Ovary: Poster Abstract

Unusually high serum Ca 19-9 in a benign ovarian tumor

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Introduction: Ovarian tumors have a varied spectrum of presentation. Tumors which look malignant clinico-biochemically can ultimately turn out to be benign. Tumor markers help in diagnosing various malignancies. Carbohydrate antigen 19-9 is one such marker seen to be elevated in some ovarian tumors.
Case: A 55 year old, lean and thin postmenopausal female presented to Gynae OPD with abdominal mass, anorexia and weight loss developing over last 6 months. During workup, she was found to have unusually high Ca 19-9 along with MRI findings suggestive of ovarian tumor. Staging laparotomy followed by total abdominal hysterectomy with bilateral salpingoophorectomy was performed. Per operative findings were suggestive of benign nature of ovarian tumor of size 18× 20 cm. Patient was kept under follow up. Histopathology report showed benign mucinous cystadenoma. The serum levels of Ca19-9 returned to normal 8 weeks following surgery. This case report shows a rare and significant elevation of Ca19-9 levels with benign mucinous cystadenoma of the ovary, thus showing that women with unusually elevated tumor markers and even symptoms suggesting malignancy may actually harbour a benign disease.
Conclusion: Unusually high Ca 19-9 may be associated with benign mucinous cystadenoma but thorough workup to rule out malignancy is a must in every case.

Ovary: Poster Abstract

Immature teratoma

Introduction: Immature teratoma represents 3% of all teratomas, 1 % of all ovarian cancers and 20% of malignant ovarian germ cell tumors. It is found either in pure form or as a component of a mixed germ cell tumor. It occurs essentially during the first two decades of life. According to WHO, immature teratoma is defined as a teratoma containing a variable amount of immature embryonal type neuroectodermal tissue
Case: We present here a report of 23 years old unmarried female who presented with complaint of abdominal pain since 1 month and her CT scan done outside, showed fibroid uterus. She had history of typhoid fever 1 month back for which USG was done which suggested large uterine fibroid. On examination she was hemodynamically stable. On abdominal examination a non-tender supra-pubic mass of 24 weeks size with firm consistency, irregular margin was felt. On investigation CA 125 was 64.90 IU/L, LD- 223, beta HCG- 1.14. On MRI a large abdomino-pelvic lesion, likely left adnexal lesion with multiple cystic areas, with hemorrhage, with ascites and enlarged retroperitoneal lymph nodes with omental infiltration suggestive of a possibility of malignant germ cell tumor. In view of large ovarian tumor, possibly malignant decision for staging laparotomy was taken. Intra-operatively a large irregular vascular solid mass of 20 x 20 cms with bosselated appearance with few cystic lesions over it was seen, arising from left ovary and was sent for frozen section which reported malignant mature teratoma with components of immature teratoma. She underwent laparotomy with left salpingo-oophorectomy with right ovarian biopsy, omentectomy, appendectomy with B/L pelvic lymphadenectomy. Histopathology was suggestive of grade III immature teratoma. In view of grade III immature teratoma, she received chemotherapy (BEP regimen) post-operatively and is currently under follow up.
Conclusion: This case reflects the importance of early diagnosis in cases of pelvic masses in young females. Fertility preservation should be considered in young women with germ cell tumors. Patients with grade II or III tumors or a mere advanced stage disease should be treated with adjuvant chemotherapy (BEP) in addition to surgery.

Ovary: Poster Abstract

Inguinal lymphadenopathy as a presentation for ovarian cancer

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Ovarian carcinoma usually presents at an advanced stage with diffuse intra abdominal manifestations. Inguinal lymph node metastasis is rare event in ovarian cancer. We report 7 cases who presented with inguinal lymphadenopathy as the initial manifestation between January 2014 to January 2016. All patients underwent tru-cut biopsy from inguinal area. Morphology and IHC were suggestive of ovarian origin or female genital Tract origin. Two patients underwent primary debulking surgery while four patients were managed by neo-adjuvant chemotherapy followed by interval cytoreductive surgery owing to relatively poor performance status at presentation. One patient underwent secondary debulking in which inguinal Lymph node was positive for metastatic deposits.

Ovary: Poster Abstract

Shikha Madan

Primary pure ovarian leiomyosarcomas constitute a malignant subgroup of ovarian smooth muscle tumors which comprise only 1% of ovarian tumors. Their origin, etiology, histologic features, clinical behavior, and optimal treatment are still obscure. We report a case of leiomyosarcoma of ovary, diagnosed on histopathology in a 30 year old female.

