

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

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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

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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 10th 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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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.

Miscellaneous: Oral Abstract

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

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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/mm³ 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/mm³, 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.