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POSTER

A PROSPECTIVE STUDY OF LEVEL IIB (SUPRARETROSPINAL) NODAL METASTASIS IN CLINICALLY N0 ORAL SCC IN INDIAN POPULATION

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Abstract: Objectives: Level IIB lymphnode dissection is known to be associated with tractional SAN injury resulting in shoulder dysfunction. The purpose of this study is to analyze the extent of level IIB node involvement in patients with oral cavity SCC who underwent primary surgery with functional neck dissection. Study Design: Prospective Methods: A prospective study of 105 patients of oral SCC admitted to the Department of Surgical Oncology, GCRI during period from January 2011 to May 2012 was conducted. During neck dissection, level IIB lymphnodes were dissected, labelled, and processed separately from the remainder of functional neck dissection specimen. We studied the incidence of histopathological metastasis to level IIB nodes in cN0 patients. Results: Of 105 cases of cN0 neck, 80 % were pN0. Out of remaining 20 % pN+, 66 % showed evidence of level IB nodal involvement. Only 1 patient showed evidence of level IIB node involvement (

ANGIOSARCOMA OF SCALP AND FACE

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Abstract: Introduction Angiosarcoma is a rare soft tissue sarcoma usually seen in the head, face and neck (1) Angiosarcoma of the scalp is very rare, and a review of the world literature revealed less than 60 cases (2). Angiosarcoma involving the scalp of old patients was first described as a distinct subgroup by Wilson-Jones and is usually limited to the skin and soft tissues. Case Report A 59 year old lady presented with complaints of raised dark coloured gradually progressive lesion on scalp and left side of face of 02 years duration. There were multiple ulcerations over scalp associated with profuse blood tinged discharge and hair loss since 06 months. Dermatological examination revealed a large lesion of size 30×15 cm involving whole scalp leaving a small area in frontal region and extending on to the left side of face with lobulated polycyclic margins with profuse serosanguinous discharge (Fig1). Multiple areas of scarring alopecia were seen. Routine haematological and biochemical investigations were all normal. Pus swab for

bacterial and fungal cultures were negative. MRI revealed skin, subcutaneous tissue and adjoining subcutaneous fat thickening on left side of face and scalp. An incisional wedge biopsy from the lesion revealed cells with round to oval vesicular nuclei with prominent nucleoli arranged singly and in small nests and at places around vascular lumina. Intracytoplasmic vacuolations and scattered mitotic figures were seen. The tumour cells were seen infiltrating reticular and papillary dermis. (Fig 2) IHC for CD31 was positive (Fig 3). IHC for other markers like LCA, CD3, CD20, S100, HMB45, CK, CD68, SMA, CD8 was negative. Based on the clinical features, histopathological picture and immunohistochemistry positivity for CD31, a diagnosis of Dermal Malignant Haemangioendothelioma (low grade angiosarcoma) was made. A whole body PET CT scan for staging and detection of metastasis was done. As the lesion was locally advanced and not amenable for R 0 resection, a joint decision was made to excise the involved scalp and facial lesions as far as resectable and then give her adjuvant therapy (CT/RT). She underwent two surgeries on 17 Feb 2012 and 09 Mar 2012. The pericranium was not infiltrated and hence not excised. A split thickness skin graft taken from thigh was used to cover the excised area. Post op recovery was excellent with 100 % graft take (Fig 4). She is being administered adjuvant radiotherapy and chemotherapy. She is presently under follow up. Discussion Sarcomas are uncommon in the head and neck region constituting only 1 % of all malignant neoplasms in this region (4). Angiosarcomas make up less than 1 % of all sarcomas. Angiosarcoma of the scalp occurs in elderly male patients 68 to 76 years old with an overall male-to-female ratio of 2:1(1, 5). Cutaneous angiosarcoma of the head and neck is a distinct subtype which most commonly presents as an enlarging purple bruise-like lesion that develops over several months (7). It is often multifocal and associated with a high incidence (10–15 %) of lymph node metastasis (8). Distant metastasis may occur in up to 50 % with the lung being the most common site followed by liver (10). Overall prognosis is reported to be very poor, the five-year survival being less than 10–30 % (5). Surgery is considered the mainstay of treatment. The treatment described is wide excision of the lesion to achieve histologically tumour-free margin as this has a direct impact on the prognosis (5, 10). Prognosis correlates well with the ability to attain clear surgical resection margins although the tendency of scalp angiosarcoma to demonstrate a diffuse pattern of clinically undetectable spread makes resection challenging (11). The reported outcomes of radiotherapy alone have largely been unsatisfactory. Chemotherapy has been suggested for unresectable cases, but has generally not proven beneficial (12). Aim of reporting this case is its rarity and to highlight the multidisciplinary approach in the diagnosis and management of such a case. IHC is a helpful tool to confirm diagnostic suspicion.

RARE PRESENTATION OF SQUAMOUS CELL CARCINOMA IN BREAST REGION: A CASE REPORT

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Abstract: Rare presentation of Squamous cell carcinoma in breast region: A case report Sah S1, Gupta R1, Agrawal CS1, Agrawal M2, Pradhan A2, Agrawal S3 and Srivastava A1 Department of Surgery1, Pathology2 and Dermatology3 Background Primary squamous cell carcinoma (SCC) is a very rare malignancy of the breast. Squamous cells are normally not found inside the breast, so a primary squamous cell carcinoma of the breast is an exceptional phenomenon. Prognosis and treatment of this disease is controversial. Case description A 65 year known diabetic lady presented in SOPD with complain of lump in left breast. Physical examination revealed firm, non tender and mobile lesion in her left breast. FNAC revealed definitive ductal epithelial cells with few atypical squamous epithelial cells. Wide local excision of the lump was planned but in the mean time patient developed an abscess. Incision and drainage was done. Wound did not heal and developed into a typical squamous cell ulcer. Modified radical mastectomy was done and HPE revealed as well differentiated SCC arising from the skin of the nipple and areola with downward extension of the breast parenchyma and surrounding fibroadipose tissue with reactive lymphadenitis. In subsequent follow up patient develop recurrence and referred to AIIMS for chemo-radiation and surgery. Conclusion Our case presented as lump and later on developed into an abscess. SCC of the breast may present as a complicated breast cyst or abscess. The presentation of SCC could be similar to that of an adenocarcinoma. Therefore, pathological examination of these apparent benign abnormalities is mandatory. SCC of the breast is a rare and aggressive disease. Clinicians should be aware of the aggressive nature of the tumour when counselling patient

PROGRESSIVE SPINAL METASTASES FROM A PRIMARY PULMONARY SYNOVIAL SARCOMA TREATED WITH NEOADJUVANT CHEMOTHERAPY AND PNEUMONECTOMY

