

Conclusion: Extended field Radiation in Gynaecological malignancies is a reasonably well tolerated procedure when treated with IMRT or VMAT, with acceptable toxicity profile.

Miscellaneous: Oral Abstract

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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 \geq 92 mg/dl at 1st ANC visit) showed clinical symptoms and 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 \geq 92 mg/dl at 1st ANC visit as per IADPSG) suffered from hypoglycemia. A large trial is being proposed before these criteria are adopted.

Miscellaneous: Poster Abstract

Anaplastic large cell lymphoma ALK negative vs. peripheral T cell lymphoma (NOS) - diagnostic dilemma

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Middle aged female presented with generalised lymphadenopathy and fever for last one month. Peripheral blood findings were within normal limits. There was no extra nodal involvement. FNAC performed initially from a cervical node suggested possibility of Hodgkin's lymphoma and a whole node biopsy was performed. Histopathological examination revealed effaced nodal architecture and a polymorphous population of lymphocytes, plasma cells, neutrophils and scattered large mononuclear cells with prominent nucleolus. An initial panel of CD3, CD20, LCA, CD15, CD30 and PAX5 was performed. The large atypical cells were positive for LCA, CD3 and CD30 with variable positivity for CD15. CD 30 showed Golgi and membranous staining. These large atypical cells were negative for PAX5 and CD20. In view of above findings, Hodgkin's lymphoma was ruled out and a possibility of Non- Hodgkin's lymphoma was considered. Further IHC markers were performed which included CD2, CD5, CD7, EMA, Alk, CD10 and Ki67. CD5 showed variable positivity. The cells of interest were negative for CD2, CD7, ALK and EMA. Ki 67 index was 70-80%. Overall histological and IHC findings favoured Alk negative Anaplastic large cell lymphoma. Differential diagnosis considered was peripheral T cell lymphoma (NOS). Hodgkin's lymphoma, peripheral T cell lymphoma (NOS) and anaplastic large cell lymphoma share common histomorphological findings. With careful analysis of Immunohistochemistry, it is easier to categorise Hodgkin's lymphoma. ALK negative anaplastic large cell lymphoma and peripheral T cell lymphoma (NOS) are difficult to categorise and show overlapping features. We in this case have discussed clinical, histomorphological and IHC pattern of Alk negative Anaplastic large cell lymphoma.

Miscellaneous: Oral Abstract

Chronic vulval problems: A gynaecologist's perspective

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Introduction: Chronic vulval symptoms are common complaints in women seeking health care and can significantly interfere with a woman's sexual function and sense of well being. Many practitioners feel diagnostically challenged, particularly by chronic or recurrent forms of vulval disease. The aim of this study was to assess the role of various diagnostic modalities in evaluation of chronic vulval symptoms.

Methods: Between August 2012 and February 2014, 100 women presenting with chronic vulval symptoms (i.e. \geq 3 months duration) were evaluated. All of them had a thorough clinical history taken including use of vulval washes and creams, a general and gynaecological examination. Patients having chronic vaginal discharge in addition had urethral, vaginal and cervical smear and culture. All women had a careful examination of the vulva with and without magnification. Vulval scrape cytology was taken after moistening the vulva with normal saline and stained by Pap stain. Colposcopy of the vulva was then carried out after applying 5% acetic acid and 1% toluidine blue dye. Vulval biopsy was taken from suspicious areas on colposcopy and further management was based on histopathology report.

Results: The mean age of women in our study was 43.57 years (range 22-80 years.), 70% women were pre-menopausal and 30% were post-menopausal. The mean duration of symptoms was 1.625 years (range 6 months - 15 years) and atypical vulval hygiene practices (excessive washing with soaps) was used in 77% of women. The commonest presenting complaint was pruritus in 92% of women; visible lesions on vulva were seen in 20%, pain in 6% and burning sensation in vulva in 5% of women. The histopathology was abnormal in 77 patients; the most common histopathological finding was non-neoplastic epithelial disorders in 64 women {Squamous cell hyperplasia (n=52), Lichen Sclerosus et atrophicus (n=6), other dermatoses including lichen Planus (n=6)}. Vulvar Intra-epithelial Neoplasia (VIN) was seen in 6 patients, 5 were squamous type VIN and 1 was non-squamous type (Paget's disease). Squamous cell carcinoma was seen in 3 patients; malignant melanoma, benign appendiceal tumor, angiofibroma and neurofibroma in 1 patient. Examination without magnification had sensitivity of 25.97% and with magnification was 29.87% and specificity was 100% for both of them. Cytology had sensitivity and specificity of 75.32% and 86.95% respectively and sensitivity and specificity of colposcopy was 77.92% and 17.39% respectively.

Conclusion: Clinical examination with and without magnification had low sensitivity but were highly specific in diagnosing vulvar lesions. A normal vulval smear and colposcopy have a high negative predictive value and are very reassuring. Colposcopy and biopsy is the gold standard for diagnosis, however clinical examination with naked eyes and magnifying glass are invaluable and can diagnose most of the neoplastic lesions.

Miscellaneous: Oral Abstract

Cohort study of vulvar cancer cases over a period of 10 years

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Objective: To study the risk factors, management protocols and outcome of vulvar cancer cases over a period of 10 years in a tertiary care hospital.

Methods: It is a retrospective cohort study of vulvar cancer from January 2004 to January 2014 at King George Medical University, Lucknow. Hospital records of 41 patients with histologically proven diagnosis of vulvar cancer were studied from Department of Obstetrics and Gynecology and Department of Radiotherapy. The presence of risk factors, stage of disease, treatment modalities used and disease outcome in terms survival were studied. The data collected was analyzed and compared with the published literature.

Results: The mean age for diagnosis of vulvar cancer was 52 years and peak incidence was seen in age group of 50-70 years. Incidence was significantly more in multiparous (p = 0.001) and postmenopausal women (p = 0.007). An average of 4.1 cases were seen per year. 97.56% cases were squamous cell carcinomas including one case of verrucous carcinoma. Only one non-squamous case of Bowen's disease was seen. 20 cases belonged to early

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- α -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 α 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- α 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- α 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 Doxorubin, 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