Ovary: Poster Abstract

Pure primary non gestational choriocarcinoma ovary – diagnostic dilemma and treatment intricacy

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Introduction: Germ cell tumors of the ovary include all neoplasm derived from primordial germ cells of the embryonal gonad. Five percent of germ cell tumors are malignant, representing three to five per cent of all ovarian carcinomas of which pure primary non-gestational ovarian choriocarcinoma accounts for less than one per cent of ovarian tumors. Primary choriocarcinoma of ovary could be gestational or nongestational in origin. They pose diagnostic challenges in reproductive age group patients because of elevated human chorionic gonadotrophin (hCG). Non-gestational choriocarcinoma (NGCO) is resistant to single agent chemotherapy, requiring more aggressive combination chemotherapy post surgery. Due to the rarity of the disease, this article reviews the treatment protocol for NGCO.
Methods: All the articles related to choriocarcinoma of ovary at Pubmed, Google scholarly article and Scopus were assessed and reviewed and their references were also reviewed and included in this article.
Discussion: Clinical diagnosis of NGCO is often challenging because the clinical symptoms are often nonspecific and can mimic other, more common conditions that occur in young women, such as a hemorrhagic ovarian cyst, tubo-ovarian abscess, ovarian torsion, and ectopic pregnancy. The symptoms of vaginal bleeding, elevated hCG level, pelvic pain, and an adnexal mass often lead to incorrect diagnosis of ectopic pregnancy, threatened or incomplete abortion, cervical polyp, or other types of malignancy. Non-gestational choriocarcinomas have been found to be resistant to single agent chemotherapy, have a worse prognosis, and therefore require aggressive combination chemotherapy. Adjuvant chemotherapy with the EMA (etoposide 100mg/m2, methotrexate 100mg/m2, actinomycin-D 0.5mg) regimen may be given, for six to nine courses at seven days interval. Studies suggest that the disease responds well to the combination of surgery and postoperative adjuvant chemotherapy. However, long term effects of such therapy should be further studied with more cases.
Conclusion: Because of the small number of patients with pure ovarian choriocarcinoma, a consensus on the treatment regimen including surgery and chemotherapy is lacking. Surgery with adjuvant combination chemotherapy is the standard treatment of choice.

Ovary: Poster Abstract

Juvenile granulosa cell tumor

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The differential diagnosis for precocious puberty in a young female includes peripheral causes. This case report documents a rare cause of isosexual precocious puberty, a juvenile granulosa cell tumour of the ovary–and a brief literature review. A one year-old baby girl presented with mass abdomen, vaginal discharge and rapid onset of pubertal development. She underwent an exploratory laparotomy

for tumour resection. Pathology reported a juvenile granulosa cell tumour of the ovary. Early stage granulosa cell tumor surgically treated has good prognosis. Adjuvant chemotherapy is not indicated in this setting.

Endometrium: Oral Abstract

Study of factors to predict recurrence in early stage endometrial cancer

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Introduction: Risk stratification of patients with early endometrial cancer for recurrence is inadequate.
Objectives: To study factors that influence recurrence in uterus-confined, early stage endometrial cancer (UCD).
Patients and Methods: We studied 140 consecutive patients with endometrial cancer, operated at Action Cancer Hospital, Delhi, from August 2010 to September 2015. All patients underwent staging laparotomy, TAH + BSO + BLPND + para-aortic LN sampling, and omental biopsy. Adjuvant treatment was given as per the NCCN guidelines. They were followed up 3 monthly for 2 years, and 6 monthly thereafter. 121 patients (86.4%) had UCD (FIGO stages IA, IB, II). Excluding one post-operative mortality, and 4 who were lost to follow up, we included 116 patients in this study.
Results: The median age of these patients was 60.5 years (range: 35-81 years), with median BMI of 31.2 kg/m^2 (range=19.8-57.5). Diabetes or hypertension was present in either or both of 76 (65.5%) patients. The median pelvic LN harvest was 17 (range: 4-42). Eight (6.9%) patients had non-endometroid histology, and 5 (4.3%) patients had LVSI. Grade 1, 2, and 3 tumor was found in 74 (63.8%), 30 (25.9%), and 12 (10.3%) patients, respectively. The median follow up was 28 months (range 5-61 months), and recurrence was seen in 13 (11.2%) patients. On univariate analysis we found that age, co-morbidities (DM and HT), LVSI, and non-endometroid histology were related to recurrence. The tumor grade and adjuvant treatment did not influence recurrence rates. On multivariate analysis, presence of comorbidities and non-endometroid histology were independently related to disease recurrence (p=0.044, and 0.011, respectively).
Conclusions: Disease recurrence was seen in one in ten patients with UCD, despite stage-appropriate treatment. Presence of co-morbidities and non-endometroid histology were independently related to recurrence.

