Miscellaneous: Poster Abstract

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

Eliza Shrestha, Rupinder Shekon, Shveta Giri, Sudhir Rawal

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

Miscellaneous: Poster Abstract

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.

Miscellaneous: Poster Abstract

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. Utrasound 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 preemtive thinking is required to deal with the challenges posed by CRS with HIPEC.

Miscellaneous: Poster Abstract

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.

Miscellaneous: Poster Abstract

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 mkg^{-1} hr^{-1}) and in P group (propofol @ 50-150 mcg kg^{-1} 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.

Miscellaneous: Poster Abstract

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

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Concurrent different histopathological types of gynecologic tumors arise rarely. We present ovarian serous and cervical squamous cell carcinoma formed synchronously. A 51-year-old woman with a poor general condition was admitted with gradual distension of abdomen for 1 year with gradual loss of weight and appetite for the last three months and pain in the abdomen and irregular vaginal bleeding for the last two months. There was no family history of malignancy of genital tract, breast or colon. On examination she was cachexic, pale, dehydrated, tachypnoeic and had edema over feet. Per abdomen examination revealed solid, non-mobile palpable mass arising from pelvis. Per vaginal examination revealed large mass in pelvis and uterus can not be felt separately on per speculum examination there was small endocervical erosion, hypertrophied cervix. On per rectal examination bilateral parametria were free. Her tumor marker were evaluated and CA-125 was found to be raised (CA 125: 915.6 u/ml U/mL); rest tumor markers were normal. Cervical punch biopsy was suggestive of moderately differentiated carcinoma and pap smear was also suggestive of cervical cancer. MRI findings revealed a mass of altered signal intensity 2.5 × 1.5 × 2.2 cm with diffusion restriction and post contrast enhancement in the anterior lip of cervix and another large, lobulated predominantly solid mass, hypo intense on T1, intermediate on T2 with diffusion restriction and post contrast enhancement in the right adnexal region abutting the small bowel and sigmoid colon optimal debulking surgery with standard protocol was done. Histopathology report revealed squamous cell carcinoma of cervix, grade III and high grade serous cystadenocarcinoma of ovary. Tumour deposits from ovary were seen on right fallopian tube and right parametrium. Squamous cell carcinoma cervix involved ectocervix, endocervix and infiltrated near full thickness of cervical stroma, endomyometrium, vaginal cuff, paracervical tissue omentum and appendix were free of tumour. Twenty five right pelvic lymphnodes dissected were free of tumour, (00/25). One out of fifteen lymphnode dissected were involved with extra capsular extent, 01/15 and thirteen para aortic lymph node dissected were free of tumor. Immunohistochemistry markers: Ovarian mass-tumour cell expressed ck, vimentin, wt-1 with focal Ck positivity, no expression of ck20, p63,ck5/6 and CEA seen. Cervical tumour-tumour cells expressed ck, ck7, p63 and ck5/6 no expression of ck20, wt-1. Based on our case report we need to keep in mind that even if patient presents with symptoms pertaining to a single malignancy; still the rare possibility of synchronous malignancies should be looked for by doing proper investigations. In our case, patient had symptoms pertaining to ovarian malignancy; whereas cervical malignancy was diagnosed after investigating the patient. Histologic examination should be done properly as the prognosis depends on the malignancies being metastatic or synchronous one appropriate management should be offered in all such cases. Long term follow up of such patients should be maintained to determine the prognosis.

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Unusual clinical presentation of chriocarcinoma in young patients – Neulological meatastasis

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Introduction: Choriocarcinoma is a malignant trophoblastic tumor, usually of placenta and characterized by 'early hematogenous spread' to lungs. Choriocarcinoma of placenta is preceded by – H. Mole (50%), spontaneous abortion (20%), ectopic pregnancy (2%) and normal term pregnancy (20%-30%). It is chemosensitive tumor and even in metastatic lesion cure rate is 90%-95%. Most common site of metastasis is lung and vagina, vulva, kidney, liver, ovaries, brain and intestine. If tumor is not diagnosed and managed timely, because of its vascularity, it bleeds profusely leading to death.

