

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.

Results: A total of 32 articles were analysed and about half of them included in the discussion to answer the research question.

Discussion: Inflammatory cytokines released by tumor and immune cells compromise the mesothelial cell layer that lines the peritoneal cavity, exposing the underlying extracellular matrix to which cancer cells readily attach leading to formation of spheroids which imparts resistance to anoikis, apoptosis and chemotherapeutics leading to efficient feed forward progressive cycle of seeding and growth of peritoneal metastasis. Intraperitoneal metastasis can cause peritoneal dysfunction, adhesions and malignant ascites. Epithelial mesenchymal transition and myofibroblastic transformation occur in the mesothelial cells in response to pathological stimuli. Vascular endothelial growth factor is an important mitogen for endothelial cells and plays an important role in increasing capillary vascular permeability. In preclinical studies systemic administration of VEGF Trap which acts as a decoy receptor for VEGF has shown to decrease the formation of ascites fluid and prevent tumour dissemination. Epithelial ovarian cancer cells have developed various mechanisms to evade immune surveillance like development of surface microvesicles which contain CD 95 ligand leading to apoptosis of immune cells. Higher levels of osteoprotegerin, IL 10 and leptin in the ascitic fluid have been associated with a poor prognosis in malignant ascites. Tethered bowel sign and presence of fluid in the omental bursa on CT have been shown to distinguish between malignant ascites and Cirrhotic ascites with accuracy. Immunological approaches to management of malignant ascites include use of intraperitoneal triamcinolone, interferon, long acting synthetic corticosteroids and the trifoliate antibody catumaxomab. VEGF Inhibitors like octreotide and long acting depot preparations of lanreotide have also been shown to be feasible therapeutic options. Anti androgenic agents and PARP inhibitors have also been proposed as management options. Spontaneous bacterial peritonitis in the setting of malignancy in the absence of hepatic dysfunction has been reported to have a poorer prognosis than SBP in the setting of decompensated liver disease. Monomicrobial and polymicrobial bacterascites have been proposed in the absence of an elevated neutrophil ascitic fluid count that does not meet the diagnostic criteria. Extensive liver metastasis where the diseased liver can be expected to behave like a cirrhotic liver and gastrointestinal bleeding (on the basis of an isolated case report) have been considered as risk factors for the development of SBP in malignant ascites. In a case series of 8 patients with malignancy related ascites Patients with total ascitic fluid concentration of less than 1 gm per litre were found to be at risk for Spontaneous bacterial peritonitis and warrant fluoroquinolone prophylaxis.

Conclusion: Spontaneous Bacterial Peritonitis complicating malignant ascites is questionable entity. Good quality Audits and Randomised control trials are warranted to in this domain to enable the definition of incidence, antecedent complications, management and prophylaxis to ensure applicability of translational research to the clinical domain.

Key words: Ciprofloxacin; malignant ascites; spontaneous bacterial peritonitis

Miscellaneous: Oral Abstract

A case of invasive mole presenting as perforation uterus and massive haemoperitonium

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Gestational trophoblastic neoplasia (GTN) are rare tumours that constitute less than 1% of all gynecological malignancies. Invasive mole is a distinct subgroup of GTN, which follows approximately 10-15% of complete hydatiform moles. This is a case of invasive mole presenting as uterine perforation and massive haemoperitonium. The 35 year old parous woman presented with severe pallor, acute abdominal pain and hemoperitonium. She gave history of evacuation of a molar pregnancy four month back. Her serum B-HCG was elevated (80,000 IU/ml). Laprotomy revealed perforation through the uterine fundus with purple discolouration and grapes like vesicle with massive haemoperitonium. Patient was managed by hysterectomy and packed cell transfusion was given. Postoperative followup with B-HCG levels was done and chemotherapy (methotrexate and folinic acid) was given.

Miscellaneous: Poster Abstract

Vulvar cancer: Patterns of recurrence and clinicopathological prognostic factors involved in recurrent cases

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Objective: Vulvar cancer is a rare disease, with an incidence of 0.6% of all female malignancies. With the advances in management of carcinoma vulva to individualisation of treatment to reduce the psychosexual impact an aggressive treatment can have, it is imperative to understand the patterns of recurrence and the common prognostic factors involved. The aim of this study was to determine prognostic variables for recurrence and survival and to identify patterns of recurrence in patients with vulvar cancer.

Materials and Methods: All patients (n=87) with primary vulvar cancer treated at the Rajiv Gandhi Cancer Institute between January, 2006 to January, 2015 who underwent surgery were retrospectively analysed regarding the prognostic relevance of different clinicopathological variables. Recurrences were evaluated with regard to their characteristics and localisation and the variables associated with them were analyzed.

Results: Age, stage of tumor, size of tumor, location of tumor (central or lateral), lymph node metastasis, depth of invasion and involvement of resection margins, associated intraepithelial abnormality predicted disease-free and overall survival. In multivariate analysis, lymph node status and positive margin status was the most important independent prognostic factor (p = 0.002). Irrespective of the initial nodal involvement, recurrences occurred primarily in the vulvar region.

Conclusion: Inguinofemoral lymph node status and adequate margins at initial diagnosis is of critical prognostic importance for patients with vulvar cancer. Further tumour biological characteristics need to be identified to stratify patients with nodal involvement for adjuvant radiotherapy of the vulva to prevent local recurrences.

Miscellaneous: Poster Abstract

Case series: Breast and ovarian cancer syndrome

Aims and Objectives: To report a series of cases with breast and ovarian carcinomas either in same patient or in a family and identifying the importance of BRCA 1,2 genetic testing in such individuals.

Materials and Methods: The medical records of breast and ovarian cancer patients operated over past 3 years at a single institute were reviewed retrospectively and their clinical profile, family history, final pathological reports and follow up data was collected.

Results: 8 patients were found to have breast and ovarian malignancies, out of which 3 had synchronous breast and ovarian cancers, 4 had metachronous and 1 patient with ovarian cancer had history of breast cancer in family. Median age of presentation to the hospital was 47 years and median time interval in metachronous disease patients was 5.5 years.

Conclusion: About 5% of people who have breast cancer and about 10% of women who have ovarian cancer have HBOC, caused by germline mutation in BRCA1,2 gene. These individuals have increased risk of developing breast cancer at younger age, TNBC, or developing a second primary in breast or ovary plus an overall risk of breast/ovarian/prostate/pancreatic malignancies in other family members due to inheritable mutation. Identification of BRCA mutation in such individuals can help family members to undergo genetic counseling and follow different screening and prevention guidelines from general population thus reducing the cancer risks.

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