Abstracts - RGCON 2016

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 Hemiathbai

Objective: To compare the incidence, maternal and fetal outcomes of gestational diabetes mellitus using one step versus 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: 1.01-5.87). 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 ≥ 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 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: 1.01-5.87). 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 ≥ 92 mg/dl at 1st ANC visit) showed clinical symptoms and blood sugars in hypoglycemic range on MNT requiring resumption of normal diet.

Miscellaneous: Poster Abstract
Anaplastic large cell lymphoma ALK negative vs. peripheral T cell lymphoma (NOS) - diagnostic dilemma
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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 nucleoli. An initial panel of CD3, CD20, LCA, CD15, CD30 and PAX5 was performed. The large atypical cells were positive for LCA, CD3 and CD20 with negativity for CD15, CD30 showed Golgi and membrane 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. Ki67 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
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Objective: To study the risk factors, management protocols and outcome of vulvar cancer cases over a period of 10 years

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 57.8 years. The 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