Cases: We encountered 2 rare cases, with age of 25 and 27 years respectively with choriocarcinoma with unusual clinical presentation. Both patients presented with neurological symptoms of brain metastasis and succumbed to death within a short span of time. In both cases histopathological report failed to detect chorio-carcinoma but b-HCG and radiological findings were suggestive of choriocarcinoma.

Conclusion: If b–HCG level are unusually high with radiological findings, the patients should be considered for chemotherapy even if HPE is inconclusive. Without chemotherapy chorio-carcinoma has a rapid progression and mortality which can be prevented by early suspicion and timely management.

Miscellaneous: Video Abstract

R-veil in carcinoma vulva

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Background: Vulvar cancer accounts for about 3-5% of gynaecologic malignancies. Prognosis is strongly dependent on presence of inguinofemoral lymph node metastases. Effective management of regional lymph nodes is the most important factor in the curative management of early vulvar cancer. Despite careful dissection and maintaining vascularity of skin, surgical morbidity is seen in 50% cases. Video – endoscopic inguinofemoral lymphadenectomy was developed by Bishoff in 2003 by dissecting two cadaveric models and in one patient with stage T3N1M0 penile carcinoma. VEIL is an alternative to reduce the morbidity without compromising the oncologic outcomes. VEIL has continued to evolve into single site and robotic variants. R-VEIL is a minimally invasive procedure duplicating the standard open procedure with less morbidity.

Aims and Objectives: A video presentation to describe the technique of R-VEIL in vulvar cancer and discuss the advantages and outcome.

Conclusions: R–VEIL is an attractive minimally invasive technique to do inguinal block dissection in a single sitting in patients with vulvar carcinoma as the surgeon does not get tired as happens in VEIL technique. R-VEIL allows the removal of inguinal lymph nodes within the same limits as in open procedure and potentially reduces surgical morbidity. It is better accepted cosmetically and reduces hospital stay. Long term oncological results are not available. Randomized multi-institutional studies are required to prove its efficacy over open counterpart.

Miscellaneous: Poster Abstract

Radical excision of a massive vulvo-vaginal mass

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Background: Vulvo-vaginal masses has a varied presentation and causes. The most common differential diagnosis are condylomata acuminata, vulvular abscess, vulvular/vaginal cysts, vulval carcinoma, vulval lipoma, angiomyofibroblastoma and aggressive angiomyxoma. Surgical excision of the mass is the main method of treatment and the outcome differs with the histological diagnosis. We present a video of excision of a massive Vulvo vaginal mass in toto.

Case: A 45 year old P3 L3 female, presented with complaint of mass in perineal area and discharge per vaginum for 2 years. The mass was growing progressively and reached the present size. On examination there was a 9 × 8 cm irregular firm to cystic mass, arising from posterior wall of vagina and protruding out of introitus with bossellated surface. The mass also extended into right ischiorectal fossa, 10 × 10 cm mass with cystic, smooth surface that was irreducible with no cough impulse. CECT abdomen and pelvis revealed a well-defined 12 × 10 × 8 cm mass in right perineum arising from right lower lateral vaginal wall with ischiorectal fossa extension. There was no extension into cervix, bladder or rectum. Biopsy taken from the mass was inconclusive. A wide local excision was done under general anesthesia wherein an ischiorectal and vaginal mass of size 30 × 10 cm with irregular margin was excised in toto. Histopathology was suggestive of aggressive angiomyxoma. The patient is under follow up.

Discussion: Aggressive Angiomyxoma is a rare slow growing locally invasive mesenchymal tumor and has a substantial potential for recurrence. It is often misdiagnosed. Pre-operative diagnosis is difficult due to rarity of this entity and absence of diagnostic features, but it should be considered in case of masses in genital, perianal and pelvic region in a woman of reproductive age. Radical surgical excision is the first line of management. A long term follow up of the case is necessary and MRI is preferred method for detecting recurrences.

Miscellaneous: Video Abstract

Minimally invasive treatment options to borderline ovarian tumors

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