

Miscellaneous: Poster Abstract

Paget's disease of the vulva in postmenopausal women: A case report

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Vulvar Paget's disease is an extremely rare neoplasm that accounts for less than 1% of vulvar malignancies. We present a case of a 66 year old woman, who had an ulcerated lesion involving the labia majora bilaterally; lymph nodes were not palpable in the inguinal region bilaterally. A biopsy of the Vulva showed Paget's disease. She underwent radical Vulvectomy with Bilateral inguinal lymph node dissection. The specimens resected were reviewed with respect to involvement of the margins with Paget cells and the margin was negative. The patient remained disease free at 2 years follow up.
Key words: Paget's disease, Vulvar

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Synchronous primary ovarian sex cord tumor and endometrial cancer

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Synchronous primary tumors of female genital tract are rare with a rate of about 0.7-1.8% of all gynaecological tumours. Most common primary tumours presenting as synchronous lesions are ovary and endometrium. However, sex cord stromal tumors are rare variety of primary ovarian tumor and synchronous with endometrium is even much rarer. These tumors are detected usually in younger, overweight, nulliparous and perimenopausal female. Synchronous primary tumors of endometrium and ovary have a better prognosis than the either of above alone because these are usually low grade and diagnosed at early stage. We present a report of four cases of synchronous endometrial and sex cord stromal tumors of ovary.

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An acute cardiac complication of HIPEC

Soumi Pathak

Recently, cytoreductive surgery (CRS) followed by hyperthermic intraperitoneal chemotherapy (HIPEC) has been described for both treatment and prevention of locoregional cancer of various origin. As this procedure involves large amount of blood and fluid loss during the CRS phase, and haemodynamic, metabolic, and coagulation changes during the HIPEC phase, thus thorough study and evaluation is needed to reduce the morbidity and mortality associated with this newer modality in treatment of cancer patients. We hereby describe a case report where a patient developed acute cardiac dysfunction in the immediate postoperative period following CRS with HIPEC. A 65 years old patient weighing 62 kg had undergone CRS with HIPEC for ovarian carcinoma. She had a blood loss of 1.5 L and ascetic fluid drainage of 1.5 L. Intraoperatively fluid was given according to stroke volume variation and two pack cell was transfused to maintain haemoglobin above 10 g. Two hours postoperatively she suddenly developed severe hypotension and an echocardiography done revealed a global left ventricular dysfunction with a 28% ejection fraction. She was intubated and put on inotropic support. Ultrasound abdomen revealed fluids and features suggestive of intestinal perforation. So she was reopened on the 3rd postoperative day and primary closure of the intestinal perforation was done. Thereafter she became haemodynamically stable and we were able to extubate her on the fourth post operative day. Thus we conclude that goal directed fluid therapy with advanced monitoring, thorough evaluation, skeptical vigilance and preemptive thinking is required to deal with the challenges posed by CRS with HIPEC.

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Changing trends in coagulation profile of 30 patients undergoing CRS with HIPEC in the peri-operative period

Soumi Pathak

Background: With advent of surgical advancements like HIPEC several unstudied pathophysiological aspects need to be evaluated. We studied the trends in coagulation profile in patients undergoing CRS with HIPEC in the peri-operative period, utilizing Thromboelastography (TEG) in comparison with standard coagulation tests. The utility of TEG as a guide for transfusion of blood products was also evaluated.

Materials and Methods: It was a Prospective observational Cohort study which included 30 consecutive patients undergoing CRS with HIPEC at RGCI in 2015.

Methodology: Preoperatively standard coagulation tests were done as a baseline. Intra-operative arterial blood samples were collected for ABG, PT, APTT, and TEG at following time points: before starting of HIPEC, after completion of HIPEC and on 1 and 2 postoperative days. Statistical analysis was done using Chi-square test and unpaired *t*-test for categorical and continuous variables. Pearson's correlation coefficient was calculated for analysing the correlation between the variables. $P < 0.05$ was considered statistically significant.

Results: A strong correlation was observed between PT & R values of TEG. Similar correlation was also observed between the α angle, MA of TEG and platelet count throughout the peri-operative period. Immediately post HIPEC, we observe value of APPT decreases while the other parameters of coagulation profile showed a rising trend. R value showed rising trend after CRS, a dip after HIPEC followed by a rising trend on first post operative day which normalizes only after second post operative day. It gives a mixed picture of both hypo and hyper coagulable state. α angle, MA rise immediately after HIPEC and continue to rise till the second postoperative day. There was no requirement of transfusion of blood and blood products as guided by the TEG findings and no clinical evidence of any bleeding or thromboembolic episode occurred.

Conclusion: To conclude, our study demonstrated TEG to be a useful and comprehensive tool to assess coagulopathy and accordingly guide blood product transfusion in patients undergoing CRS with HIPEC.

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To compare the effects of dexmedetomidine versus propofol infusion on various parameters intraoperatively and their effects on the recovery profile postoperatively in patients undergoing laparoscopic assisted robotic pelvic surgeries

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Methods: 80 ASA physical status I-II patients, 30-65 years, BMI ≤ 30 undergoing surgery for 120-180 minutes. Computer randomisation, 40 each, in dexmedetomidine group D and in propofol group P. Induction with fentanyl 1.5 mcg mkg^{-1} and propofol 2 mg kg^{-1} . Maintained with desflurane 3-5% with air 50% and O_2 50%. In D group (bolus 0.5 mcg mkg^{-1} for 10 minutes then maintenance 0.2-0.5 mcg $\text{mkg}^{-1} \text{hr}^{-1}$) and in P group (propofol @ 50-150 mcg $\text{kg}^{-1} \text{min}^{-1}$) started. At docking of robotic arms single dose morphine @ 0.075 mg kg^{-1} in both groups is given. Hemodynamic stability (MAP and HR) is adjusted within 20% of base line values.

Results: Early and intermediate recovery was fast in D group and total fentanyl requirement intraoperatively was less in D group.

Discussion: Dexmedetomidine is known to decrease sympathetic outflow and circulating catecholamine's levels therefore has caused decrease in both MAP and HR similar to propofol. Dexmedetomidine has analgesia sparing effect hence less total fentanyl dose both intraoperatively. Patients with dexmedetomidine are early aroused, so early and intermediate recoveries were faster with dexmedetomidine than propofol. Thus dexmedetomidine may prove to be useful adjuvant for robotic surgeries.

Conclusion: Dexmedetomidine more effective for both intraoperative and postoperative analgesia. Recoveries both early and intermediate are faster in dexmedetomidine group.

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Synchronous primary malignancy of ovary and cervix with different histopathology: A rare case report

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