Results: A total of 32 articles were analysed and about half of them included in the discussion to answer the research question.
Discussion: Inflammatory cytokines released by tumor and immune cells compromise the mesothelial cell layer that lines the peritoneal cavity, exposing the underlying extracellular matrix to which cancer cells readily attach leading to formation of spheroids which imparts resistance to anoikis, apoptosis and chemotherapeutics leading to efficient feed forward progressive cycle of seeding and growth of peritoneal metastasis. Intraperitoneal metastasis can cause peritoneal dysfunction, adhesions and malignant ascites. Epithelial mesenchymal transistion and myofibroblastic transformation occur in the mesothelial cells in response to pathological stimuli. Vascular endothelial growth factor is an important mitogen for endothelial cells and plays an important role in increasing capillary vascular permeability. In preclinical studies systemic administration of VEGF Trap which acts as a decoy receptor for VEGF has shown to decrease the formation of ascites fluid and prevent tumour dissemination. Epithelial ovarian cancer cells have developed various mechanisms to evade immune surveillance like development of surface microvesicles which contain CD 95 ligand leading to apoptosis of immune cells. Higher levels of osteoproteogerin, IL 10 and leptin in the ascitic fluid have been associated with a poor prognosis in malignant ascites. Tethered bowel sign and presence of fluid in the omental bursa on CT have been shown to distinguish between malignant ascites and Cirrhotic ascites with accuracy. Immunological approaches to management of malignant ascites include use of intraperitoneal triamcinolone, interferon, long acting synthetic corticosteroids and the trifoliate antibody catumaxomab. VEGF Inhihibitors like octreotide and long acting depot preparations of lanreotide have also been shown to be feasible therapeutic options. Anti androgenic agents and PARP inhibitors have also been proposed as management options. Spontaneous bacterial peritonitis in the setting of malignancy in the absence of hepatic dysfunction has been reported to have a poorer prognosis than SBP in the setting of decompensated liver disease. Monomicrobial and polymicrobial bacterascites have been proposed in the absence of an elevated neutrophil ascitic fluid count that does not meet the diagnostic criteria. Extensive liver metastasis where the diseased liver can be expected to behave like a cirrhotic liver and gastrointestinal bleeding(on the basis of an isolated case report) have been considered as risk factors for the development of SBP in malignant ascites. In a case series of 8 patients with malignancy related ascites Patients with total ascitic fluid concentration of less than 1 gm per litre were found to be at risk for Spontaneous bacterial peritonitis and warrant flouroquinolone prophylaxis.
Conclusion: Spontaneous Bacterial Peritonitis complicating malignant ascites is questionable entity. Good quality Audits and Randomised control trials are warranted to in this domain to enable the definition of incidence, antecedent complications, management and prophylaxis to ensure applicability of translational research to the clinical domain.
Key words: Ciprofloxacin; malignant ascites; spontaneous bacterial peritonitis

Miscellaneous: Oral Abstract

A case of invasive mole presenting as perforation uterus and massive haemoperitonium

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Gestational trophoblastic neoplasia (GTN) are rare tumours that constitute less than 1% of all gynecological malignancies. Invasive mole is a distinct subgroup of GTN, which follows approximately 10-15% of complete hydatiform moles. This is a case of invasive mole presenting as uterine perforation and massive haemoperitonium. The 35 year old parous woman presented with severe pallor, acute abdominal pain and hemoperitonium. She gave history of evacuation of a molar pregnancy four month back. Her serum B-HCG was elevated (80,000 IU/ml). Laprotomy revealed perforation through the uterine fundus with purple discolouration and grapes like vesicle with massive haemoperitonium. Patient was managed by hysterectomy and packed cell transfusion was given. Postoperative followup with B-HCG levels was done and chemotherapy (methotrexate and folinic acid) was given.

Miscellaneous: Poster Abstract

Vulvar cancer: Patterns of recurrence and clinicopathological prognostic factors involved in recurrent cases

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Objective: Vulvar cancer is a rare disease, with an incidence of 0.6% of all female malignancies. With the advances in management of carcinoma vulva to individualisation of treatment to reduce the psychosexual impact an aggressive treatment can have, it is imperative to understand the patterns of recurrence and the common prognostic factors involved. The aim of this study was to determine prognostic variables for recurrence and survival and to identify patterns of recurrence in patients with vulvar cancer.
Materials and Methods: All patients (n=87) with primary vulvar cancer treated at the Rajiv Gandhi Cancer Institute between January, 2006 to January, 2015 who underwent surgery were retrospectively analysed regarding the prognostic relevance of different clinicopathological variables. Recurrences were evaluated with regard to their characteristics and localisation and the variables associated with them were analyzed.
Results: Age, stage of tumor, size of tumor, location of tumor (central or lateral), lymph node metastasis, depth of invasion and involvement of resection margins, associated intraepithelial abnormality predicted disease-free and overall survival. In multivariate analysis, lymph node status and positive margin status was the most important independent prognostic factor ($p = 0.002$). Irrespective of the initial nodal involvement, recurrences occurred primarily in the vulvar region.
Conclusion: Inguinofemoral lymph node status and adequate margins at initial diagnosis is of critical prognostic importance for patients with vulvar cancer. Further tumour biological characteristics need to be identified to stratify patients with nodal involvement for adjuvant radiotherapy of the vulva to prevent local recurrences.

Miscellaneous: Poster Abstract

Case series: Breast and ovarian cancer syndrome

Aims and Objectives: To report a series of cases with breast and ovarian carcinomas either in same patient or in a family and identifying the importance of BRCA 1,2 genetic testing in such individuals.
Materials and Methods: The medical records of breast and ovarian cancer patients operated over past 3 years at a single institute were reviewed retrospectively and their clinical profile, family history, final pathological reports and follow up data was collected.
Results: 8 patients were found to have breast and ovarian malignancies, out of which 3 had synchronous breast and ovarian cancers, 4 had metachronous and 1 patient with ovarian cancer had history of breast cancer in family. Median age of presentation to the hospital was 47 years and median time interval in metachronous disease patients was 5.5 years.
Conclusion: About 5% of people who have breast cancer and about 10% of women who have ovarian cancer have HBOC, caused by germline mutation in BRCA1,2 gene. These individuals have increased risk of developing breast cancer at younger age, TNBC, or developing a second primary in breast or ovary plus an overall risk of breast/ovarian/prostate/pancreatic malignancies in other family members due to inheritable mutation. Identification of BRCA mutation in such individuals can help family members to undergo genetic counseling and follow different screening and prevention guidelines from general population thus reducing the cancer risks.

Miscellaneous: Poster Abstract

To find the prevalence of female genital tract malignancies in a tertiary care hospital

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Genital tract and breast are two most common sites of malignancy in females. Out of the genital tract malignancies, carcinoma cervix is so far found to