meninges, vagina, prostate, spermatic cord, and cervix etc.) that are devoid of melanocytes normally. It is suggested that these lesions may originate from either Schwann cells of the stromal nerves or from melanocytic precursors migrated from neural crest.
Method: Herein, we present a case of blue nevus both in the cervix stroma and in the cervical polyp detected incidentally in total abdominal hysterectomy and bilateral salpingo-oophorectomy specimen of a 52 year-old patient.
Results: There have been some case presentations of cervical blue nevus less than 100 cases up to date in the literature. Almost always they are reported to be detected incidentally in the specimens performed for other purposes, similar to our case operated for leiomyoma. Histologically, the lesion is composed of pigmented dendritic cells that had fine dark-brown granules in the endocervical stroma without mitosis or cytological atypia.
Conclusion: The pigmented lesions such as melanosis, cellular blue nevus, lentiginous melanocytic lesions and malignant melanoma should be considered in the differential diagnosis of blue nevus of the cervix.

PS-24-030
A case of a primary peritoneal carcinoma: complete tumour regression after neoadjuvan chemotherapy
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Objective: Primary peritoneal serous neoplasms are high grade invasive serous carcinomas that extensively involve the peritoneum. They are about a tenth as common as their ovarian counterparts. Limited data are available on the histologic appearance of serous carcinoma shortly after chemotherapy.
Method: We report on a 61-year-old woman, was made peritoneal biopsy and histomorphologic, clinic, immunohistochemical characteristics and diagnosed "poorly differentiated carcinoma". She underwent treatment with 3 cycles of 600 mg carboplatin+300 mg anzatax chemotherapy and radical hysterectomy, bilateral salpingoooferectomy, bilateral pelvic peritoneal lymph node dissection, omentectomy and appendectomy.
Results: On the histopathologic assesments; fibrosis, foamy macrophages, giant cells of foreign-body, inflammatory cell infiltrates and isolated psammoma bodies were seen in tumor bed.
Conclusion: It may be diffucult to confirm the presence of residual tumor, making it imperative that pre-chemotherapy tissue biopsies are obtained. Definite confirmation of residual tumor may require the examination of multiple histological sections from areas showing pronounced stromal changes, sometimes with multiple levels and immunohistochemistry.

PS-24-031
Pecoma of the ovary: a case report
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Objective: PEComa have been reported in a wide variety of intra-abdominal, bone, soft tissue and visceral sites, including uterus, heart and gastrointestinal tract. The primary localization of the PEComa in the ovary consider extremely rare and therefore valuable for showing.
Method: Thirty year old female patient underwent a surgery for ultrasound diagnosis of a solid tumor of the left ovary. The tumor was 8 cm in diameter and contains small foci of hemorrhage. Fresh frozen section was suspected of an ovarian granulosa cell tumor. On paraffin sections, the tumor is composed of solid cell aggregates distributed perivasculary. The cytoplasms were clear or lightly eosinophilic and nuclei were larger with coarse chromatin. It was observed 3 to 9 mitosis/50 HPF.
Results: Tumor was CK7, CK MNF116, EMA, actin SMA, calretinin, CD31, CK20, LCA, chromogranin A, WT1 negative. S-100, vimentin, melan A, melanosma HMB45 were positive. CD99, synaptophisin and c-Kit showed weak punctate cytoplasmic positivity.
Conclusion: Like the other rare tumors, PEComas can cause difficulties in the interpretation of fresh frozen section as well as to assess the clinical behavior of the neoplasm.

PS-24-032
Ovarian clear cell adenocarcinoma arising in association with endometriosis: a clinicopathological study of 20 cases
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Objective: The objective of the study was to determine clinicopathological features of the ovarian clear cell adenocarcinomas (OCCA) arising in association with endometriosis.
Method: We retrospectively compared 20 cases of endometriosis-associated clear cell adenocarcinoma (EACCA) with 35 cases of clear cell adenocarcinoma without endometriosis (CCAWE) diagnosed at our department between 2000 and 2013, using Student's *t*-test and chi-square test to analyze the data.
Results: The median age in EACCA group was 50 versus 58 years in CCAWE group (P=0.0007), and the prevalence of postmenopausal status was significantly higher in EACCA cases (55 % vs. 17.1 %; P=0.0035). Grossly, in the EACCA group the tumours were predominantly unilocular cysts containing solitary or multiple nodules in the inner surfaces (80 % vs. 31.4 %), while CCAWE were more frequently multilocular cystic tumours (P=0.0005). The EACCA patients tended to have smaller (median size 11 vs. 13 cm) and early-stage tumours (FIGO stage I and II combined; 85 % vs. 68.6 %), although the differences were not statistically significant. In 17 patients EACCA were arising within endometriosis, with atypical endometriosis present in 6 cases, while in the remaining 3 OCCA were adjacent to endometriosis on the same ovary.
Conclusion: Patients with EACCA are typically premenopausal and younger, with a tendency to have smaller in size, early-stage tumours usually presenting as unilocular cysts.

PS-24-033
Endometrial biopsy diagnosis: the binary system and the WHO system are equivalent
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Objective: To assess and compare the accuracy of the FIGO and Gilks grading systems in distinguishing between Low-Risk and High-Risk endometrial carcinomas on biopsies.
Method: Archived endometrial biopsies from 70 cases of endometrial carcinoma were reviewed by three independent observers with the FIGO and Gilks grading systems, respectively. To evaluate the accuracy of the grading systems, the overall accuracy, interobserver agreement and ease of use were assessed.
Results: This study found comparable substantial accuracy of the FIGO and Gilks grading systems (κ=0.71 versus κ=0.69), with the same setbacks in overgrading of 20.9 % versus 25.6 % of the Low-Risk tumours. A particular low interobserver agreement was recognized in the assessment of nuclear atypia grade and diagnostic confidence.
Conclusion: The FIGO and Gilks grading systems were comparable in the accuracy of diagnosis, interobserver reproducibility and ease of use. Interestingly, identification of difficult cases was highly subjective and most dependent on the observer.