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Abstract: Background: Synovial sarcoma (SS) is a rare neoplasm of uncertain origin predominantly affecting adolescents and young adults. Primary Pulmonary SS (PPSS) are aggressive tumors with similar histology as their soft tissue counterparts but with an older age at presentation and poorer prognosis. 60 cases of PPSS, 7 cases of SS (all sites) metastatic to spine and none from a lung primary have been reported. This is the first such case to the best of our knowledge. Case Report: A 20 year old man presented with left sided chest pain and breathlessness for 2 weeks, and was diagnosed to have a 15 cm heterogeneous left pleural-based mass with minimal hemorrhagic pleural effusion and no mediastinal lymph node involvement on CECT. Core biopsy was a high grade spindle cell sarcoma, Bcl 2 and EMA (+) and Calretinin (–), and was opined to be a monophasic synovial sarcoma in concordance with an independent pathology review. Following dramatic down-sizing after three cycles of neoadjuvant chemotherapy with AIM protocol, the patient successfully underwent a margin-negative left extra-pleural pneumonectomy and mediastinal dissection. A primary pulmonary parenchymal monophasic synovial sarcoma in a peribronchial location, t(X:18) positive, was confirmed with 10 % residual viable tumor and extensive chemotherapy effects. All thirty mediastinal nodes were negative. Twenty days following surgery the patient presented with progressive asymmetric paraparesis and loss of bladder function secondary to multi-level epidural metastases. Urgent radiotherapy to the spine resulted in partial recovery and palliative second-line chemotherapy with Docetaxel- Gemcitabine was instituted 3 weeks later. However, he developed rapid progression to quadriplegia and septic shock 7 days after the first dose, and succumbed to his disease.

Post-mortem examination was not performed. Conclusions: Our case report is pertinent in that it highlights an atypical course and biology of a very rare tumor. It is unusual to find such an early occurrence of multiple spinal metastases in a patient demonstrating a 90 % chemotherapy response in the primary, especially in the absence of synchronous disease at the more common metastatic sites such as lung, nodes, liver, and bone.

EVALUATION OF NEOADJUVANT RESPONSE INDEX (NRI) IN LABC CASES AND VALIDATING IT AGAINST THE ESTABLISHED PROGNOSTIC MARKERS LIKE ER/PR/HER2-NEU RECEPTOR STATUS

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Abstract: Breast cancer is the leading cause of death from cancer for women age 40 to 44 years. The most important prognostic correlate of disease-free and overall survival is axillary lymph node status. ER (estrogen receptor) and PR (progesterone receptor) are the established biomarkers, independently predicting the response to therapy in breast cancer. In patients with LABC (locally advanced breast cancer), the use of chemotherapy before surgery (neoadjuvant or preoperative approach) is the standard of care. Currently the systems in use to measure the response of a NACT, either oversimplifies the response grading like in the binary system that grades patients into responders and non-responders or have other biases. Methods: So here we have used a new NACT response measuring scoring system, i.e. NRI which includes MRI of the breast and axilla, clinical examination of breast and axilla and the FNAC (the microscopic study); then the scores from all these factors are combined to bring out a score between 0 and 1 (0 is no response and 1 being the pathological complete response for both breast and axilla) that is supposed to be superior than any one of them in individuality. Conclusion: In our study 30 microscopically confirmed LABC cases were evaluated. The aims were to grade the response to neoadjuvant chemotherapy using NRI and to validate its utility in patients with LABC; and to correlate the NRI with the ER status. The results showed that with NRI we can obtain a whole spectrum of responses in comparison to Binary system with which we would have obtained only responders or non-responders. In our case we have obtained maximum number of cases with NRI equal to 0.41 (non-responders according to binary system) and ER positivity has come out to be correlating with a higher NRI.

ADENOID CYSTIC CARCINOMA OF THORACIC TRACHEA SURGICAL MANAGEMENT

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Abstract: Trachea is generally involved secondary with laryngeal, thyroid or lung tumours. Primary Cystic adenoid carcinoma of the trachea is a rare malignant tumor accounting for 1 % of all respiratory tract cancers. We are presenting a case adenoid cystic carcinoma of lower trachea and its management. Clinical case: A 34 years non smoker male presented with dyspnea, cough and mild stridor. On investigation (Bronchoscopy and CT scan), patient has a polypoidal mass in lower trachea approximately 5 cm below the vocal cords and reaching up to 1.2 cm above the carina. The patient was planned for surgical resection through rt posterolateral thoracotomy (muscle sparing) approach. The tumour was resected and end to end anastomoses was performed at level of carina after rt inferior pulmonary ligament release. The ventilation was maintained via lt bronchial intubation after resection of tumour. LD muscle flap was used to cover the anastomoses. Post operative course was uneventful. The histopathology showed adenoid cystic carcinoma with perineural invasion, all margins free. Patient is undergoing post operative radiotherapy.

Conclusion: Cystic adenoid carcinomas of the trachea are rare tumours. Their diagnosis is based on the bronchial fibroscopy associated with the biopsy. The optimal treatment is surgical resection associated with the radiotherapy. Complete surgical resection provides the patient with the best chance of prolonged survival or even complete remission.

A RARE CASE OF INFERIOR VENA CAVA LEIOMYOSARCOMA

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METASTATIC DEPOSITS OF SCC IN BRAIN WITH UNKNOWN PRIMARY PRESENTING AS CEREBRAL ABSCESS

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Abstract: Squamous cell carcinoma (SCC or SqCC) is a malignancy of the squamous cells. These cells are the main part of the epidermis of the skin, and this cancer is one of the major forms of skin cancer. 85 % percent of solitary brain metastasis are of adenocarcinoma type, these are mainly due to secondaries from Lung(48 %),Breast(15 %),Genitourinary tract(11 %),Head And Neck(6 %),Gastrointestinal tract(3 %). The overall incidence of brain metastasis from various malignant tumors with SCC is 9 %. The incidence of SCC increases with age and the peak incidence is usually around 66 years old. CASE REPORT A 65 year old, known diabetic and hypertensive female presented with progressive weakness in right upper and lower limb since 15 days. Swelling over left jaw line since 7 days. Fever since 4 days with inability to open left eye. On examination patient was drowsy and irritable, unable to obey commands, b/l pupils were equal and reacting to light with right hemiplegia and UMN type facial weakness right side. Laboratory investigations- pointing towards an infectious aetiology. (raised TLC,DLC- increased polymorphs). CSF examination shows decreased sugars with elevated proteins. CT BRAIN shows lesion in left parietal lobe of brain suggestive of cerebral abscess with perilesional edema. CONCLUSION- We conclude that the metastasis of SCC in brain is extremely rare and needs to be radically treated by surgery followed by additional treatment depending on the prognostic features. With this case report we want to emphasise the importance of histopathological evaluation of any excised swelling/specimen even though it seems to be benign clinically.

LARGE SUBCUTANEOUS SYNOVIAL SARCOMA ON THE BACK

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Abstract: Synovial sarcoma is a rare and aggressive soft tissue tumor which usually presents as deep seated, painless and slowly progressive swelling affecting lower and upper extremities, especially in periarticular region of large joints. Synovial sarcoma presenting as large subcutaneous tumor over back has not been previously described. We report a case of a 53-year-old lady who presented with progressively enlarging painless subcutaneous lump of size 18Å—16 cm, on the back. Wide local excision of the tumor was performed. Histopathological examination of the resected tumor confirmed biphasic Synovial sarcoma. Tumor was positive for cytokeratin and epithelial membrane antigen.

