

stage (1 and 2) while 21 cases had advanced disease (3 and 4). 48.78% cases were primarily treated with surgery, 26.83% with radiotherapy, 7.3% with chemotherapy and 17.07% with combined chemoradiation. 78% of surgically treated cases had mean survival of 5 years. Mean survival of 1 year was recorded in advanced disease cases. Limitation of the study was poor follow up after treatment.

**Conclusion:** Incidence of vulvar cancer is significantly high in multiparous and postmenopausal women. Surgical treatment is the best option in early stage of disease (stage I and II) and gives high survival rates while advanced disease treated with chemoradiation has poor survival.

## Miscellaneous: Oral Abstract

### Association of TNF- $\alpha$ -rs 281865419 polymorphism with reproductive tract infections in Indian population

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**Aim:** To investigate the presence of reproductive tract infections (RTIs) in symptomatic and asymptomatic women in North India and association of SNPs in TNF $\alpha$  gene (rs-281865419 C/T) with susceptibility to these RTIs.

**Methods:** We collected 100 symptomatic (cases) and 100 asymptomatic women (controls) samples and screened them for RTIs. Then genotyping of TNF- $\alpha$  gene was performed by PCR-RFLP.

**Results:** Among cases the frequencies of RTIs infection is higher than control. The prevalence of HPV, *C. trachomatis*, *T. vaginalis*, *Bacterial vaginosis* and *N. gonorrhoeae* are 28% and 6%; 11%, 32% respectively while in controls it was 5%, 2%, 1% and 8% and 1%. In the present study we found that the frequency of wild homozygous genotype (TT) was lower in cases 30% (6/20) as compared to controls 60% (12/20). The frequency of the heterozygous polymorphic genotype (CT) was higher in cases 65% (65/100) as compared to controls 32% (32/100). It was interesting to note that the frequency of the polymorphic homozygous genotype (CC) was higher in cases 15% (15/100) than controls 2% (2/100). While the frequency of the carrier genotype (CT + TT) was found to be more in cases 70% (70/100) than in controls 40/100 (40%). This study shows that T allele may be risk factor for reproductive tract infections as its percentage is higher in cases as compare to normal controls.

**Conclusion:** TNF- $\alpha$  rs-281865419 locus may serve as an important biomarker for RTIs predisposition in Indian population though larger sample size is needed to validate the findings.

## Ovary: Poster Abstract

### A rare case of ovarian and endometrial adenocarcinoma metastasized from carcinoma of jejunum

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**Introduction:** Krukenberg tumor of ovary is a rare clinical entity and accounts for 1-2% of all ovarian tumor. Stomach is most common primary site but other organs can also serve as a primary site. Accurate diagnosis of krukenberg tumor requires thorough endoscopic and histopathological examination to exclude primary tumor.

**Case Report:** 32 years old female presented with AUB for 2 months and history of jejunum carcinoma which was an incidental finding on biopsy after a surgery for intestinal obstruction. Endometrial biopsy showed endometrial carcinoma of mucin secreting signet ring type. CECT showed bilateral adnexal masses. Staging laparotomy was planned but due to dense adhesion and bladder and bowel infiltration optimal debulking could not be done and tumor was removed as much as possible. Patient was referred for chemotherapy.

**Conclusion:** Krukenberg tumor is uncommon metastatic signet ring cell adenocarcinoma of ovary with transcoelomic spread. It is essential to rule out other ovarian malignancy to avoid the misdiagnosis and management of krukenberg tumor.

## Miscellaneous: Poster Abstract

### Prevalence of abnormal PAP smears in antenatal women in a tertiary hospital in India

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**Background:** Pregnancy provides a good time for opportunistic screening of our women who rarely attend for cervical screening. The prevalence of abnormal PAP smear in pregnant women in developed countries was 5-6%, however, no literature was available from India.

**Aim:** To determine the prevalence of abnormal PAP smears in antenatal women presenting to our antenatal clinic.

**Methods:** Women attending the antenatal clinic with gestation of <28 weeks were recruited after an informed consent and had a PAP smear by Ayre spatula and cytobrush or a broom type of cytobrush. The comfort level during smear taking & any problems noted were recorded using a pain score. The smears were stained using the PAP stain, were categorized as adequate or inadequate & classified as per Bethesda classification.

**Results:** We had 150 women participating, the mean age was 24.2 yrs, the mean period of gestation was 17 weeks; 43.9% were nulliparous. Smear adequacy rate was 71.5% overall. Pain during procedure was reported in 2.9% of women, 18.3% had minor discomfort; 78.6% were comfortable. Minor bleeding during smear taking was noted in 15%; this was more with the cytobrush & broom than the Ayre spatula alone. Abnormal smears were seen in three women; two had AGC & one had LSIL.

**Conclusions:** Opportunistic cervical screening during pregnancy is safe and well tolerated. Abnormal Cervical smears were seen in 2% of our pregnant women.

## Miscellaneous: Poster Abstract

### Inpatient pharmacologic management of malignant bowel obstruction

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**Background:** Management of life threatening complications encountered in Advanced Cancer is an important domain of Palliative Oncology. Malignant Bowel Obstruction is usually an indicator of poor prognosis in Advanced cancer. It is usually associated with malignancies in the gastrointestinal tract or those outside the gastrointestinal tract (gynaecological malignancies). MBO can also occur with primary peritoneal as well as secondary peritoneal malignancies. Diagnostic criteria for MBO include Clinical evidence of bowel obstruction, obstruction distal to the Ligament of Treitz, presence of primary intraabdominal or extra abdominal cancer with peritoneal involvement.

**Materials:** Detailed below are two cases of Malignant Bowel obstruction managed with Conservative inpatient nonoperative management with discussion of the proposed pharmacological protocol for the same.

**Case Details:** A 45 year old Postmenopausal female diagnosed as carcinoma ovary stage iiic with left lower limb Deep Venous Thrombosis post multiple lines of chemotherapy including Paclitaxel plus Carboplatin, Etoposide, Tamoxifen and Liposomal Doxorubicin, Malignant pleural effusion post thoracentesis was seen in the wards. A 31 year old Female a known case of moderately differentiated carcinoma colon with transmural infiltration and serosal seeding along with omental deposits with hepatic metastasis was seen in the casualty with signs of Multiple episodes of bilious vomiting with colicky abdominal pain and diagnosed to have malignant bowel obstruction on clinic radiological evaluation. Both these patients were provided non operative management of malignant bowel obstruction, were kept nil per oral, nasogastric decompression was performed with ryles tube insertion, antisecretory medication Inj Octreotide 100 ug three times daily, Anti Edema measures Inj Dexamethasone 8 mg intravenous three times daily, Anti spasmodic and anti secretory medication Inj Hyoscine Butyl bromide 10 mg three times daily, inj Metronidazole 500 mg intravenous three times daily and Pain medication Inj Tramadol hydrochloride 50 mg intravenous