

All investigation showed no evidence of tumor in ovaries and at any other primary site then the patient finally diagnosed as having Granulosa cell tumor involving only omentum post op stage III C. Then patient was given six courses of chemotherapy with Inj Paclitaxel and Inj Carboplatin three weekly. Now patient is on regular follow up and disease free.

Conclusion: Extra ovarian adult granulosa cell tumor of omentum is rare tumor. Multimodal treatment approaches including surgery, multi-agent chemotherapy may provide a survival benefit for patients.

Miscellaneous: Ovary Abstract

Synchronous malignancy of ovary and cervix

Vani Malhotra, Smriti Nanda, Meenakshi Chauhan, Vandana Bhuria

Background: Synchronous primary malignancies of the female genital tract constitute 1.7% of all genital malignancies.

Case: A 45-year-old para 5 woman presented with loss of appetite and abdominal distention. Provisional diagnosis of ovarian malignancy was made. Final histopathology of the specimen revealed ovarian papillary serous cystadenocarcinoma with cervical leiomyosarcoma. She received chemotherapy.

Results: Patient is on regular follow-up.

Conclusion: The coexistence of primary neoplasms in the ovary and cervix are rare. A normal appearing organ may have a hidden malignancy. So, every surgical specimen should be subjected to detailed histopathological examination. Also, the possibility of synchronous malignancy elsewhere in body should be kept in mind while working on a genital malignancy.

Miscellaneous: Poster Abstract

Radical excision of a massive vulvo: Vaginal mass

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Background: Vulvo-vaginal masses has a varied presentation and causes. The most common differential diagnosis are Condylomata acuminata, Vulvar abscess, Vulvar/vaginal cysts, Vulval carcinoma, Vulval lipoma, Angiomyofibroblastoma and Aggressive Angiomyxoma. Surgical excision of the mass is the main method of treatment and the outcome differs with the histological diagnosis. We present a video of excision of a massive Vulvo vaginal mass in toto.

Case: A 45 year old P3 L3 female, presented with complaint of mass in perineal area & discharge per vaginum for 2 years. The mass was growing progressively and reached the present size. On examination there was a 9 X 8 cm irregular firm to cystic mass, arising from posterior wall of vagina and protruding out of introitus with bossellated surface. The mass also extended into right ischioanal fossa, 10 X 10 cm mass with cystic, smooth surface that was irreducible with no cough impulse. CECT abdomen and pelvis revealed a well-defined 12 X 10 X 8 cm mass in right perineum arising from right lower lateral vaginal wall with ischioanal fossa extension. There was no extension into cervix, bladder or rectum. Biopsy taken from the mass was inconclusive. A wide local excision was done under general anesthesia wherein an ischioanal and vaginal mass of size 30 X 10 cm with irregular margin was excised in toto. Histopathology was suggestive of Aggressive Angiomyxoma. The patient is under follow up.

Discussion: Aggressive Angiomyxoma is a rare slow growing locally invasive mesenchymal tumor and has a substantial potential for recurrence. It is often misdiagnosed. Pre-operative diagnosis is difficult due to rarity of this entity and absence of diagnostic features, but it should be considered in case of masses in genital, perianal and pelvic region in a woman of reproductive age. Radical surgical excision is the first line of management. A long term follow up of the case is necessary and MRI is preferred method for detecting recurrences.

Miscellaneous: Poster Abstract

Distant pedicled musculocutaneous/fasciocutaneous flaps; a novel approach for reconstruction of large vulvar defects

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Introduction: Postablative reconstruction of vulvar defects is a difficult challenge. Local flaps carry a high incidence of delayed wound healing as local flaps may redistribute but not eliminate local wound tension. Repair of defect with distant pedicled flaps may avert local complications by minimising tension to the skin and increasing the initial biomechanical strength of wound. The aim of this study was to determine the clinical outcome of distant musculocutaneous & fasciocutaneous flaps used for postablative reconstruction of large vulvar defects.

Methods: Between January 2015 to December 2015 total three patients underwent vulvectomy and immediate reconstruction with distant pedicled flaps for vulvar carcinoma. Postoperative complications were recorded and clinical outcomes were evaluated.

Results: Two of the three flaps healed primarily. One flap was complicated by minor wound dehiscence, which healed with conservative treatment. Hospital stay and clinical course was shorter in comparison to local flaps and split skin graft.

Conclusions: Distant musculocutaneous and fasciocutaneous flaps provide excellent design flexibility and can be tailored to reconstruct postablative vulvar defects with good outcomes and minimal morbidity.

Miscellaneous: Poster Abstract

To find the prevalence of female genital tract malignancies in a tertiary care hospital

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Genital tract and breast are two most common sites of malignancy in females. Out of the genital tract malignancies, carcinoma cervix is so far found to be the commonest followed by ovary and endometrium. In developed countries, carcinoma cervix incidence is comparatively quite low due to good regular screening of females. One year review of patients was done, who underwent definitive/debulking surgery for a diagnosed malignant pathology of the genital tract, in obstetrics and gynaecology department of Govt medical College and Hospital, Chandigarh. Total 62 patients were operated, most common indication was carcinoma ovary, followed by endometrial cancer, cancer cervix and gestational trophoblastic neoplasia. 166 patients underwent biopsies for suspicious symptoms or the abnormal findings on examination and the patients with final malignancy report were either operated as described above and the inoperable cases were referred to oncology department for further management.

Miscellaneous: Poster Abstract

Gestational trophoblastic neoplasia: Retrospective analysis of clinical profile, treatment pattern and outcome

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Background: Gestational trophoblastic disease is a spectrum of cellular proliferation arising from the placental villous trophoblast. Gestational trophoblastic neoplasia (GTN) is a collective term for GTD that invade locally or metastasize. GTD includes hydatidiform mole (complete and partial) and GTN include invasive mole, choriocarcinoma, placental site trophoblastic tumor and epithelioid trophoblastic tumor.

Aim: To evaluate clinicopathological profile, treatment pattern and clinical outcome in patients with gestational trophoblastic neoplasia (GTN).

Materials and Methods: Twelve cases of gestational trophoblastic neoplasia treated between 2012 to November 2015 in dept of Radiotherapy – II, PGIMS, Rohtak were evaluated in this retrospective study. Data was analyzed on the basis of age, histopathology, stage, type of treatment received and treatment related toxicities. Disease free survival was estimated.

Results: Out of 12 women 7 (58 %) had hydatidiform mole, 4 (33%) invasive mole and 01 (8%) had choriocarcinoma. All the cases were given chemotherapy. Two patients had low risk disease. Among high risk group

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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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

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

Satodiya Mohit Hematbhai

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.