LIPOSARCOMA OF SPERMATIC CORD

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Abstract: Liposarcoma of cord is rare and represents 7–15 % of all primary spermatic cord sarcoma. Only 200 cases reported in literature.

60 year old labourer presented with painless swelling right inguino-scrotal region, initially 1*1 cm gradually increased to 4*2 cm. Swelling was present in right spermatic cord and was non-tender, mobile, firm with ill-defined margins. No inguinal lymphadenopathy was present. High inguinal orchiectomy was done. Histology was well differentiated liposarcoma. Staging was done later with CECT pelvis but no evidence of residual sarcoma seen. No adjuvant treatment was given. Liposarcoma of cord is an uncommon condition. Mostly diagnosis of liposarcoma is made by histological examination. Staging is based on histological examination, grading and presence of metastasis.

CASE REPORT OF BILATERAL METACHRONOUS TESTICULAR MALIGNANCY OF DIFFERENT HISTOLOGIES

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Abstract: Bilateral testicular malignancies of different histologies occurring metachronously are very rare in incidence. Management protocols differ, so as the prognosis and follow up Case: We report a 28 year old gentleman with seminoma left testis who was treated for embryonal cell carcinoma of contralateral side 3 years back by high orchidectomy and adjuvant therapy.

MALE BREAST CANCER- A CLINICO-PATHOLOGICAL PROFILES ALONG WITH BIOMARKERS

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Abstract: Male breast cancer is a rare condition, accounting for only about 1 % of all breast cancers. Breast cancer is 100 times more common in women than in men. Most cases of male breast cancer are detected in men between the ages of 60 and 70, although the condition can develop in men of any age. A man's lifetime risk of developing breast cancer is about 1/10 of 1 %, or one in 1,000. AIM: To study the clinic-pathological profile of male breast cancer in a tertiary care centre Study design: retrospective Subjects: All male breast cancer patients presenting to our hospital over a period of 10 years Results and observations: N=30, mean age of presentation is 58 years The observed histological types are Infiltrating ductal carcinoma, Ductal carcinoma in situ, Inflammatory breast cancer, Paget disease of the nipple. Radiation exposure, high levels of estrogen, and a family history of breast cancer are found to be risk factors. Majority of them are BRCA 2 positive. Conclusion: Survival for men with breast cancer is similar to that for women with breast cancer when their stage at diagnosis is the same. Breast cancer in men, however, is often diagnosed at a later stage. So increasing awareness among men regarding the disease is the need of hour.

TO STUDY THE ROLE OF CURCUMIN IN LABC PATIENTS UNDERGOING NACT

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Abstract: Curcumin is a natural yellow-pigmented polyphenol component of the spice turmeric, which is derived from the roots of the plant *Curcuma longa* plant, indigenous to Southeast Asia. Extracts containing curcumin have also been used in traditional Indian medicines for generations. Recent studies on the chemopreventive role of curcumin in animal models have led investigators to study its possible role as a chemopreventive agent in humans. The role of curcumin has been studied extensively in breast cancer lines, where it has been able

to induce cell cycle arrest & apoptosis by inhibiting cyclin-dependent kinase (cdk) activity, suppressing cyclin D1 and cyclin E expression. Majority of curcumin effects have been attributed to its ability inhibit transcriptional activity of nuclear factor kappa B (NF- κ B), leading to reduced expression of anti-apoptotic, proliferative, pro-angiogenic, and metastatic target genes of NF- κ B, with subsequent inhibition of mammary tumorigenesis and metastasis in vivo. These properties of curcumin have led to several Phase I human trials that have shown this agent to be tolerated well. With this background a prospective randomized control trial was done to assess the role of Curcumin in altering the response to NACT in patients with locally advanced breast carcinoma. **Materials & Methods** A prospective randomized control trial was conducted at the Department of Surgery, Vardhman Mahavir Medical College, to assess the role of Curcumin in altering the response to anthracycline based neoadjuvant chemotherapy (NACT) in patients of locally advanced breast carcinoma (LABC). 60 histo-pathologically proven LABC patients were included in the study after informed consent & randomized into two groups based of random numbers. The study group received oral supplementation of Curcumin along with NACT (CAF regime), whereas the control group received a placebo along with the NACT regime. The response to NACT would be evaluated by RECIST (Response Evaluation Criteria in Solid Tumors) criteria, after three cycle of NACT using an MRI. Statistical analysis was carried out using the SPSS software. **RESULTS** Statistically significant difference in the response rate recorded. However larger sample size would be needed to draw solid conclusions. **CONCLUSIONS:** Conflicting results regarding the role of curcumin in breast cancer need further confirmation by studying its role in human trials.

THE EXPRESSION OF TISSUE CYTOKINES AS A PREDICTOR OF RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN BREAST CANCER-A PROSPECTIVE CLINICAL STUDY

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Abstract: Neoadjuvant chemotherapy (NACT) is an important aspect of the management of locally advanced breast cancer (LABC), but chemoresistance may limit efficacy. The ability to predict response would allow patient-specific tailoring of treatment regimens and the possibility of avoiding the toxicity associated with ineffective chemotherapy. The expression of cytokines in the tissue has been known as a predictor of poor outcome. Against this background this study was contemplated to assess the role of cytokine expression to predict the response to NACT in LABC. **Methods:** We evaluated the expression of base line tissue expression of cytokines in 50 patients with advanced breast cancer to determine whether pretreatment expression could be used as a reliable predictor of response to NACT (three cycles of cyclophosphamide 600 mg/m², adriamycin 50 mg/m² and 5-fluorouracil 600 mg/m² every 3 weeks). Twenty-six patients (52 %) were cytokines expression positive. A statistically significant negative correlation was found between clinical response and HER-2Neu expression ($P=0.05$). Thirty patients (60 %) showed a clinical response to NACT and of these 21 (70 %) were cytokine expression negative. Seven of nine cytokines expression positive patients who responded to NACT showed only very low levels of expression. Post-NACT increases in cytokines expression levels increased the number of cytokines positive patients to 72.5 %, and the authors suggest this may reflect development of acquired chemoresistance. **Conclusions:** Cytokines expression could serve as a reliable predictors of outcome in patients receiving NACT for LABC and hence adjuvant therapy may be modulated and tailored

to improve the outcome in patients with LABC that are being subjected to NACT. The toxicity could also be avoided in non-responders.

