in 100 ml of normal saline three times daily. Both these patients developed hyperglycemia which was managed with human regular insulin prescribed as per the sliding scale.
Results: Ryles tube aspirate showed a decreasing trend and both the Patients achieved clinical resolution of symptoms underwent deintubation on Day 10 and Day 13 respectively and were taking oral feeds at the time of discharge. They were prescribed pharmacologic management of adhesive bowel obstruction consisting of Tab activated Dimethicone 40 mg three times daily, Tab Lactobacillus one tablet three times daily and Polyethylene glycol one satchet upto three times daily for 15 days at the time of discharge.
Results: Resolution of symptoms can be achieved by providing non operative pharmacological management outlined above which consists of adequate hydration, parenteral nutrition when indicated, antibiotics, decongestive anti edema measures, anti spasmodic and anti secretory medication.
Conclusion: Management of Hyperglycemia induced by Octreotide and Dexamethasone requires Insulin therapy. Optimum Duration, dosage and route of administration of Octreotide in management of Malignant Bowel Obstruction needs to be evaluated further.
Key words: Malignant bowel obstruction; octreotide; pharmacological management

Miscellaneous: Poster Abstract

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Tuberous sclerosis (TS) is a genetic disorder that is inherited in an autosomal dominant fashion with variable clinical manifestations including seizures, mental retardation, renal failure and pneumothorax. The literature on TS in pregnancy is largely based upon case reports which have shown a 43% complication rate including oligohydramnios, polyhydramnios, IUGR, hemorrhage from ruptured renal tumors, PPROM, renal failure, placental abruption and perinatal demise. We reporting a case of 33 yr old female with gravida 3 para 2 and live 2 with period of gestation 9 months with tuberous sclerosis, with severe oligohydramnios with fetal cardiomegaly and mild pericardial effusion and pleural effusion. She had facial angiofibromas along with bilateral renal angiomyolipomas. The previous fetal outcomes were normal, with facial angiofibroma. We report such a unique case having all clinically diagnostic physical sings of tuberous sclerosis with good fetal outcomes.

Miscellaneous: Poster Abstract

Vaginal dilator therapy to prevent stenosis from radiotherapy: A systematic review

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Background: Pelvic radiotherapy may damage the vagina and cause vaginal stenosis. Its incidence in the literature ranges from 1.2% to 88%. To prevent vaginal stenosis, routine vaginal dilation is recommended during and after pelvic radiotherapy.
Materials and Methods: The objective was to examine critically the evidence behind this guideline. Searches included the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE and Google scholarly articles. All the relevant articles were included in the study.
Discussion: Various studies gave recommendations on dilation during or immediately after radiotherapy. Literature does not support routine vaginal dilatation during or immediately after pelvic radiotherapy. Occasional penetration might prevent the sides of the vagina adhering to each other, and dilation might be valuable once the inflammatory and psychological scarring has settled. Two trials demonstrated that encouraging vaginal dilation increased patient compliance, but no difference was found in sexual function scores in the first trial. One retrospective study reported that dilation lowered stenosis rates, but the control group is not comparable. One study involving 89 women revealed that the median vaginal length was 6 cm, six to ten weeks after radiation therapy, but women tolerated a 9-cm dilator/measurer after 4 months of dilation experience. One trial showed no significant advantage by inserting mitomycin C. A study of five women reported that vaginal stenosis can be treated by dilation even many years after radiotherapy. Dilation during or immediately after radiotherapy can cause damage, and there is no evidence that it prevents stenosis. Dilation might stretch the vagina if commenced after the inflammatory phase. Dilation has been associated with traumatic rectovaginal fistulae and psychological consequences.
Conclusion: Vaginal dilation might help treat the late effects of radiotherapy, but it must not be assumed that this applies to the acute toxicity phase. Routine dilation during treatment is not supported by good evidence. Prophylactic and therapeutic dilation therapy needs to be considered separately and research is needed to determine when dilation therapy should start on a large population.

Miscellaneous: Poster Abstract

Collision tumor of endometrial stromal sarcoma and squamous cell cancer: A rare entity

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A collision tumor is defined by the presence of two separate tumors in one organ on gross, microscopic, and immunohistochemical studies and they should be distinguished from malignant mullerian mixed tumors. A 60 year old lady P8L8 presented with blood stained vaginal discharge and post menopausal bleeding. Examination revealed a 1 x 2 cm cervical growth which was reported as squamous cell carcinoma cervix. Imaging revealed myohyperplasia with normal uterine cavity. The patient underwent Type III radical hysterectomy, bilateral salphingo-oophorectomy and bilateral pelvic lymphadenectomy. The uterine corpus revealed 5 cm growth in uterine cavity which was reported as high grade endometrial stromal sarcoma and the cervical growth was non keratinising squamous cell carcinoma infiltrating the former. The lymph nodes, parametria and vaginal cuff were free of tumor. The patient was referred for adjuvant chemotherapy and radiation therapy.

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 BRCA 1, 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

Female adnexal tumour of probable wolffian origin: A rare case report

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Introduction: Female adnexal tumour of probable wolffian origin (FATWO), is a rare neoplasm arising within the leaves of a broad ligament or hanging from it or a fallopian tube. It is considered a tumour of low malignant