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Objective: The incidence of endometrial hyperplasia & carcinoma is increasing in developing nations. Newer techniques are being tried to recognise endometrial hyperplasia. One of these is tumor suppressor gene phosphatase & tensin homologue (PTEN). It is frequently inactivated i.e turned off in endometrial hyperplasia lesions. This is an early event in endometrial tumorigenesis that may occur in response to known endocrine risk factors & offers an informative immunohistochemical marker for premalignant disease. The present study was planned to study PTEN immunohistochemical expression in endometrial hyperplasia.
Methods: Women of >40 years of age presenting with abnormal uterine bleeding in the OPD of OBGYN Department of KG Medical University underwent endometrial biopsy. The histopathology of the biopsy tissue was done in department of Pathology of KG Medical University. The cases of endometrial hyperplasia were studied for PTEN immunohistochemical expression.
Results: 168 women of >40 years of age with abnormal uterine bleeding underwent endometrial biopsy. 50 women were diagnosed as endometrial hyperplasia. Of these, PTEN evaluation was done in 27 cases. Loss of PTEN expression was found in 11 cases (40.74%) of endometrial hyperplasia. Loss of PTEN expression was more in complex hyperplasia with atypia (66.66%) as compared to simple hyperplasia without atypia (29.4%).
Conclusion: There is positive correlation between loss of PTEN expression and grade of morphological differentiation of hyperplasia.

Uterus: Poster Abstract

Clinicopathological analysis of early endometrial cancers

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Aim: The study objectives were evaluation of clinicopathological characteristics, correlations between the preoperative and postoperative tumor assessment in early stage endometrial cancer.
Materials and Methods: We conducted a prospective descriptive study of 30 cases of endometrial cancer stage 1 examined and treated at a tertiary care teaching institute between the years 2014-15.
Results: The patients' mean age at the time of diagnosis was 56.4 years. The mean parity was two. Postmenopausal bleeding with or without abnormal vaginal discharge was the most frequent symptom; it was present in 84.7% of patients. Co morbidities like hypertension and diabetes were seen in 65% of women. 6/30 patients had family history of some malignancy. All the patients underwent Type I extrafascial hysterectomy with bilateral salpingo oophorectomy, one case had Type I extrafascial hysterectomy with infracolic omentectomy. A total of 10.6% cases had lymph nodes metastasis and none of these patients had ovarian metastasis or positive peritoneal cytology. None of the patients with superficial myometrial invasion (MI) had lymph node metastasis. None of the cases showed positive peritoneal cytology. Staging upgraded from 1a to 1b in 50% of subjects after final histopathological analysis. One patient who was operated as endometrial hyperplasia with atypia actually had endometrial adenocarcinoma in the postoperative specimen.
Conclusions: There is a poor correlation between the preoperative and the postoperative tumor assessment.

Uterus: Poster Abstract

Leiomyosarcoma: Case report

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Introduction: Uterine sarcomas are rare aggressive mesenchymal tumours with limited prognosis which accounts for only 2%-8% of all uterine malignancies. The most frequent type in uterine sarcomas is leiomyosarcoma (LMS) which is seen in about 60% of cases.
Case Report: We report 2 cases who presentated with different symptomology. After examination and imaging modalities, definitive diagnosis was made after histopathology report. Treatment in the form of neo adjuvant chemotherapy followed by Surgery and chemotherapy/radiotherapy was given. On follow up, both patients had relapse and later they died.
Conclusion: Rate of recurrence of leiomyosarcoma is high and prognosis depends upon age, grade, tumor size and mitotic rate. Overall survival rate ranges from 15% to 25% with a median survival of only 10 months. Early detection and more trials to evaluate treatment strategies can improve survival.

Uterus: Poster Abstract

Comparison of MRI findings with actual HPE findings in case of carcinoma endometrium

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Objectives: The objectives of this study is to investigate the correlation of magnetic resonance imaging (MRI) in predicting the depth of myometrial invasion, cervical involvement and lymph node involvement and actual histopathological findings in the women with endometrial cancer.
Methods: This is a reterospective study of the patients of endometrial cancer from Nov 2011 to Jan 2016 who underwent Surgery (Total abdominal Hystrectomy with B/l salpingoophorectomy with peritoneal washings with b/l pelvic lymphadenectomy with or without para aortic lymphadenectomy) at our centre Max Superspeciality Hospital. CE MRI Pelvis has been done pre operatively in every patient. After the surgery Histopathological reports of the specimen checked and compared with MRI findings of that case. The purpose of the study is to evaluate the validity of MRI findings of endometrial cancer in comparison to final histopathological findings.
Results: For the detection of myometrial invasion, overall sensitivity of MRI is 93.9%, specificity is 66.6%, for cervical involvement Senstivity is 60% and specificity 1s 93.75% and for detection of lymph node involvement sensitivity is 66.6% and specificity is 93.5%. Most common Finding on MRI is thickened endometrium with disruption of Junction jone.
Conclusions: Preoperative pelvic MRI is a sensitive method of identifying invasion to the myometrium in endometrial cancer. MRI Is a sensitive noninvasive modality in predicting locoregional spread in ca endometrium. Senstivity in detecting Myometrial invasion is high but sensitivity is less in detecting cervical involvement and lymph node involvement is less.

Endometrium: Poster Abstract

Gestational choriocarcinoma after term pregnancy: A case report

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Choriocarcinoma coexisting with or after a "normal" pregnancy has an incidence of one per 1,60,000 pregnancies. In case of choriocarcinoma after term pregnancy, early diagnosis by histopathological examination of the placenta is very important, the precocity of the diagnosis influencing the prognosis and tumor response to chemotherapy. In, this paper we report the case of a 28-year-old woman parity 2 with metastatic choriocarcinoma after term pregnancy, diagnosed at four months after the delivery of a healthy baby. An episode of abundant vaginal bleeding occurred after four months from delivery. The local examination revealed a vaginal tumor whose pathological examination on biopsy sample was inconclusive. Subsequently, she was admitted in our hospital with abundant vaginal bleeding, severe anemia and fever. Abdominal ultrasonography revealed an intracavitary uterine tumoral mass with signe of myometrial invasion to the uterine serosa, strong Doppler signal and moderate ascites. Pulmonary X-Ray and computed tomography scan excluded extrapelvic tumoral masses. The pretreatment human chorionic gonadotropin (HCG) level was 310300 Miu/ml and her FIGO risk factor score was 8 (high–risk group). Total hysterectomy with bilateral salpingo-oophorectomy and omentectomy was performed as an