BCL-2/BAX PROTEINS RATIO AND RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN BREAST CANCER-A PROSPECTIVE CLINICAL STUDY

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Abstract: Neo-adjuvant chemotherapy (NACT) is an integral part of multi-modality approach in the management of locally advanced breast cancer and is vital to predict response in order to tailor the regime for a patient. The common final pathway in the tumor cell death is believed to be apoptosis or programmed cell death and chemotherapeutic drugs like other DNA-damaging agents act on rapidly multiplying cells including both the tumor and the normal cells by following the same common final pathway. Absence or decreased apoptosis has been found to be associated with chemo resistance. The change in expression of apoptotic markers (Bcl-2 and Bax proteins) brought about by various chemotherapeutic regimens is being used to identify drug resistance in the tumor cells. A prospective clinical study was conducted to assess whether apoptotic markers (Bcl-2/Bax ratio) could serve as reliable predictors of response to NACT in patients with LABC. **Methods:** 50 LABC patients after complete routine and metastatic work up were subjected to trucut biopsy and the tissue evaluated, immunohistochemically for apoptotic markers (Bcl-2/Bax ratio). Three cycles NACT were given at three weekly intervals & patients assessed for clinical response after each cycle. Modified radical mastectomy was performed in all patients 3 weeks after the last cycle and the specimen were re-evaluated for any change in the Bcl-2/Bax ratio. The immunohistochemical response (change in the Bcl-2/Bax ratio) and the clinical response were correlated and compared. Descriptive studies were performed with SPSS version 10 and the significance of response was assessed using paired *t*-test. Significance of correlation between various variables was assessed using chi-square test and coefficient of correlation calculated by Pearson correlation coefficient. **Results:** here was a statistically significant correlation observed between clinical and immunohistochemical response (Bcl-2/Bax ratio) to neoadjuvant chemotherapy. Increase in the ratio (i.e. increase in the expression of Bcl-2) predicted a poor response to neoadjuvant chemotherapy. **Conclusion:** It was observed in this study that change in Bcl-2/Bax ratio (apoptotic markers) could reliably predict the response to neoadjuvant chemotherapy in patients with breast cancer. Chemo-resistance being an important aspect in planning chemotherapy for a particular patient, the changes in the Bcl/Bax ratio could be utilized in planning an alternative regime and in tailoring the therapy to a particular patient.

ATYPICAL MALIGNANCY OF BREAST

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Abstract: Lymphoma of the breast is a very uncommon presentation. Its incidence rate 0.07 % worldwide and most are non hodgkins type. **AIMS/OBJECTIVES** To aware of clinical scenario of presentation of lymphoma. **To bring out the way of diagnosis and its management METHODS-** Apart from clinical exam we investigated by FNAC, Core needle biopsy, Pet ct scan of pts. **RESULTS-** In both of two cases core needle biopsy rules out non hodgkins lymphoma. Systemic chemotherapy was offered in both cases. **CONCLUSION** Lymphoma of breast can mimic like

breast carcinoma and may also have variable presentation High index of suspicion is necessary and core needle biopsy rules out the diagnosis Systemic chemotherapy is the treatment of choice

PATIENT AND PROVIDER DELAYS IN BREAST CANCER PATIENTS ATTENDING A TERTIARY CARE CENTRE: A PROSPECTIVE STUDY

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Abstract: Objectives: To find out factors that are responsible for the patient or provider delays in the diagnosis of breast cancer in India. Design: This prospective study was designed to be conducted over a period of 2 years including a cohort of 100 patients with locally advanced breast cancer. The delays were assessed using questionnaires prepared according to the Indian scenario. Material and methods: One hundred patients with locally advanced breast cancer receiving neo-adjuvant chemotherapy were included after providing informed consent and receiving ethical committee clearance. Main outcome measures the most common factor responsible for delays in diagnosis was observed to be the health providers, although illiteracy and lack of adequate healthcare services also contributed significantly. Unregistered medical practitioners or quacks contributed significantly to the delays in reporting and diagnosis of the disease. Results: One hundred patients of locally advanced breast cancer were evaluated using standardized questionnaires to assess the delays in diagnosis. Provider delays were found to be significant (the unregistered doctors or quacks being a significant cause of delays). The average time lapse before diagnosis for rural patients was higher (67.5 days) compared to urban patients (53.7 days). The literacy levels of the patients also had a significant impact on the delays at diagnosis. The delay in illiterates was 60.6 days compared to 49.5 days for literates. Conclusions: The most common factor responsible for delays in reporting and diagnosis was observed to be at the end of the health providers, although illiteracy and lack of adequate healthcare services also contributed significantly. Unregistered medical practitioners or quacks contributed significantly to the delays in reporting and diagnosis of the disease.

PERFORMANCE STATUS AS A PREDICTOR OF RESPONSE TO NEO-ADJUVANT CHEMOTHERAPY IN PATIENTS OF LABC

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Abstract: Neo-adjuvant chemotherapy (NACT) is an integral part of multi-modality approach in the management of locally advanced breast cancer and is vital to predict response in order to tailor the regime for a patient. Aims & Objectives: To study the role of performance status as a predictor of response to NACT in patients of LABC. Materials & Methods: 94 histo-pathologically proven cases of LABC included in study. They underwent routine pre-op investigations (including USG breast). Performance status of each patient was calculated & they were then subjected to 3 cycles of NACT (CAF regime). Clinical response assessed. Results: Higher the Karnofsky score (performance status), better response to NACT (p

QUALITY OF LIFE IN BREAST CANCER SURVIVORS -A QUESTIONNAIRE BASED ASSESSMENT AT A TERTIARY CARE CENTRE

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Abstract: Breast cancer is the most common cancer amongst women in the world. It affects patients psychologically as well as organically. With the recent developments in the treatment disease free survival in breast cancer has been on the increase. These survivors are vulnerable to tremendous physical and psychological impact. Issue of 'survivorship' now has become an important issue in breast cancer care that demands the investigation of long-term effects of breast cancer diagnosis and its treatments. OBJECTIVES The study was conducted in department of surgery, VMCC and Safdarjung Hospital New Delhi with an aim to analyze various parameters of quality of life amongst long-term survivors of breast cancer and to identify the specific aspects of quality of life that were affected in these survivors. METHODOLOGY An observational cohort study was conducted through interviews and questionnaire to assess quality of life on parameters of physical and psychological health, social relationships, and environmental wellbeing amongst 30 women that were diagnosed with invasive breast cancer or ductal carcinoma in situ. Quality of life was measured using World Health Organization QOL Questionnaire [WHOQLQ-BREF] and EORTC breast cancer supplementary measure (QLQ-BR23) and was analyzed to score and code for various facets of quality of life (e.g. positive feelings, social support, and financial resources), scores relating to larger domains (e.g. physical, psychological, social relationships) and a score relating to overall quality of life and general health. Conclusions: The proposed intervention is to create breast cancer support groups and arrange doctor counseling sessions to make the survivors realize that cancer is presentable and curable and to motivate them to join the main stream.

QUALITATIVE AND QUANTITATIVE DERMATOGLYPHIC TRAITS IN PATIENTS WITH BREAST CANCER: A PROSPECTIVE CLINICAL STUDY

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Abstract: Breast cancer is one of the most extensively studied cancers and its genetic basis is well established. Dermatoglyphic traits are formed under genetic control early in development but may be affected by environmental factors during first trimester of pregnancy. They however do not change significantly thereafter, thus maintaining stability not greatly affected by age. These patterns may represent the genetic make-up of an individual and therefore his/her predisposition to certain diseases. The prints can thus represent a non-invasive anatomical marker of breast cancer risk and thus facilitate early detection and treatment. METHODS: The study was conducted on 60 histo-pathologically confirmed breast cancer patients and their digital dermatoglyphic patterns were studied to assess their association with the type and onset of breast cancer. Simultaneously 60 age-matched controls were also selected that had no self or familial history of a diagnosed breast cancer and the observations were recorded. The differences of qualitative (dermatoglyphic patterns) data were tested for their significance using the chi-square test, and for quantitative (ridge counts and pattern intensity index) data using the t-test. RESULTS: It was observed that six or more whorls in the finger print pattern were statistically significant among the cancer patients as compared to controls. It was also seen that whorls in the right ring finger and right little finger were found increased among the cases as compared to controls. The differences between mean pattern intensity index of cases and controls were found to be statistically significant. CONCLUSION: The dermatoglyphic patterns may be utilized effectively to study the genetic basis of breast cancer and may also serve as a screening tool in the high-risk population. In a developing country like India it might prove to be an anatomical,

non-invasive, inexpensive and effective tool for screening and studying the patterns in the high-risk population.

