

**King George's Medical University, Lucknow, Uttar Pradesh, India**

**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**

**Seema Singhal, Sunesh Kumar Jain, D. N. Sharma<sup>1</sup>, Sandeep Mathur<sup>2</sup>, Juhi Bharti, Anshu Yadav, K. K. Roy, Neeta Singh, Jyoti Meena**

**Departments of Obstetrics and Gynaecology, <sup>1</sup>Radiotherapy and <sup>2</sup>Pathology, All India Institute of Medical Sciences, New Delhi, India**

**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**

**Poonam Garg**

**Government Medical College and Rajindra Hospital, Patiala, Punjab, India**

**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 presented with different symptomatology. 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**

**Shaveta Gupta**

**Department of Surgical and Gynae Oncology, Max Super Speciality Hospital, Mohali, Punjab, India**

**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 retrospective 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 Sensitivity is 60% and specificity is 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 zone.

**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. Sensitivity 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**

**Radha**

**PGIMS, Rohtak, Haryana, India**

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 signs 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

optimal cytoreduction. Postoperative remaining presented by the metastasis located in the lower two-thirds of vagina. Histopathological examination revealed uterine choriocarcinoma. Postoperative was initiated four courses of polychemotherapy. Case evaluation was favorable, with the normalization of the Beta-HCG value in two months postoperative and complete remission of vaginal metastasis in six weeks postoperative.

## Endometrium: Oral Abstract

### Presentation of endometrial carcinoma in young women

**Anshika Lekhi, Rahul Manchanda, Nidhi Jain, Sravani Chithra, Hena Kausar**

**Manchanda Endoscopy Centre, New Delhi, India**

**Background:** Endometrial carcinoma is a disease of older postmenopausal women, and is relatively uncommon in patients younger than 40 years. Endometrial carcinomas in this age group may be familial, associated with Lynch syndrome, or sporadic. Patient usually has increased exposure to estrogen. In 2%–14% of cases, it occurs in young patients (less than 40 years of age) who are eager to preserve their fertility. Its treatment includes hysterectomy, bilateral salpingo-oophorectomy and pelvic lymphadenectomy and in some cases, radiation therapy. Prevention of fertility is major challenge encountered in such cases.

**Aim:** To present a case of young woman with endometrial carcinoma and through it to review the literature of its presentation and management in such groups.

**Case:** We report a case of endometrial cancer in a 35-year-old woman with previous 3 cesarean treated for abnormal uterine bleeding and cared for in our department.

**Conclusion:** Most endometrial carcinomas presenting in this young age are associated with estrogen excess. Pathologically they are usually low-grade endometrioid carcinomas with lower stage and are associated with favorable clinical outcomes. With this case the authors emphasize the need of endometrial reckoning in young females with abnormal bleeding before starting any medical treatment. Also highlighting the management options in such cases where fertility preservation holds challenge.

**Key words:** Endometrial carcinoma; risk factor; treatment; young patient

## Uterus: Poster Abstract

### Metastatic gestational trophoblastic neoplasia presenting after a normal pregnancy

**Roli Purwar, Saritha Shamsunder, Swati Gupta, Geetika Khanna<sup>1</sup>, Usha Rani, Sunita Malik**

**Departments of Obstetrics and Gynecology and <sup>1</sup>Pathology, VMMC and Safdarjung Hospital, New Delhi, India**

Gestational Trophoblastic Neoplasia presenting after a normal delivery is very rare & seen in 1 in 1,60,000 pregnancies and is associated with a poor outcome due to delay in diagnosis. Only three cases have been reported in the literature till date. A 27 year old lady, P2L1 delivered a stillborn baby in some peripheral hospital. Intrapartum and post-partum period were uneventful. After a period of 2 months, in view of persistent bleeding pervaginumshe underwent dilatation & evacuation in the same hospital. Ultrasonography showed circumscribed lesion 4.1 x 3.6 cm in lower uterine segment indenting the endometrium. MRI showed a heterogeneous space (4.2 x 3.2 x 3.3 cm) occupying lesion extending to involve the anterior myometrium. She was discharged on single dose of methotrexate 50 mg intramuscular injection. After one month, she again had an episode of heavy bleeding pervaginum leading to shock, for which she was referred to Safdarjung Hospital for further management. At Safdarjung Hospital an emergency hysterectomy was performed as a lifesaving measure. Preoperative serum Bhcg was >1 lac mIU/ml. later it was reported as gestational choriocarcinoma by histopathology. Metastatic workup showed cannonball lesions in lungs. On the 10<sup>th</sup> post-op day, she had severe episode of headache followed by right sided hemiplegia. NCCT head showed multiple haemorrhagiclesion in bilateral parietal and right frontal region suggestive of brain metastasis. She was started on the EMA/CO regimen.

**Conclusion:** The main modality of treatment of choriocarcinoma is multiagent chemotherapy. Hysterectomy is generally reserved for those gestational trophoblasticneoplasia where it is chemotherapy resistant.

Although in exceptional circumstances of heavy uncontrolled bleeding per vaginum hysterectomy is a lifesaving procedure, it is not curative to the other metastatic manifestations.

## Uterus: Poster Abstract

### Clinicopathological analysis of early endometrial cancers

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**Departments of Obstetrics and Gynaecology and <sup>2</sup>Pathology, All India Institute of Medical Sciences, <sup>1</sup>Department of Radiotherapy, BRAIRCH, All India Institute of Medical Sciences, New Delhi, India**

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**Conclusions:** There is a poor correlation between the preoperative and the postoperative tumor assessment.

## Miscellaneous: Oral Abstract

### Definition, etiopathogenesis, management and role of fluoroquinolone prophylaxis in prevention of spontaneous bacterial peritonitis complicating malignant ascites

**Rahul D. Arora**

**Tata Memorial Centre, Tata Memorial Hospital, Mumbai, Maharashtra, India**

**Background:** Malignancy related ascites encompasses multiple etiologies which include peritoneal carcinomatosis, hepatic synthetic dysfunction due to parenchymal involvement by the tumour, transcoelomic metastasis and chylous ascites due to lymphatic obstruction. Primary Cancer type, liver metastasis and serum albumin have been listed as independent prognostic markers in malignant ascites. Spontaneous Bacterial Peritonitis is usually seen as a complication of decompensated chronic liver disease due to translocation of bacteria or haematogenous dissemination from a distant focus of infection. The combination of a positive peritoneal fluid culture and an ascitic fluid neutrophil count >250 cells/mm<sup>3</sup> and no evidence of intra-abdominal source of infection; or 2) culture negative neutrocytic ascites: the combination of negative peritoneal fluid bacterial culture and neutrophil count >500 cells/mm<sup>3</sup>, without antibiotics within 7 days with no obvious source of infection are used to define spontaneous bacterialperitonitis. Ciprofloxacin prophylaxis has been proposed as a prophylaxis to reduce the incidence and prevent the recurrence of spontaneous bacterial peritonitis.

**Materials and Methods:** A web search of indexed literature was carried out articles containing information on spontaneous bacterial peritonitis in the setting of malignancy or malignancy related ascites or malignant ascites. Articles that carried relevant information about etiopathogenesis, management and translational research in the context of malignant ascites were also included.