistochemical and molecular features are now integrated into guidelines, diagnostic and treatment algorithms and provide a foundation for risk stratification and treatment decisions in EC.

Ongoing research aims to further delineate the heterogeneity within the current TCGA groups, identifying: 1) novel biomarkers predictive of treatment response (e.g. L1CAM expression), 2) specific trials aiming at tailor adjuvant therapy by molecular classification, to personalize or de-escalate therapy, 3) explore targeted therapeutic strategies (e.g. immune checkpoint inhibitors for MMR-deficient tumors), 4) surgery-focused studies for future surgical staging protocols or 5) imaging studies (PET/MRI assessment to guide the extent of surgery or 3D ultrasound studies to personalize nodal staging decisions).

In addition, the incorporation of artificial intelligence (AI), liquid biopsy techniques and epigenetic profiling may offer new dimensions of precision.

**Conclusion:** The molecular era has transformed endometrial cancer from a disease driven by histological factors to one defined by genomic and immunologic subtypes. Integration TCGA-based classification into FIGO staging and treatment algorithms is the new standard. Ongoing trials will soon clarify how to personalize or de-escalate therapy based on biology, with the promise of better outcomes and lower toxicity and AI-driven tools herald an era of precision oncology.

**Key words:** endometrial cancer, molecular classification, risk stratification, tailored treatment, endometrial cancer trials.

# Endometrial Drop Metastasis from High-Grade Serous Ovarian Carcinoma: A Rare Case Report and Literature Review

**Flaviu Ionut Faur**<sup>1,2</sup>, Ioana Adelina Clim<sup>4</sup>, Paul Pasca<sup>1,2</sup>, Dan Brebu<sup>1,2</sup>, Loredana Urian<sup>1</sup>, Andrada Termure<sup>1</sup>, Alis Dema<sup>4,5</sup>, Gabriel Lazar<sup>7,8</sup>, Andreea Adriana Neamtu<sup>5,6</sup>, Amadeus Dobrescu<sup>1,2</sup>

<sup>1</sup>Ind Surgery Clinic, Timisoara Emergency County Hospital, 300723, Timisoara, Romania, <sup>2</sup>X Department of General Surgery, "Victor Babes" University of Medicine and Pharmacy Timisoara, 300041, Timisoara, Romania, <sup>3</sup>Doctoral School of Medicine "Victor Babes" University of Medicine and Pharmacy Timisoara, Eftimie Murgu Square 2, 300041, Timisoara, Romania, <sup>4</sup>Department of Microscopic Morphology-Morphopatology, ANAPATMOL Research Center, "Victor Babes" University of Medicine and Pharmacy, 300041, Timisoara, Romania, <sup>5</sup> Department of Pathology, "Pius Brinzeu" County Clinical Emergency Hospital, 300723, Timisoara, Romania, <sup>6</sup>Faculty of Pharmacy, "Victor Babes" University of Medicine and Pharmacy Timisoara, Eftimie Murgu Sq., Nr. 2, 300041, Timisoara, Romania, <sup>7</sup>"Iuliu Hatieganu" University of Medicine and Pharmacy, Victor Babeş Street Number 8, 400347, Cluj-Napoca, Romania, <sup>8</sup>Oncologic Surgery Department of Medcover Hospital Cluj, nr. 323T, Suceagu 407062, , Romania

**Introduction:** High-grade serous carcinoma (HGSC) accounts for the majority of epithelial ovarian cancers and is characterized by aggressive behavior and peritoneal dissemination. Endometrial involvement through transtubal "drop metastasis" is an exceptionally rare presentation, with few cases reported in the literature. Accurate distinction from synchronous primary tumors is crucial for appropriate staging and therapeutic management.

**Materials and Methods:** We report the case of a 75-year-old woman presenting with fatigue, weight loss and a left adnexal mass. Pelvic MRI identified a 98×84×73 mm left ovarian tumor with mixed solid-cystic components and imaging features of malignancy, along with a right obturator lymph node enlargement. ROMA score was 29%. The patient underwent radical surgery including Wertheim–Meigs hysterectomy, bilateral pelvic lymphadenectomy, omentectomy and peritoneal biopsies. Intraoperative frozen section revealed HGSC.

**Results:** Final histopathology confirmed high-grade serous carcinoma with dual involvement of the ovary and the endometrial surface. The uterine involvement was minimal, non-invasive, and immunohistochemically identical to the ovarian tumor (WT1+, p53 mutant, ER+), consistent with endometrial drop metastasis. Literature suggests that true synchronous ovarian and endometrial HGSCs are exceedingly rare, with most representing metastatic spread. The final FIGO stage was IIA (pT2aN0M1).

**Conclusions:** This case illustrates a rare pattern of metastatic spread in HGSC and emphasizes the diagnostic challenge it poses. Integration of clinical, morphological and immunohistochemical findings is essential to distinguish metastatic endometrial involvement from synchronous tumors, as it significantly influences staging, prognosis, and treatment strategy.

**Keywords:** High-grade ovarian carcinoma, endometrial drop metastasis

# NODULAR HYPERPLASIA OF THE BARTHOLIN'S GLAND – A RARE CLINICOPATHOLOGICAL TRAP

**Cristina-Elena Mandici<sup>1</sup>**, MIHAELA GRIGORE<sup>1,2</sup>, ROXANA DANIELA MATASARIU<sup>1,2</sup>, LILIANA CLAUDIA STRAT<sup>1,2</sup>

<sup>1</sup>Universitatea de Medicina si Farmacie „Grigore T. Popa,, Iasi, Iasi, Romania, <sup>2</sup>Maternitatea „Cuza-Voda,, Iasi, România

*Subject: Nodular hyperplasia of the Bartholin's gland – a rare clinicopathological trap.  
Poster presentation*

**Introduction/Objective:** Nodular hyperplasia of the Bartholin's gland is a rare and underreported benign entity that presents as a solid vulvar lesion, often raising clinical concern for malignancy. Most solid masses in this location are carcinomas, and this condition may also be clinically mistaken for a Bartholin's cyst. Since nodular hyperplasia is even less common than Bartholin's gland carcinoma, it may be unfamiliar to both clinicians and pathologists, representing a diagnostic pitfall.

**Method / Methodology:** We report the case of a 27-year-old nulliparous woman with two previous episodes of acute bartholinitis — one treated with antibiotics, the other requiring incision and drainage. Several months later, she presented with a painless, firm nodule in the left labia majora. Intraoperatively, the solid consistency of the mass raised suspicion of malignancy. Complete surgical excision was performed.

**Results:** Histopathological examination revealed nodular hyperplasia of the Bartholin's gland, without dysplasia or malignancy. The patient had an uneventful recovery, with no recurrence at three months.

**Conclusions / Discussions:** Recognizing nodular hyperplasia of the Bartholin's gland is crucial, as it may clinically and histologically mimic malignancy. Although rare, this entity should be considered in the differential diagnosis of vulvar nodules. Awareness among clinicians and pathologists may help avoid misdiagnosis and overtreatment.

**Key words:** Bartholin's gland, nodular hyperplasia, vulvar tumor, bartholinitis, pathology.



