potential which shares similar histological and immunochemical features with mesonephric remnants.

Case: Here we present a case repot of a 40 years old, nulliparous female who presented with acute pain abdomen and fever since 2 days. Her LMP was 30.09.2015 and her past menstrual cycles were irregular. She was nulliparous with history of infertility. In past medical history revealed her to be a known diabetic for 5 years, with uncontrolled blood sugars. Patient was hemodynamically stable. On per abdominal examination there was generalized tenderness all over the abdomen with guarding and rigidity. On per speculum examination vaginal discharge was noted with unhealthy cervix. Per vaginal examination revealed a tender mass of approximately 8 x 6 cm was felt on left fornix. All her base line investigations were normal. The salient investigations like CA-125 35.60 IU/L, CEA 3.46, Beta-HCG 2.29 were normal. On imaging, MRI showed a well defined solid cum cystic space occupying lesion of 9 x 8 cm arising from left adnexa with evidence of right hemorrhagic adnexal cyst 6 x 7 cm and hydro/hematosalpinx noted. There was well defined space occupying lesion in the pelvis on the left of the uterus which is likely a broad ligament leiomyoma. Diagnosis of acute abdomen was made with adnexal mass probably infectious in origin. Injectable antibiotics were started. In view of acute pain abdomen decision for surgical intervention was taken. Laparoscopic findings revealed bilateral ovarian abscess with left sided broad ligament mass (solid consistency) probably leiomyoma. Right tube and ovary were normal. Drainage of tubo-ovarian abscess with left salpingo-oophorectomy with right salpingectomy with adhesiolysis was done and sent for histopathology. HPE reported Female adnexal tumour of probable wolffian origin (FATWO) which was positive for vimentin and CD10, possibly arising from left sided broad ligament. Patient underwent radical hysterectomy with omentectomy with appendicectomy was done in view of FATWO.

Conclusion: Female adnexal tumour of probable wolffian origin (FATWO), is a rare neoplasm which is usually considered as benign, although in some cases metastasis on recurrences have been reported even after a long interval following the initial diagnosis. Pre-operative diagnosis of FATWO is very difficult because of the rarity of the disease and paucity of the literature available.

Endometrium: Poster Abstract

A rare case of invasive mole following evacuation of molar pregnancy and its management

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Introduction: Gestational trophoblastic disease (GTD) is a spectrum of abnormal growth and proliferation of trophoblasts that continue even beyond the end of pregnancy. It comprises of hydatidiform mole, invasive mole, choriocarcinoma and placental site tumor. Invasive mole (Choreoadenoma destruens) comprises about 5-8% of all GTD. It has invasive and destructive potentialities.

Case Report: We report a case of 22 yr old female, G3P0A2, with 3 months amenorrhea with c/o pain abdomen since 4 days with no c/o bleeding p/v, with raised level of β hcg after two spontaneous abortions. On clinical examination vitals were stable. P/A ut 16-18 wks, doughy feel, slight tender. P/V os closed, ut 16-18 wks, bpv+. Ultrasonography shows multicystic lesion in cervix and vagina with loss of fat planes with UB. β hcg level was more than 5,00,000. Suction evacuation was done and products sent for histopathology. MRI Pelvis was also done in which invasive mole was diagnosed. 4 doses of inj. Methotrexte f/b folinic acid was given but β hcg levels did not fall by log 10. On histopath there was no evidence of invasive mole but 2nd line chemotherapy (EMACO) was started on the basis of MRI findings. Patient has received 5 cycles of EMACO REGIME with β hcg level being followed and is on decreasing trend, has reached to 5.90 mIU/ml.

Conclusion: Patient of molar pregnancy should be followed regularly for early diagnosis of persistent gestational trophoblastic disease and adequate management as loss to follow up patients may land up into complications.

Miscellaneous: Poster Abstract

Vulvar myiasis: Atypical Presentation as carcinoma vulva

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Myiasis is a parasitic infestation, rarely seen in the vulval region with more cases being reported in tropical, subtropical and warm temperate climate. Cutaneous myiasis can be misdiagnosed as cellulitis, leishmaniasis, sebaceous cysts, staphylococcal boil, insect bite or skin abscess. Knowledge of the characteristic clinical findings and the close inspection of skin lesions are key to diagnosing myiasis. We report a case of vulval maggots which was misdiagnosed as vulvar carcinoma and caused undue anxiety to the patient.

Miscellaneous: Poster Abstract

Massive peripheral giant cell granuloma associated with pregnancy

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Peripheral giant cell granuloma (PGCG) is a relatively Common reactive exophytic lesion of the oral cavity. The influence of hormones has been suggested as contributory factor in PGCG development and predominance of these lesions in young females as well as some previously reported pregnancy related cases support this belief. It has been observed that majority of lesions present in the 4th decade of life, when hormonal changes are more pronounced. Cailluette and Mattar in their study found that peripheral giant cell granuloma are under the influence of the ovarian hormones. However Chambers and Spector suggested peripheral giant cell granuloma to be enhanced by pregnancy rather than being pregnancy dependent. The responsiveness of gingiva to these hormones along with the immunosuppressive actions of the hormones contributes to the growth of the lesion. Clinically, PGCGs may present as polypoid or nodular lesions, predominantly bluish red with a smooth shiny or mamillated surface.

This poster will review the literature available on the association of Massive Peripheral Giant Cell Granuloma With Pregnancy with focus on possible causes of PGCG during pregnancy.

Miscellaneous: Poster Abstract

High precision radiotherapy for vulvar cancer in post renal transplantation: Dosimetric challenges

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Background: Patients with renal transplant have a higher incidence of various malignancies. Delivery of adequate radiation dose to the pelvic target in such patients sparing the transplanted kidney is a dosimetric ordeal. Due to lack of sufficient data in the literature regarding the dose constraint of the transplanted pelvic kidney, plan evaluation becomes extremely challenging in this situation. Here we present comparative dosimetric plan evaluation data of treating a patient with carcinoma of the vulva with transplanted kidney.

Methods: We compared 3D conformal radiotherapy (3DCRT) and Intensity Modulated Radiotherapy (IMRT) plans for a patient diagnosed to have carcinoma of the vulva with a transplanted kidney. Total dose of radiotherapy (63 Gy) was delivered in two phases (45 Gy in 25 fractions and 18 Gy in 10 fractions respectively). We compared dose to planning target volume (PTV), and dose to organs at risk including the transplanted kidney in these two techniques. The volumes encompassed by different isodoses (50%, 20%, 10%, 5%) were also compared. Weekly renal function test was monitored.

Results: The dose received by 95% of the planning target volume in 3DCRT was 43.3 Gy (phase 1), 17.7 Gy (phase 2) and in IMRT was 43.74 Gy (phase 1), 17.3 Gy (phase 2). The mean doses received by kidney in Phase 1 3DCRT, Phase 1 IMRT, phase 2 3DCRT and phase 2 IMRT were 0.98 Gy, 3.05 Gy, 0.74 Gy, 0.13 Gy respectively. The volumes covered by 50%, 20%, 10%, 5% were higher with IMRT plan when compared with 3DCRT plans. The creatinine values remained stable through the treatment.

Conclusion: Radiotherapy in renal transplanted patients can be done with high precision radiotherapy techniques with strict dosimetric and image guided set up verification.