SALIVARY BIOMARKERS IN ORAL PRE-CANCERS AND CANCER- A PROSPECTIVE STUDY AT A TERTIARY CARE CENTRE

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Abstract: Oral cancer is the sixth most common cancer with a 5-year survival rate of approximately 60 %. Presently, there are no scientifically credible early detection techniques to supplement conventional clinical oral examination. Aim: The goal of this study was to validate p53, a salivary biomarker, in discriminating patients with oral pre malignant condition from healthy subjects **METHODS:** 50 subjects each based on case controlled design were investigated **RESULTS:** The increase in p 53 was statistically significant in patients with precancer as compared to healthy individuals **CONCLUSIONS:** The validation of these biomarkers showed their feasibility. Cut off value need to be further defined in large clinical studies.

MALIGNANT WOUNDS AND THEIR MANAGEMENT- KAP AMONGST SURGICAL TRAINEES -A PROSPECTIVE STUDY AT A TERTIARY CARE CENTRE

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Abstract: Malignant wounds are break in epidermal integrity by infiltration of malignant cells. Most Common sites involved are Breast, Head and neck, Extremities, Back, trunk,Perineum/genitals. Their management possess a great challenge for treating surgeon. Aim: To study the knowledge, attitude and practice regarding malignant wounds amongst surgical trainees. Material and Method: 30 surgical trainees in department of surgery were included in the study. Their KAP regarding malignant wounds was studied through a structured questionnaire. Conclusion: There is need to increase the awareness regarding the protocol based management of malignant wounds in surgical residents

AN AUDIT OF BREAST CONSERVATIVE SURGERY PERFORMED AT A TERTIARY CARE CENTRE

rahul bamal

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Abstract: BCS is now treatment of choice in early breast cancer but the advantage of preservation can be extended to patient of LABC that responded well to NACT and fulfill other criteria for BCS. An audit was performed of the patients undergoing BCS in a single unit at a tertiary care center. Majority patients that underwent BCS were EBC while a small number(18 %) were LABC that had been downstaged using NACT. The duration of study was for 5 years. Follow up of these patients was satisfactory and cosmetic and Quality of life results were encouraging. Sample Size = 40 Duration of study = 5 years Conclusion: Breast conservation therapy is an evolving management protocol in developing countries like India. The bottom line is to detect cancers early and subject them to less mutilating surgery with an intention to preserve the organ and function. It is only relevant that the same advantage should be offered to our patients with LABC that can be downstaged using NACT. The study highlighted the significance of having the change in the attitude and mindset.

CHEST WALL RESECTION AND RECONSTRUCTION A TECHNICAL AND RECONSTRUCTIVE CHALLENGE

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Abstract: Chest wall tumors are rare heterogenous tumors and pose a reconstructive challenge and Chest wall resection and reconstruction is the primary modality of treatment. **MATERIALS AND METHODS:** The records of patients who underwent chest wall resection and reconstruction for primary and secondary tumors from January 2010 to August 2012 were reviewed retrospectively. The nature of tumor, histology, age sex,location type of reconstruction used were analyzed. **RESULTS:** Eight patients had underwent chest wall resection and reconstruction for primary and secondary tumors from January 2010 August 2012 retrospectively. Four cases were primary tumors of the chest wall, 3 cases were secondary tumors (one from thyroid and the other two from breast),and one was fibromatosis. The number of resected ribs ranged from one to four. Three of them underwent Sternal resections. The chest wall was stabilized with polypropylene mesh with or without rib struts along with myocutaneous or muscle flaps for soft tissue component.No post-operative mortality occurred. Two patients required post operative ventilatory support. Two had repeated seroma. There were no critical complications documented. Mean follow up was 9 months. All of them are alive and disease free at last follow up. **CONCLUSIONS:** Chest wall resection is technically demanding and a challenge for reconstruction and rehabilitation. However it is feasible with low morbidity and mortality while offering a potential cure.

RECURRENT NUCHAL FIBROMA: A RARE CASE REPORT WITH REVIEW OF LITERATURE

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Abstract: Nuchal Fibroma chiefly occurs in nuchal region (posterior neck) in the age group of 25–60 years although extranuchal sites like back/scapula, shoulder, face, and ankle have also been reported. Only rare case reports and two clinicopathologic series of nine and fifty cases have thus far been published. Case: We report a 2 year gentleman presenting with a recurrent nuchal fibroma and managed with wide local excision of the disease.

TO CORRELATE THE LEVELS OF HER-2 NEU (C-ERB-B2) IN AXILLARY DRAIN FLUID AFTER MODIFIED RADICAL MASTECTOMY WITH RESPONSE TO NEO-ADJUVANT CHEMOTHERAPY IN BREAST CANCER

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Abstract: Background: Analyses of prognostic variables suggest a positive correlation between response to NACT and survival in case of locally advanced breast carcinoma. Thus, assessing response to chemotherapy and taking care of resistance to the chemotherapeutic agent is mandatory for prognostication as well as to avoid unnecessary toxicity of the drug. Many surrogate markers as a measure for response had been studied. HER-2 NEU being one of them Aims and objectives: To assess the correlations between the HER 2 NEU expression in the drain fluid and response to NACT. Material and Methods: 62 cases of locally advanced breast cancer, subjected to tru-cut biopsy and the tissue samples were evaluated immuno-histochemically for HER-2 NEU expression. The response to neo-adjuvant chemotherapy was

assessed using RECIST criteria after three cycles of CAF regime. After three cycles of NACT each patient underwent modified radical mastectomy by the same surgical team. All axillae were drained postoperatively by closed vacuum suction drain. Axillary drain fluid was collected 48 h following modified radical mastectomy and sent for HER-2 NEU estimation by ELISA. Results: A significant relationship was found between the axillary fluid HER-2 NEU expression and clinical response. The increased HER-2 NEU expression was associated with poor clinical response rates.

