other hand, we used the polyclonal antibody by Thermoscientific to identify PARP1-associated protein. We evaluated positive reactions considering the nuclear positive reaction.
Results. The BRCA1 expression was positive 15/19, within a range between 10% and 60%; the PARP expression goes from 15% to 70% without any negative cases. In the group on control, positivity to BRCA1 expression varies within 10% and 80% as well as within 10% and 70% with just one negative case.
The average survival rate is 13 months in group 1 and 82.9 months in the group on control.
Focus group: Comparing DFS and BRCA1 expression, the xy chart shows that the highest the immunohistochemical positivity, the lowest the overall surviving time of patients. Correlation coefficient is r=0.41665. The relation between DFS and PARP1 expression is represented by the value r=0.09, showing a non-correlation between both parameters.
Group on control: Comparing DFS and BRCA1 expression, the xy chart shows that the highest the immunohistochemical positivity, the lowest the overall surviving time of patients. Correlation coefficient is r=0.678. The relation between DFS and PARP1 expression is represented by the value r=0.21, showing a non-correlation between both parameters.
Conclusions. Previous studies on immunohistochemical evaluation of BRCA protein associated to ovarian carcinoma are insufficient and incomplete. Garg et al (2013) identified the "normal" expression in cases having evident expression and the "abnormal" expression in cases showing equivoque or negative expression. According to those authors, the "normal" expression seems to be related to a germline or somatic mutation or to a methylation status. Therefore, low immunohistochemical expression of BRCA1 may represent a group of women with a BRCA mutation or a BRACA-ness condition, both having a far better prognosis, whether anti-PARP administration or not.

PRIMITIVE UTERINE RHABDOMYOSARCOMA OF THE UTERUS IN ADULT PATIENTS: A SYSTEMATIC REVIEW OF A RARE ENTITY

M. Paudice[1], C.M.Biatta[1], G.Scaglione[1], F.Barra[2], M.Moioli[3], S.Costantini[2,3], M.Valenzano Menada[2,3], S.Ferrero[2,3], V.G.Vellone[1,4]

[1] Department of Integrated Surgical and Diagnostic Sciences (DISC), University of Genoa, Italy; [2] Department of Neurosciences, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health (DiNOGMI), University of Genoa, Italy; [3] Academic Unit of Obstetrics and Gynecology, IRCCS Ospedale Policlinico San Martino, Genoa, Italy; [4] Academic Unit of Pathology, IRCCS Ospedale Policlinico San Martino, Genoa, Italy

Objectives. Primitive Uterine Rhabdomyosarcoma (PUR) of the uterus in adult patients is an exceedingly rare entity. Scientific literature is limited to case reports and small series. We reported one case and reviewed the literature.
Materials and methods. PubMed research for "Rhabdomyosarcoma + Uterus" disclosed a total of 197 items. The research has been restricted to English written full papers on adult (19+) patients for the period 2000 - 2018. A total of 44 papers have been reviewed. 18 papers have been excluded and 46 patients (from 26 papers) and a case of our observation have been considered for the purpose of the study.
Results. Mean age resulted 51.15 years (19-79). Uterine corpus appeared the primitive site of the neoplasm in 30 cases while the remaining 16 cases originated from the cervix. In both groups bloody vaginal discharge and abdominal swelling were the main onset symptoms.
20 cases have been diagnosed as Embryonal/Botryoid, 17 cases as Pleomorphic, 7 cases as Alveolar, 1 case as Mixed and 1 case as Spindle. All the cases but 3 underwent to radical hysterectomy variably completed by peritoneal sampling, lymph nodal dissection and omentectomy; in the remaining 3 cases surgery was limited in 1 case to cone biopsy, in 1 case to polypectomy and in 1 case to incisional biopsy. 31 patients were treated also with chemotherapy with variable regimens, 1 case with radiotherapy. The remaining 12 reported cases died of the disease before accessing to cytotoxic therapies.
Globally 18 patients died of the disease (DOD); 5 were alive with disease (AWD) and 17 were negative for residual disease (NED). Mean follow up time was 20.55 months with a marked variability (3 days - 125 months). Differences exist between the histological subtypes. Pleomorphic rhabdomyosarcoma seems to originate exclusively from the corpus of elderly women (mean age 65.53 years) and is aggravated by a worse prognosis (11 DOD, 3 AWD, 2 NED) while Embryonal/Botryoid rhabdomyosarcoma seems to emulate its pediatric counterpart arising more frequently on the cervix of younger women (mean age 51.15 years) and carrying a better prognosis (4 DOD; 1 AWD; 11 NED) and even a successful fertility sparing treatment is reported.
Conclusions. Uterine primitive rhabdomyosarcoma appears globally as a rare entity with relevant differences among its histologic subtypes. A thorough histologic examination is required to exclude a heterologous differentiation in a mixed neoplasm and to correctly identify the specific subtype. Due to its rarity the most appropriate treatment protocol remains to be elucidated.

PRIMARY ENDOMETRIOID ADENOCARCINOMA OF THE VULVA: THE FIRST REPORT.

T. Musarra[1], F. Inzani[1], A. Santoro[1], G. Angelico[1], M. Valente[1], S. Spadola[1], GF. Zannoni[1,2].

[1] Dipartimento Scienze della Salute della Donna, del Bambino e di Sanità Pubblica, Unità di Gineco-patologia e Patologia Mammaria, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; [2] Istituto di Anatomia Patologica, Università Cattolica del Sacro Cuore, Rome, Italy

Objective. Primary adenocarcinomas of the vulva are uncommon epithelial malignancies accounting for about 2% of all vulvar neoplasms. Although rare, these tumours encompass a wide spectrum of glandular neoplasms including extramammary Paget's disease, sweat gland carcinomas, adenocarcinoma of the mammary gland type, apocrine adenocarcinomas, Bartholin's gland adenocarcinoma, cloacogenic tumors and neuroendocrine carcinomas.
To the best of our knowledge, the endometrioid variant arising in the vulva has never been reported in literature and only a few authors described its occurrence as a