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were also grey-yellow mural tumor of 4.5 cm in diameter that essentially differed from other uterine tumors of leiomyoma outlook with whorled cutting surfaces in postoperative material. This lesion was recognized UTROSCT. It shared ER and PR positivity with endometrioid adenocarcinoma, but was also immunoreactive for Pan-Cytokeratin, SMA, inhibin, CD99, CD56 and focally to chromogranin and Ki-67 (MIB index 10 %), while desmin was negative. In differential diagnosis sertoliform endometrioid adenocarcinoma was excluded.
Conclusion: UTROSCT is a type of diagnosis of exclusion. Because of its rarity, uterine tumor with a texture of UTROSCT should be subjected to a quite extensive immunohistochemical evaluations to provide a reliable diagnosis of the lesion.

PS-24-069
Issues in the study of utero-placental blood flow in severe gestosis
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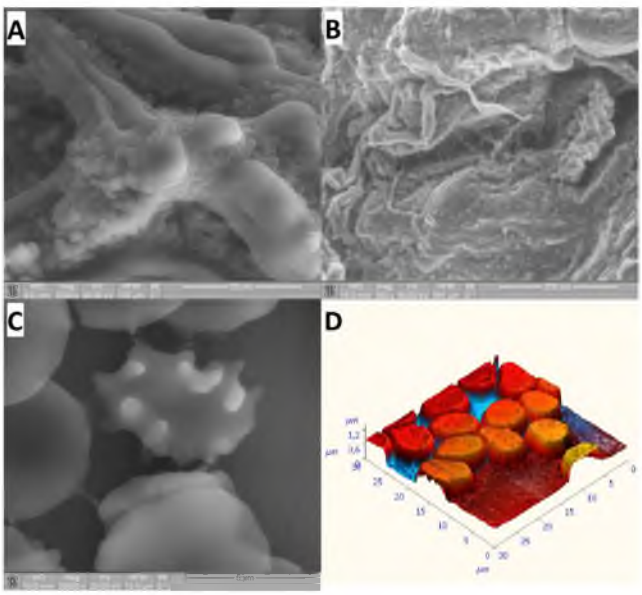
Objective: The complications of pregnancy, gestosis particularly, are still important aspects on the modern stage of development of obstetrics, as it influences on development of maternal and perinatal morbidity and mortality.
Method: One hundred and twenty-five patients with severe gestosis were studied. The conditions of myometrium, endometrium, placenta, umbilical chord as well as erythrocytes of maternal blood were explored with help of atomic power microscopy, light microscopy as well as electron microscopy (raster with elemental analysis and transmission microscopy).
Results: The data about pathomorphological changes in placenta, umbilical chord, endometrium and myometrium, which have a character of bloodflow violation (stasis, thrombosis or sludge) as well as destruction in all researched tissues, including endothelial cells with development of endothelial dysfunction were received. The cells with hemolysis were observed among erythrocytes. The increasing of content of erythrocytes in kind of flattened and bloated disk as well as full and non-full sphere as well as spine-like erythrocytes. The concentration of oxygen was decreased in blood cells.
Conclusion: The indicated changes were creating the alteration of utero-placental flow, leading to violation of condition of fetus, mother and newborn child.

Fig. 1. A. The fragment of placenta of woman with severe gestosis. The content of terminal villi is decreased. The quantity of erythrocytes in intervillous space. SEM (x2000). B. The fragment of myometrium of woman with severe gestosis. The thromb:



PS-24-070
Malignant mixed Mullerian tumour of uterus: a case report
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Objective: Malignant mixed Mullerian tumors (carcinosarcomas) represent <5 % of all malignant tumors of the uterus. They are composed of an admixture of malignant epithelial and mesenchymal components.
Method: We present a case of a 57-year-old woman with vaginal bleeding and lower abdominal pain. Total hysterectomy and bilateral salpingo-oophorectomy was performed. A polypoid mass filled the uterus cavity, extending to myometrium as ultrasound had shown. Histologically a MMMT was revealed.
Results: Predisposition factors of carcinosarcomas are obesity, use of exogenous estrogen, nulliparity, use of Tamoxiphen and previous radiation, while oral contraceptives protect. The differential diagnosis of carcinosarcoma includes varied malignancy like sarcomatoid endometrioid carcinoma, endometrioid carcinoma with heterologous elements, adenosarcoma with sarcomatous overgrowth. Their histopathogenesis is controversial. Four main theories have been postulated to explain this: composition, collision, combination and conversion, the two last being the most acceptable.
Conclusion: Surgical stage at time of surgery is the most important prognostic factor. Epithelial tumor type, lymphovascular invasion, depth of myometrial invasion, and predominance of carcinoma relative to sarcoma has no relationship to overall survival. Identical patterns of X-chromosome inactivation, identical mutations of p53 and K-ras and loss of heterozygosity for identical alleles have been demonstrated in the epithelial and mesenchymal components of most carcinosarcomas although very limited data are available.

PS-24-071
Uterine smooth muscle tumours of uncertain malignant potential and gastric leiomyosarcoma: a case report
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Objective: Uterine smooth muscle tumors of uncertain malignant potential (STUMP) are uncommon tumors. They are unclassifiable by current criteria as unequivocally benign or malignant. They have an unpredictable clinical course, usually benign, but should be considered tumors of low malignant potential because they can occasionally recur or metastasize to distant sites.
Method: We report the case of a 68-year-old woman who underwent total hysterectomy and bilateral salpingo-oophorectomy for leiomyomas and three STUMPs- "atypical leiomyomas with limited experience". After 2 months she underwent partial gastrectomy for leiomyosarcoma.
Results: The term STUMP was first used by Kempson in 1973 and represents a heterogeneous group of neoplasms from both histological and clinical point of view. Tumor cell necrosis, atypia and mitotic figures are important criteria determining the malignant potential of a uterine smooth muscle tumor. There are four histologic subgroups: atypical leiomyoma with limited experience, smooth muscle tumor with low malignant potential, atypical leiomyoma with low risk of recurrence and mitotically active leiomyoma with limited experience.
Conclusion: The clinical behavior of these neoplasms is also poorly understood. Patients with STUMP should be counseled regarding the potential recurrence as leiomyosarcoma, and may require closer surveillance than a yearly examination and may need a consultation with a gynecologic oncologist.