HALF VERSUS FULL VACUUM SUCTION DRAINAGE AFTER MODIFIED RADICAL MASTECTOMY FOR BREAST CANCER- A PROSPECTIVE RANDOMIZED CLINICAL TRIAL

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Abstract: Suction drains are routinely used after modified radical mastectomy and is an important factor contributing to increased hospital stay as the patients are often discharged only after their removal. Amongst various factors that influence the amount of postoperative drainage, the negative suction pressure applied to the drain has been reported to be of great significance. While a high negative suction pressure is expected to drain the collection and reduce the dead space promptly, it may also prevent the leaking lymphatics from closing and lead to increased drainage from the wound. Aims and Objectives: To compare the amount and duration of drainage between a half negative suction and full vacuum suction drainage in patients following modified radical mastectomy. The associated postoperative morbidity was also compared between the two groups. METHODS: 85 FNAC (fine needle aspiration cytology) proven cases of locally advanced breast cancer were randomized. (Using randomly ordered sealed envelopes, which were opened immediately before the closure of the wound) in to 50 patients with full vacuum suction (pressure = 700 g/m²) and 35 cases in to half vacuum suction drainage (pressure = 350 g/m²) groups. The two groups were comparable in respect of age, weight, and technique of operation and extent of axillary dissection. Surgery was performed by the same surgical team using a standardized technique with electrocautery. External compression dressing was provided over the axilla for first 48 h and following that patients were encouraged to do active and passive shoulder exercises. The outcomes measured were postoperative morbidity and the length of hospital stay. Statistical methods used: Descriptive studies were performed with SPSS version 10 and group characteristics were compared using student *t*-test. RESULTS: Half vacuum suction drains were removed earlier than the full suction vacuum suction drains. There was no significant difference in the incidence of seroma formation in the two groups and there was a significant reduction in the total hospital stay in patients with half vacuum suction drainage systems as compared to the full suction drainage group ($p < 0.001$) without any added morbidity. CONCLUSIONS: Half negative suction drains provide an effective compromise between no suction and full or high suction drainage after modified radical mastectomy by reducing the hospital stay and the post-operative morbidity including post-operative seromas.

THE CORRELATION OF ANXIETY AND DEPRESSION LEVELS WITH RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN PATIENTS WITH BREAST CANCER

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Abstract: The aim was to evaluate and correlate anxiety and depression levels with response to neoadjuvant chemotherapy in patients with breast cancer. The study also assessed the effects of family support on distress levels. DESIGN: It was a prospective

study in a cohort of 84 patients with locally advanced breast cancer. These assessments were done using the Hospital Anxiety and Depression Scale (HADS). SETTING: A prospective study in a developing world setting. PARTICIPANTS: Eighty-four patients with locally advanced breast cancer receiving neoadjuvant chemotherapy were included after taking an informed consent and ethical committee clearance. RESULTS: A total of 84 patients receiving neoadjuvant chemotherapy for breast cancer were evaluated using HADS. The effect of family support, literacy levels and employment on the psychological status of these patients was also assessed. CONCLUSIONS: The response to neoadjuvant chemotherapy had a direct correlation with the levels of depression, the distress levels being lower in responders. This was found to be the most important variable determining the psychological status of the patients. It was also observed that Indian patients in comparison to their Western counterparts react differently to cancer-related stress.

IMPACT OF TIMING OF SURGERY ON SURVIVAL IN NON-METASTATIC EXTREMITY OSTEOSARCOMA

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Abstract: Osteosarcoma is most common malignant bone tumor in the second decade of life and it is most commonly located around the knee. Current standard of treatment is Neo-adjuvant chemotherapy followed by surgical resection. AIMS AND OBJECTIVE: To assess the impact of the timing of surgery in patients receiving Neo-adjuvant chemotherapy in extremity osteosarcoma. METHODS: Records of 272 consecutive patients with Non metastatic extremity osteosarcoma who were treated at Cancer Institute, Adyar, Chennai from Dec 1998 to Dec 2008 were retrieved and analyzed Using SPSS 14 version. RESULTS: Median age of presentation was 17 years (Range 6–52 year), Of these 222, received atleast 1 cycle of chemotherapy, 184 (65 %) patients received 2–4 cycles and 156 patients (57.6 %) received neoadjuvant chemotherapy. During chemotherapy 16 % patients had febrile neutropenia and 15.5 % patient had grade 3/4 toxicity. 5 year overall survival in all patients was 49.4 %, non metastatic was 55 %. Patients who received

EXTENDED TOTAL GASTRECTOMY FOR ESOPHAGOGASTRIC JUNCTION TUMOURS BY A TRANSHIATAL APPROACH SHORT TERM OUTCOMES

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Abstract: The surgical strategy in operable stomach cancer is based on topographic location. Among patients with Siewerts type 2 cancer, esophagectomy offers no survival benefit over extended gastrectomy and is associated with a significantly higher morbidity rate. In patients with Siewerts type 3 tumors, complete tumor removal could be achieved by total gastrectomy with transhiatal resection of the distal esophagus with acceptable morbidity and tumour free margins. AIMS/OBJECTIVES: To assess the short term outcomes of a transhiatal extended total gastrectomy for operable Siewerts type 2 and 3 cancers involving esophagogastric junction. METHODS: This is a retrospective study of surgical outcome in Siewerts type 2 and 3 gastric cancers operated by transhiatal extended gastrectomy in our institute between 2010 and 2012, the endpoints were intra and post operative complications and pathological adequacy of resection. RESULTS: Transhiatal extended gastrectomy was performed for 9 patients. The median proximal esophageal clearance obtained was 4.0 cms (Range 2.5 to

6.5 cms), Median nodal yield being 33 nodes (Range 25 to 45). The median hospital stay was 14 days and no intercostals drains were used. There was one post operative mortality due to respiratory failure in a patient with history of COPD. **CONCLUSION:** We conclude that transhiatal extended total gastrectomy is a viable alternative to abdominothoracic approach in siewerts type 2 and 3 cancers avoiding a thoracic incision and intercostals chest drains with similar oncological safety.

THE ROLE OF FOUR NODE SAMPLING AFTER NEO-ADJUVANT CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED BREAST CANCER-A PROSPECTIVE STUDY AT A TERTIARY CARE CENTER

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Abstract: Assessing axilla is a mandatory part of management of breast cancer and the role of Sentinel lymph node biopsy (SLNB) and/or four blue node sampling in Early breast cancer (EBC) is now established, however the same is not true for the locally advanced breast cancer particularly after the neo-adjuvant chemotherapy has been given to down stage the disease. There is a possibility of high false positives after the lymphatic channels are affected by the fibrosis or reaction to NACT. Often in the event of complete or very good response to NACT, the N1 disease may be down staged to N0 and there could be a possibility of avoiding the axillary dissection and the related morbidity. Against this background a prospective study was contemplated to assess the role of SLNB in patients with LABC after subjecting them to NACT. **Materials and methods:** 30 patients of LABC were subjected to three cycles of NACT (CAF regime) after routine and specific work up [USG, MRI, Bone scan]. The response was assessed using RECIST criteria, clinical and sonological criteria. All patients were subjected to modified radical mastectomy or Breast conservation surgery (BCS), with axilla being dissected in all the cases. Prior to MRM, 4–5 ml peri-tumoral injection of methylene blue dye was given and the breast massage done for 5 min. Four blue nodes in the pre-defined region between the two intercosto-brachial nerve were dissected out using the standardized technique and sent for frozen section. The rest of the axillary dissection [level I-III] was completed in all the cases. The entire specimen and the blue nodes, axillary lymph nodes were subjected to histopathology, immunohistochemistry etc. **Results and conclusions:** In two patients (7 %) false positive result was obtained while in the rest of the cases SLN could correctly predict the presence of axillary lymph node metastases. In developing countries and especially in centers where the facilities for performing the SLNB are limited, four node sampling can serve as an equally sensitive technique to assess the status of axilla.

