risk factor. As many as 15% of aortic dissections are painless and often the signs on presentation are subtle and easily overlooked, RAD require a multidisciplinary approach and a complex treatment strategy.

Case report. We present the case of a 47-year old female with a history of MFS since 1976, admitted for retrosternal chest pain worsening with activity, associated with shortness of breath and radiation of the pain over the abdominal area, for over a month. Her pathological background included: aortic dissection (ascending and descending thoracic aorta) in 2005, dilated cardiomyopathy, stage 3 hypertension, class IV NYHA chronic heart failure and superior and inferior vena cava thrombosis. The transthoracic echocardiography revealed an intimal flap and two lumina were visualized in the thoracic aorta under the origin of the left subclavian artery (LSA), bicuspid valve with severe aortic regurgitation, tricuspid insufficiency and a left atrial appendage thrombus. The thoraco-abdominopelvic CT has exposed an aortic dissection involving both the ascending and the descending aorta (Stanford A/DeBakey I). Under both medical and surgical treatment consisting in valvuloplasty and angioplasty the patient evolution was improving.

Conclusions. RAD remains a challenging entity regarding both the diagnosis and management, but its incidence at patients with MFS may be reduced by regular clinical examination, screening and by imaging at the time of diagnosis and during follow-up.

Key words: Marfan syndrome, recurrent aortic dissection

24. A RARE CAUSE OF EPISTAXIS: OSLER–WEBER–RENDU DISEASE

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Background. Rendu-Osler disease is a rare genetic disease, with suggestive clinical manifestations: recurrent epistaxis, telangiectasias and visceral vascular abnormalities.

Case report. A 40-year-old patient presents to the emergency room for asthenia, dyspnea, recurrent epistaxis and headache. Patient's history revealed that her mother and aunt died from a liver disease and the two also presented epistaxis. At the physical examination, pallor, discrete edemas, tachycardia and systolic murmur were noticed. Biologically, there was an iron deficiency anemia. The ENT examination revealed a vegetative nasal septum formation, which was biopsied. Abdominal ultrasound revealed a hypoechogenic formation, in the proximity of the pancreas tail, for which angioCT was performed, describing several splenic aneurysms and a particular aspect of hepatic vascularization. This pattern is suggestive for intrahepatic arteriovenous malformations. For the differential diagnosis: bacterial endocarditis, cirrhosis, connective tissue disease or vasculitis were taken into consideration. Resumption of the clinical examination allowed the discovery of a small telangiectasia of the upper lip. Based on the Curacao criteria, the diagnosis was established (3 out of 4: epistaxis, telangiectasia and a positive family history of a relative of the first degree). Further investigations were made in order to detect other possible abnormalities. Signs of pulmonary hypertension and heart failure were identified, complications secondary to the liver arteriovenous malformations. The patient received treatment with iron, initially parenterally, later orally. Selective embolization of the largest of the splenic artery aneurysms was performed, taking into account the risk of rupture. Iron therapy was maintained as a primary treatment. The patient is monitored biannually for the liver and heart disease. Screening for the family members was recommended.

Conclusions. Rendu-Osler disease is an incurable disease, but with a normal life expectancy if the complications of the disease are diagnosed and treated early. The particularity of the case comes from the incidental discovery of only one telangiectasia that allowed for the correct diagnosis.
Key words: Osler-Weber-Rendu disease, epistaxis, telangiectasias, arteriovenous Malformations

DEPARTMENT OF HISTOLOGY, CYTOLOGY AND EMBRYOLOGY

25. BORDERLINE SEROUS TUMOR IN A 12-YEARS-OLD GIRL: A CASE REPORT

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Background. Serous borderline tumor is a non-invasive epithelial ovarian tumor that occur at the reproductive age, present in early stage, frequently associated with infertility but it is easily curable. Although it may have symptomatic long-term recurrences, it has an excellent prognosis in spite of peritoneal spread. Among the epithelial tumors of the ovary, borderline serous tumor fall in the spectrum lying between cystadenomas (benign) and cystadenocarcinomas (malignant). Its oncological behavior is more aggressive than benign ovarian tumors but relatively less than that of malignant ovarian tumors. Since the affected age group is usually young females, preservation of fertility is an important aspect of treatment protocol that is why an accurate diagnose is an essential step in these cases.
Case report. A 12-year-old girl who presented painless abdominal distension over five months was referred to institute of Mother and Child for diagnosis and treatment. She had no medical history with the exception of abdominal distension and amenorrhea. The last menstrual cycle was 3 months before the admission. Her menstrual cycle has been irregular since she experienced the menarche at the age of 12. There was no reported use of oral contraceptives, and she was not known to be sexually active. Her physical examination showed abdominal distension and a firm mass without tenderness, extending from the pelvis to the umbilicus. An USG examination revealed left sited ovarian mass. Her tumor marker analysis, CA 19-9 (2,241 U/mL) and CA 125 (274 U/mL) were highly elevated. Routine blood analyses showed normal renal and liver function with the exception of elevated alkaline phosphatase (172 IU/L). Laparotomy was performed with a midline incision and a left salpingo-oophorectomy was performed. The surgical specimen was sent to pathology laboratory. There was confirmed serous borderline tumor. Histological description: serous cystadenofibroma with focal borderline of non-micropapillary type architecture. The CA 125 and CA 19-9 levels were decreased at 3rd, 6th and 12th months of follow-up.
Conclusions. In the adolescence, an early diagnosis for ovarian tumors is required for the determination of the direction of treatment. It is important to detect the possibility of malignancy in the early stage due to the effect on the future fertility and ovarian function. The goals of treatment for children and adolescents are to exterminate the disease, and restore the uterus and ovarian function for conservation of reproductive potential.
Key words: adolescent, Serous borderline tumor, Ovarian neoplasms.