

seven patients had score of less than 7 and five patients had risk score of 7 or higher. Five patients were given single agent methotrexate, seven patients received multidrug regimens. All patients are on regular follow up. One patient (high risk group) expired as she did not receive treatment. **Conclusion:** GTN are rare and proliferative disorders with proper diagnosis and treatment most of the cases are amenable to treatment with favorable outcome.

Miscellaneous: Poster Abstract

Vulvar melanoma: Rare gynaecological malignancy

Reena Rani, Asmita Rathore, Latika Sahu, Sangeeta Bhasin

Vulvar melanoma is a rare type of gynaecological malignancy. Its poor prognosis and aggressive course provides it more significance than any other vulvar cancer. The knowledge about vulvar melanoma tends to be relatively low as compared to that of squamous cell carcinoma of vulva. This lack of data is due to the infrequency with which vulvar melanoma occurs in any place. In this presentation we are reporting a rare case of vulvar melanoma in a 70 year old lady diagnosed after complaint of persistent vulvar itching discharge per vaginam and a growth on labia on examination. She underwent radical vulvectomy with bilateral inguinofemoral lymphadenectomy and radiotherapy in postoperative period.

Miscellaneous: Poster Abstract

A prospective observational analysis: Poor quality of life in cancer patient population of South Indian Territory Hospital, MGM Hospital, Warangal

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Over the ten years, Quality of Life (QOL) investigations of cancer patients have become an important evaluation parameter in the cancer clinical research and treatment evaluation programs. This study was carried out in tertiary hospital located at Warangal, Andhra Pradesh, India. We assessed the overall QOL of patients affected by cervical, breast, head and neck, and stomach cancers by using EORTC QLQ C-30, QLQ-BR23, QLQ-H&N35, QLQ-CX24, and QLQSTO22 on ≤ 2 cycles as Review-I and ≥ 5 cycles as Review-II. The data were analyzed for 104 individuals with mean age of 46.1} 11.2 years. In head and neck cancer patients, physical, role, social function, pain, insomnia, diarrhoea, speech problems, swallowing, dry mouth were significant ($P < 0.05$). Breast cancer patients, physical, role function, future perspective, fatigue, pain, arm symptoms and upset by hair loss were significant ($P < 0.05$). In stomach cancer patients, physical, role function, nausea and vomiting, pain, financial problems, Dysphagia, reflux symptoms and eating restrictions were significant ($P < 0.05$). In cervical cancer patients, physical, emotional function, fatigue, nausea and vomiting, pain, insomnia, symptom experience scale, menopausal symptoms were significant ($P < 0.05$). Most of the findings are similar to earlier studies, which shows that, QOL was predominantly influenced by the above mentioned factors in this study population and they also have some interesting implications for.

Key words: Breast cancer; cervical cancer; head and neck cancer; quality of life; stomach cancer

Miscellaneous: Poster Abstract

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Miscellaneous: Poster Abstract

Pediatric vaginal rhabdomyosarcoma: Report of 2 cases

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Introduction: Rhabdomyosarcoma (RMS) arising in the female genital tract is rare accounting for 3.5% of all RMS cases. Approximately half these occur in the vagina, a site that has been associated with a favorable prognosis. Optimal loco-regional treatment for patients with vaginal RMS remains controversial since wide local excision is mutilating and often not done. Two cases of vaginal RMS are reported who underwent chemotherapy and local control with brachytherapy.

Methods: Retrospective chart review was done between 2011 and 2015. During this interval, out of 31 cases of pediatric RMS managed at our institution, 2 had vaginal RMS. Their management and outcome is detailed below.

Results - Case Materials: Two patients, both aged 2 years at the time of diagnosis, presented with grape-like mass protruding from vaginal orifice and bleeding for 1-2 months. Characteristic MRI features were of a heterogeneously enhancing polypoidal soft tissue mass filling vaginal lumen and protruding out of introitus confirming Botryoidal RMS. Biopsy and histopathology was suggestive of embryonal RMS (IHC positive for desmin, myogenin and focally for myo-D1). Tumor in both the patients was staged as Stage 1 Group 3 (low risk). They were started on neo-adjuvant chemotherapy as per IRS-□ Protocol with 3 weekly cycles of vincristine, dactinomycin and cyclophosphamide for 33 weeks. They had near complete regression of tumor and received brachytherapy for residual thickening of the vaginal wall. They have been followed up for 24 months and 57 months respectively from presentation, and are disease free. They are on close surveillance with periodic examination under anesthesia and imaging. One patient developed post radiation vaginal synechiae requiring vaginal dilatation.

Conclusion: In patients with non-resected vaginal RMS, good outcome can be achieved by the use of brachytherapy for local control.

Miscellaneous: Poster Abstract

One step versus two step screening for gestational diabetes mellitus

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Objective: To compare the incidence, maternal and fetal outcomes of gestational diabetes mellitus using one step vs. two step as a screening procedure.

Methodology: A prospective randomized trial involving screening of 1000 pregnant women for gestational diabetes mellitus was conducted. Women were divided in two groups (500 each). Group A comprised of patients screened with two step approach (ACOG recommendation), Group B comprised of women screened by one step method (IADPSG criteria). Women diagnosed with 'gestational diabetes' were followed in antenatal clinic and incidence of GDM, maternal and fetal outcome between two groups were analyzed using SPSS. **Results:** The incidence of GDM was almost double using one step approach versus two step which was 19.2% and 11.8% respectively. Maternal outcomes were comparable in both the groups except the risk of preterm delivery which was 2.5 times more in group A than group B (odds ratio = 2.43 95% CI = 1.01-5.79). Further fetal outcomes were also comparable except neonatal hypoglycemia which was seen in 29.31% in group A vs. 7.4% in group B. In the group B 15 patients (15.8%) patients with GDM (based on FBS ≥ 92 mg/dl at 1st ANC visit) showed clinical symptoms & blood sugars in hypoglycemic range on MNT requiring resumption of normal diet.

Conclusion: The incidence of GDM using IADPSG criteria was almost double versus ACOG criteria. Maternal and fetal outcomes were comparable except in 15.8% women diagnosed as GDM (using FBS ≥ 92 mg/dl at 1st ANC visit as per IADPSG) suffered from hypoglycemia. A large trial is being proposed before these criteria are adopted.