

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 Satodiya Mohit Hematbhai

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

Seema Rana, Rajiv Tangri

SRL Limited, SRL Diagnostics, Clinical Reference Laboratory, Gurgaon, Haryana, India

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

Akanksha Sharma, Saritha Shamsunder¹,

Geetika Khanna², Neeti Khunger³, Vijay Zutshi¹

Department of Gynaecology, Lok Nayak Hospital, Departments of ¹Gynaecology, ²Pathology and ³Dermatology, Safdarjung Hospital, New Delhi, India

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

Nisha Singh

King George Medical University, Lucknow, Uttar Pradesh, India

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