Results: The gross specimen of right ovary showed a smooth surface, with pasty consistency and translucent bands, containing a thick mucoid material. Microscopy showed laminated eosinophilic membrane, pericystic sclerosis, collection of eosinophils, along with focal giant cell reaction, being diagnosed as a hydatid cyst. The left ovary specimen had an intact outer surface, exhibited a multilocular cystic appearance, with few inner papillae, and mucinous fluid content. The microscopic examination along with immunohistochemistry features diagnosed a concomitant mucinous borderline tumour.
Conclusion: The ovarian location of echinococcosis is extremely rare but it should still be considered in any differential diagnosis of a cystic lesion, while it does not exclude a synchronous ovarian tumour. The current case highlights the necessity of a better screening of HD in endemic areas.

E-PS-09-017
Clinicopathological analysis of incidentally detected blue nevi of the uterine cervix in biopsy or curettage specimens. A report of 7 cases
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Background & Objectives: Blue nevi (BN) of the uterine cervix (UC) are rare incidental lesions; they are often found in hysterectomy specimens from middle-aged women, or rarely in specimens obtained during more conservative diagnostic procedures (e.g. biopsy, curettage). The objective of our study was to analyse the clinicopathological features of 7 incidentally detected cases of the BN of the UC in biopsy or curettage specimens.
Methods: Among a total of 60 BN of the UC diagnosed on operative and biopsy specimens in our Department between 2000-2019, in 7 (7/60, 11.7%) cases BN were found in biopsy or curettage specimens that had been taken for an examination of a clinically or cytologically suspicious cervical lesion (3/7, 42.9%) or a dysfunctional uterine bleeding (4/7, 57.1%), respectively. The mean age of the patients was 44 years (range, 29-57 years). In addition to routine hematoxylin&eosin, histochemical and immunohistochemical stainings were also performed.
Results: Histologically, all cases showed loose aggregates of pigmented, spindle-shaped, dendritic or nevoid, epithelioid cells in the superficial stroma in one (4/7, 57.1%) or $\geq$2 fragments of cervical mucosa (3/7, 42.9%). The lesions ranged in size from 0.5 to 6mm (mean, 2.4mm), while their thickness ranged between 0.5-4mm (mean, 1.5mm). In one case the BN was presenting as an endocervical polyp. The pigmented cells in all tested cases were positive for melanin (Fontana-Masson), S100, Melan-A, as well as for HMB45 in 3 cases.
Conclusion: Although the BN of the UC seem to be lesions of low clinical significance, they require careful differential diagnosis with other pigmented lesions including malignant melanoma, especially because they are rarely detected and might easily be missed or misinterpreted in scanty endocervical curettage or cervical biopsy specimens due to their small size, more frequent endocervical localization and occasional discrete findings.

E-PS-09-018
The new approaches in research of pathomorphological aspects of endocrinopathies in obstetrics
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Background & Objectives: The research of system mother- placentha-fetus in caases of endocrinopathies are still actual questions.
Methods: The research of bioptates of uterus(endometrium, miometrium), placentha, umbilical cord of women with diabetes mellitus type 1(25), gestational diabetes (30), thyroid pathology(hypotheriosis (40) and diffuse toxic goiter (30)) was carried out with help of Scanning Electron Microscopy with emental analysis and atomic force microscopy.
Results: It was revealed that the square of vessels at pathology was less than in control group, especially at diabetes mellitus and hypothyroidism. Folding of endothelium was significantly violates at diabetes mellitus and diffuse toxic goiter. The number of normocytes was decreased to 40,0 ±4,0 % at diabetes mellitus, to 42,0±5,0 % at diffuse toxic goiter, to 55,0 ±3,0 % at hypothyroidism and to 60,0±3,0 % at gestational diabetes(84,0 ±4,0% in control group). Alternative processes in stroma prevailed at diabetes and diffuse toxic goiter.
Conclusion: SEM and AFM are reliable and resultative methods for research of tissues at pathology of pregnant.

E-PS-09-019
Synchronous case of the primary neuroendocrine cancer of fallopian tube and serous papillary cancer of ovary
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Background & Objectives: Neuroendocrine tumours commonly occur in the gastrointestinal tract and lungs. They rarely were found in the genital organs. There are a few data about this neoplasia in the fallopian tubes, which is accidentally identified during the morphological study. The aim of our investigation was to demonstrate the case of the primary neuroendocrine cancer of the fallopian tube in combination with the serous papillary cancer of the ovary.
Methods: The histological and immunohistochemical (CK7, CK20, CA125, ER, chromogranin A, CD56, CDX2, Ki-67) investigations were conducted for the study of the molecular peculiarities of the fallopian tube and ovary tumours.
Results: The tumour growth was found in the fallopian tube wall, which is presented by trabecular structures. Immunohistochemistry showed that it was negative for CK7, CK20, CA125, ER, CDX2 and strong positive for chromogranin A and CD56. Ki-67 expression was observed in 3% of cells. In the ovary, the tumour with the formations of papillary structures, cellular atypia, as well as single psammoma bodies was present. It was CK7, CK20, CA125, ER positive and didn't express chromogranin A, CD56 and CDX2.
Conclusion: Finally, the following diagnosis was made: low-grade neuroendocrine cancer of the fallopian tube and high-grade serous papillary cancer of the ovary. This case demonstrates the possibility of the occurrence of the primary neuroendocrine cancer in the fallopian tube in combination with the serous papillary ovarian carcinoma.

E-PS-09-021
Juvenile granulosa cell tumour or adult granulosa cell tumour - a diagnostic dilemma
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Background & Objectives: Juvenile granulosa cell tumour (JGCT) mostly occurs in young women, with wide differential diagnosis including small cell carcinoma of hypercalcemic type, desmoplastic small round cell tumour, germ cell tumours and others; however, JGCT is most commonly confused with AGCT.
Methods: The ultrasound in a 16 year old girl with irregular cycles revealed a 12 cm cyst of the right ovary. The cyst was extirpated, sparing the ovary.