Cervix: Poster Abstract

Breaking the myth: All carcinoma cervix presenting as pyometra will have only palliative treatment
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Introduction: Carcinoma cervix is the second most common female carcinoma. Every year in India, 1,22,844 women are diagnosed with carcinoma cervix and of them 67,477 die. Carcinoma cervix rates among women in the age group between 30-64 has decreased by 1.8% per year on average but still date account for 16%. Of these, advanced carcinoma are about 80% and early are only 20%
Case Series: We are reporting 5 consecutive early carcinoma cervix cases who presented with pyometra and got treated at our hospital from April 2015-September 2015. Cases of early carcinoma cervix presented with pyometra were treated by pyometra drainage, intravenous antibiotics and surgical drainage. Hysteroscopy in diagnosis.

Conclusion: The idea is to emphasize that all carcinoma cervix with pyometra will have only palliative treatment surgery or radiotherapy after pyometra drainage.

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Comparative dosimetric study between point and volume based brachytherapy in definitive treatment of de novo carcinoma cervix
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Introduction: Cervical cancer has a high incidence in developing countries including India. Brachytherapy (BT) is an important component in the curative management of carcinoma of the cervix, and significantly improves survival. In gynaecological BT, correlation between the radiation dose and the normal tissue effects have been assessed using point doses. Since 1985, these points have been defined in the international commission of radiation units and measurements (ICRU-38) report. However GEC-ESTRO recommended volume based treatment planning in their respective series (I-IV). For cervical cancer BT, the correlation of ICRU point doses and volume based treatment planning is investigational till date. Analysis becomes feasible when cross sectional image-based treatment planning for BT using computerized tomography (CT) or magnetic resonance imaging (MRI) is utilised as per GEC-ESTRO recommendation.

Methods: It is a retrospective pilot study includes patients (pts) of carcinoma cervix treated with high dose rate (HDR) BT 9 Gy in 2 fractions 1 week apart. All volume based dosimetric parameters regarding high risk clinical target volume (HRCTV), intermediate risk clinical target volume (IRCTV) like D90, D100 and for organ at risk (OAR) D 0.1 cc, D 1.0 cc and D 2.0 cc were delineated and dose coverage was analysed in point dose based planning.

Results: We have analysed twenty pts. of squamous cell carcinoma (SCC) cervix. The median age was 52 yrs. (41-65 yrs), stage II B 10 pts. & III B 10 pts. The mean value of D90 & D100 in HRCTV during I and II session were 8.64, 6.75 and 5.76, 4.36 Gy respectively. Same values for IRCTV were 6.31, 4.91 and 3.68, 3.15 Gy respectively. Analysis of OARs demonstrated that mean dose received by 0.1, volume of bladder during I and II session received 10.68, 9.47, by 1 cc volume 8.39, 7.57 and by 2 cc volume 6.84, 6.21 Gy respectively. The mean dose received by 0.1 cc of rectum were 11.59, 10.12, by 1 cc volume 9.53, 8.19 and by 2 cc volume 7.76, 6.81 Gy respectively. In point based analysis mean dose delivered to bladder point during I and II session were 5.63, 6.02 and to rectum point were 5.98, 5.46 Gy respectively. Doses to 0.1 cc volume of bladder and rectum were higher in volume based BT as compared to point based BT in respective fractions.

Conclusion: Both HRCTV and IRCTV had better dose coverage in 1st fraction as compared to 2nd fraction. Point doses to bladder and rectum is underestimated in point based (ICRU-38) BT. We need more number of pts in prospective randomized trial for more consistent result.

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Primary clear cell adenocarcinoma of cervix in a young women: A rare entity
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Cervical cancer is the common gynaecological malignancy worldwide. The most common type of cervical carcinoma is squamous cell carcinoma followed by adenocarcinoma of cervix, which constitutes only 15% of cases. Adenocarcinoma of cervix can be categorized histologically into clear cell, mucinous, endometrioid, serous and mesonephric subtypes. Clear cell adenocarcinoma (CCA) most commonly occurs in the ovary, followed by endometrium, vagina, and cervix. Primary CCA of cervix is a rare neoplastic entity, which occurs in young women exposed to diethylstilbestrol (DES) in utero. It is extremely rare in women without in utero DES exposure and in such cases it concerns mostly postmenopausal women. Here, we present a case of 30 year old woman who presented with primary infertility. There was no history of in-utero exposure to diethylstilbestrol. She was diagnosed as a case of cervical fibroid on ultrasonography. Diagnostic hysteroscopy was done and she was found to have friable, vascular growth in endocervix, which was extending to uterine cavity. Biopsy was taken. On histopathology, moderately differentiated clear cell adenocarcinoma of cervix was reported. Through this case, authors would like to highlight the probability of rare occurrence and how to manage challenges posed by cervical cancer in young girl wishing to conceive, stressing on the role of hysterectomy in diagnosis.

Key words: Adenocarcinoma, cervix, DES exposure