RECONSTRUCTIVE OPTIONS FOR HEAD AND NECK RECONSTRUCTION

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Abstract: The head and neck region is both functionally and aesthetically important and its reconstruction poses a challenge for surgeons. Various factors guide the choice of the flap from the wide array of choices of flap available for reconstruction. With improvement in our knowledge of the anatomy of blood supply to the skin, the perforator flaps have opened a whole new horizon for the surgeons to choose flaps with better function and cosmesis. The locally available perforators enable flaps to be designed with excellent match in tissue characteristics. Perforator

flaps limit donor site morbidity. The principal perforator flaps such as naso-labial artery perforator flap, platysmal flap used in the head and neck reconstruction are discussed. Free flaps, the newer addition are also demonstrated.

SOLID PSEUDOPAPILLARY TUMOUR OF PANCREAS- A SINGLE CENTRE EXPERIENCE

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Abstract: Solid pseudo papillary tumour of the pancreas is a rare condition of which only about 450 cases have been reported in literature. This tumour was first described in 1959. It is known as FRANTZ tumour, named after the author who first described it, also as solid cystic tumour; papillary epithelial neoplasia; solid and papillary epithelial neoplasia. It is argued that it does originate either from ductal epithelium, acinar cells, or endocrine cells. Predominantly affect young women. **MATERIAL AND METHODS:-** This is a case series study to assess different presentation, diagnostic methods and management of this rare disease. We reviewed the patients operated in our centre from 2000 to 2010. We reviewed data like age, sex, signs and symptoms, past medical history, physical examinations, pre-operational diagnostic measures, laboratory data, per-operational findings, macroscopic and microscopic features of tumours, post-operation and follow up of the patients. **RESULTS:-** In our study we report 20 Solid pseudo papillary tumours of pancreas over a period of 10 year. 15 out of 20 patients in our study were female with the median age at diagnosis was 27.25 years. Abdominal pain and lump were the most common presenting complaints. Median size was 10 cm. Distal Pancreatectomy (11 pts) and Pancreaticoduodenectomy (6 pts) were the most common surgeries performed. 2 patients were inoperable and in one patient wide excision were done. The outcome after surgical resection is excellent with long term survival of 90 %. **CONCLUSION:-** The diagnosis depends on histological confirmation, but its appearance on imaging is fairly characteristic. We believe that SPT of the pancreas should be treated aggressively, with attempts made for complete resection, even if this requires metastasectomy. Long-term survival can be achieved with an aggressive approach to both the primary lesion and to the synchronous or metachronous metastatic lesion.

THE ROLE OF SENTINEL LYMPH NODE BIOPSY AFTER NEO-ADJUVANT CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED BREAST CANCER-A PROSPECTIVE STUDY AT A TERTIARY CARE CENTER

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Abstract: The role of Sentinel lymph node biopsy (SLNB) in Early breast cancer (EBC) is now established, however the same is not true for the locally advanced breast cancer particularly after the neo-adjuvant chemotherapy has been given to down stage the disease. There is a possibility of high false positives after the lymphatic channels are affected by the fibrosis or reaction to NACT. Often in the event of complete or very good response to NACT, the N1 disease may be down staged to N0 and there could be a possibility of avoiding the axillary dissection and the related morbidity. Against this background a prospective study was contemplated to assess the role of SLNB in patients with LABC after subjecting them to NACT. **Materials and methods:** 30 patients of LABC were subjected to three cycles of NACT (CAF regime) after routine and specific work up [USG, MRI, Bone scan]. The response was assessed using RECIST criteria, clinical and sonological criteria. All patients were subjected to modified radical mastectomy or Breast conservation surgery (BCS), with axilla being dissected in

all the cases. Prior to MRM, 4–5 ml peri-tumoral injection of methylene blue dye was given and the breast massage done for 5 min. Sentinel node was the first to be dissected out and the rest of the axillary dissection [level I-III] was completed in all the cases. The entire specimen and the sentinel node, axillary lymph nodes were dissected and sent for histopathology, immunohistochemistry etc. Results and conclusions: In two patients (7 %) false positive result was obtained while in the rest of the cases SLN could correctly predict the presence of axillary lymph node metastases. In future it is likely that this may become the standard of care like in early breast cancer.

RCC METASTASIS TO THYROID GLAND: A RARE CASE REPORT

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Abstract: Clinically important, isolated metastases to the thyroid gland are a rare occurrence. Renal cell carcinoma (RCC) is the most common primary tumor site. We report here a case of 64 year old male presenting with thyroid metastasis with history of left radical nephrectomy for left RCC 10 years back who has been administered Bevacizumab and IFN based targeted chemotherapy as management due to mass being unresectable with good result.

PRIMARY CLITORAL MALIGNANCY- A RARE CASE REPORT

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Abstract: Vulvar carcinoma is a rare gynecological malignancy, accounting for 3 % to 5 % of all female genital tract malignancies. Malignancy can occur in any part of clitoris but the incidence differs, clitoris being very rare. Moreover, more than often the reported cases are metastases to clitoris from vulvar/ovarian carcinoma rather than a primary malignancy of clitoris. Large numbers of papers are published regarding vulvar malignancies including malignancies in various parts but there is paucity of literature regarding clitoral malignancies. No Indian data is available for the same. Case report An otherwise healthy 65 years of postmenopausal multiparous widow lady was referred to our surgical OPD with a 5 month history of painless growth in the genital region. Examination of labia majora, minora and urethral meatus was normal. There was left inguinal lymphadenopathy: single firm, non-tender, mobile lymph node of 3×2.5 cms was present. Patient underwent radical vulvectomy with left sided ilio-inguinal node dissection.

EXPRESSION OF E-CADHERIN IN BREAST CARCINOMAS AND ITS ASSOCIATION WITH OTHER BIOLOGICAL MARKERS A PROSPECTIVE STUDY

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Abstract: E-cadherin (E-CD) is an important cell adhesion molecule in normal epithelial cells and has been shown to be an invasion tumor suppressor gene. Objectives and settings: Present study reveals E-CD expression in 65 cases of breast cancer including 41(63 %) cases of pure infiltrating ductal carcinoma (IDC), 11(16.9 %) of pure infiltrating lobular carcinoma (ILC); another 10(15.3 %) of mixed ductal/lobular type, and remaining 3(4.6 %) miscellaneous types. Various clinicopathological parameters like age, family history, tumor stage, histological grade, lymph node status and other biological markers were also analyzed. Results: Negative E-CD expression was noticed more in advancing age groups ($P=0.01$). About 59.2 % cases showing negative E-CD expression had family history of breast and/or other cancers. E-

CD expression was found significantly higher in cases of pure IDC (55.5 %) than in pure ILC cases (18.1 %) ($P=0.04$). Eleven (68.7 %) of the total 16 high-grade IDC cases, revealed negative expression. Both cases of comedo carcinoma revealed negative expression. Three (30 %) out of 10 mixed cases revealed negative expression in both ductal and lobular areas, while in remaining 7 cases, positivity was seen in ductal areas only. Invasive cribriform and medullary carcinoma revealed a stronger expression, while negative staining was observed in sweat gland carcinoma. E-CD re-expression was noticed in lymph node tumor deposits. A direct association of E-CD expression with ER expression and an inverse association with that of p53 were also observed ($P=0.001$). ($P=0.04$). Conclusions E-CD expression is useful, but limited, in differentiating IDCs from ILCS. Its negative expression correlates with certain poor prognostic parameters reflecting its use as a marker for invasive cancers. It re-expresses at metastatic sites.