Uterus: Oral Abstract

Outcomes of carcinosarcoma of the uterus

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Objectives: To evaluate the outcome of women with uterine carcinosarcoma.
Methods: The medical records of all patients admitted with uterine carcinosarcoma between January 2012 and October 2015 were reviewed. Baseline characteristics were compared and survival was calculated using Kaplan Meier method and compared using log rank test.
Results: The total number of uterine malignancies operated in our centre over this time period was 247 of which 33 were sarcomas (13%). Median age of presentation was 56 years (21-77 years). Most women were postmenopausal (76%) and 46% of them presented with post menopausal bleeding.
There were 16 carcinosarcomas of the uterus. Eight presented at Stage 1 (50%) and the remaining 8 in stage III or IV. All patients had TAH/BSO but only 15 had omentectomy and 12 had pelvic and para-aortic lymphadenectomy. Adjuvant treatment was given only to 10 (63%). Seven patients had expired at the time of follow up. The mean survival was 502 days (304-699) with a median of 284 days. Patients who received adjuvant therapy did better compared to those who did not (p=0.05).
Conclusions: Carcinosarcomas are aggressive tumours and the optimal therapy is yet to be determined. Adequate surgical staging followed by adjuvant therapy improves survival.

Uterus: Oral Abstract

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Introduction: Uterine sarcoma accounts for nearly 3% of all uterine malignancies. They have 4 major pathology includes endometrial stromal sarcoma high grade, ESS low grade, uterine leiomyosarcoma (uLMS) and undifferentiated uterine sarcoma (UUS). Recent WHO classification 2014, recognizes low grade ESS and high grade ESS as distinct entity. They differ from endometrial carcinoma in their aggressive nature and poor prognosis. We review our database and found total 44 eligible patient treated at our institute.
Materials and Methods: Its retrospective analysis of computer based database of our institute from January 2009 to December 2015. We analyzed demographic, pathological, treatment and survival data.
Results: Total 44 patient treated for uterine sarcoma at our institute. Among these 16 were operated at our institute during study period. Here we reporting results of operated patients at our institute. The histological diagnosis LMS (5/16), ESS-L (4/16), MMMT (3/16), UUS (3/16) and ESS-H (1/16). Stage distribution was stage I, (6/16) stage II, (5/16) stage III, (3/16) stage IV, (0/16) and unknown stage (2/16). Two patients underwent completion surgery for outside myomectomy. The adjuvant treatment was CT in 3/16, CT with RT in 7/16, HT in 4/16 and one lost to follow up with one was put on observation. Median follow up is 30 month with 14 patients alive and one lost to follow up. At last follow up 4 patients alive with metastatic disease and 10 patients alive with no evidence of disease.
Conclusion: Uterine sarcoma are uncommon disease with

Endometrium: Oral Abstract

Preoperative and intraoperative assesment of myometrial invasion and histological grade in endometrial cancer: Role of MRI and frozen section

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Introduction: The role of systematic lymphadenectomy in clinically early stage endometrial cancer is controversial. A number of factors can predict lymph node metastasis including myometrial invasion, tumor grade in endometrial cancers. The purpose of the present study is to evaluate the accuracy of preoperative MRI and intraoperative frozen section in determining the depth of myometrial invasion, cervical involvement, tumor size and lymph nodal status. We also studied the accuracy of preoperative endometrial biopsy and intraoperative frozen section in determining the grade of the tumor.
Materials and Methods: Medical records of 235 consecutive cases of clinically early stage endometrial cancer were reviewed retrospectively. A record of depth of myometrial invasion, tumor size, cervical involvement and presence of enlarged lymph nodes was made on a preoperative MRI. Similarly depth of myometrial invasion, tumor size, cervical involvement and grade of the tumor were recorded on an intraoperative frozen section. The grade of the tumor was also recorded on a preoperative endometrial biopsy. Standard statistical calculations were used.
Results: The sensitivity and specificity of MRI for myometrial invasion for the first 160 cases were 81.3 and 75%, respectively while that for frozen section were 80 and 96.2%, respectively. For tumor grade the sensitivity and specificity of preoperative endometrial biopsy were 60 and 95.6%, respectively while that of frozen section were 53.8 and 97.6%, respectively. For cervical involvement the sensitivity of MRI and frozen section was 62.5 and 98.4%, respectively. Updated results of the entire cohort of 235 cases will be presented at the conference if selected.
Conclusion: Although the sensitivity of both frozen section and MRI for predicting deep myometrial invasion was similar (80 vs 81.3%) but the specificity (96.2 vs 75%) and negative predictive value (92.7 vs 88.2%) of frozen section were superior to MRI. Both preoperative biopsy and intraoperative frozen section had low sensitivity (60 vs 53.8%) for detecting a high grade lesion.

Endometrium: Oral Abstract

Study of PTEN immunohistochemical expression in endometrial hyperplasia

Sabuhi Qureshi