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

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.