INCIDENCE OF AXILLARY VENOUS THROMBOSIS IN LABC PATIENT UNDERGOING MODIFIED RADICAL MASTECTOMY AFTER NACT

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Abstract: Since the advent of multimodal treatment for locally advanced breast cancer patient and substantial increase in the survival rate of these patients, much attention is now being on non-tumor morbidities. One of them is axillary venous thrombosis, presenting clinically as lymphedema. Material and methods: 42 patients of LABC, undergoing multimodal treatment were studied for the incidence of axillary venous thrombosis. Surgery in form of modified radical mastectomy was done by same surgical team in all patients. All axillary levels i.e. level I, II, and III were cleared. Pre op and post-op color Doppler were done to assess the axilla and axillary vein. Result: Lymphedema developed in 2 patients (4.6 %) out of which 1 patient i.e. 2.3 % developed axillary venous thrombosis as per the Doppler studies. Both patients had N2 disease. Analysis of these results failed to demonstrate any Statistical differences in complications between node positive and node negative patients, nor between those receiving radiotherapy and those not so treated. Increase in the nodal status may and not the extent of axillary dissection leads to increase in the incidence of axillary venous thrombosis

ACINIC CELL CARCINOMA OF THE SALIVARY GLAND: A RARE CASE REPORT

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Abstract: Acinic Cell Carcinoma is an uncommon low grade malignant neoplasm of the salivary glands affecting the female population more than the males. Unusual occurrences of this neoplasm are reported in hard palate, maxillary sinuses, lip etc. It has been conferred significance because it is rare, has an indolent course with fair prognosis and is challenge for pathologist due to varying histological appearances. We report here a rare case of 80 year old male with left buccal mucosa verrucous growth which was diagnosed as acinic cell carcinoma of minor salivary gland.

AUDIT OF 200 AXILLAE DISSECTED AT TERTIARY CANCER CARE CENTRE

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Abstract: Axilla is most important surrogate predictor of outcome in breast cancer. Our patient profile is different from west. Most

of our patient have locally advanced disease and show 2 peaks [in 30s & 60s], unlike West. Against this background a retrospective study was conducted to find out the pattern of axillary metastasis and axillary burden in Indian patient Material and Methods: 200 LABC patients that underwent modified radical mastectomy after NACT during 5 years (2005–2010) in a single surgical unit by the same surgeon were included. Data collection was done from Medical record section and Tumor Biology Lab, ICMR. Conclusions and Recommendations: Most patients in our scenario were locally advanced. Down-staging of axillary nodal status was seen after neo-adjuvant chemotherapy (CAF regimen) in N2 to N1 (22.8 %) and to N0 (5.26 %) and N1 to N0 (41.95 %). Axillary score should be an essential part of NACT in LABC. Axillary burden in our patients is different from the western study, axillary clearance should be therefore comprehensive (level I–III). Optimum management of axilla should demonstrate the important anatomical end point.

A NOVEL LATERAL ANTERIOR INTERCOSTAL ARTERY PERFORATOR FLAP FOR RECONSTRUCTION OF LARGE DEFECTS IN LOCALLY ADVANCED AND RECURRENT CARCINOMA BREAST AN INDIAN SOLUTION TO INDIAN PROBLEM

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Abstract: Breast Cancer is a significant national health care issue. Most patients presenting to our institution are locally advanced. Covering large defect after excision poses a great challenge. Concern is to provide a cover to the large defect with less morbid flap, so that early radiotherapy can be instituted. Materials and methods: 50 LABC/recurrent breast cancer patients with a mean age of 56.2 underwent lateral intercostal perforator artery flap coverage of the defect over a period of 5 years 2004–09. The mean diameter of the defect after surgery was 12.6 cms. Results and conclusions: No case of complete failure of flap seen. Partial necrosis of 2 flaps (4 %) was observed. Flap provide sturdy cover for the defect and adjuvant radiotherapy was possible at the earliest. This flap is especially suited for outer quadrant defects. No significant donor site morbidity was observed.

MULTIPLE PRIMARY ADENOCARCINOMAS: A CASE REPORT

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Abstract: Cancer survivors have a higher risk of new primary cancer, in the same or in another organ, than the general population. We report a 40-year-old woman with thyroid dysfunction and strong family history that has metachronous triple adenocarcinoma includes bilateral breast cancer and bronchogenic carcinoma presenting with metastasis to ipsilateral scalene group of lymph nodes. The development of second cancer in cancer survivors can be expected but third or higher order malignancies are rare.

RECONSTRUCTIVE OPTIONS FOR HEAD AND NECK RECONSTRUCTION

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Abstract: The head and neck region is both functionally and aesthetically important and its reconstruction poses a challenge for surgeons. Various factors guide the choice of the flap from the wide array of choices of flap available for reconstruction. With improvement in our knowledge of the anatomy of blood supply to the skin, the perforator flaps have opened a whole new horizon

for the surgeons to choose flaps with better function and cosmesis. The locally available perforators enable flaps to be designed with excellent match in tissue characteristics. Perforator flaps limit donor site morbidity. The principal perforator flaps such as naso-labial artery perforator flap, platysmal flap used in the head and neck reconstruction are discussed. Free flaps, the newer addition are also demonstrated.

ACCESSORY BREAST CARCINOMA- A RARE CASE REPORT

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Abstract: Accessory breast can lie anywhere along the milk line, which exist from axilla to groin. Most common site for accessory breast is axilla, though carcinoma arising from accessory breast present in groin and vulva has also been reported. 65 year old lady presented with lump and ulceration in the pre-existing accessory breast, present in right axilla with no lump present in both the breast. Right axillary lymphadenopathy was also present. WLE with axillary L.N dissection was done. Patient received adjuvant CT, RT and hormone therapy. Histopathology revealed it to be infiltrating ductal carcinoma. 8/20 lymph nodes were positive for metastasis. Carcinoma arising from accessory breast is a rare entity and must be differentiated from soft tissue tumors.

ROBOTIC URO-ONCOLOGICAL SURGERY USING DA VINCI SI HD ROBOTIC SYSTEM: INITIAL KDAH EXPERIENCE

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Abstract: Objectives: Robotically-assisted surgery was developed to overcome both the limitations of minimally invasive surgery or to enhance the capabilities of surgeons performing open surgery. We report our initial experience with robotic-assisted uro-oncological surgeries done at our centre. Methods: From June 28th 2012 to Aug 27th 2012 a total of 55 robotic procedures were performed in our center by using Da Vinci Si HD Robot (Intuitive Surgical, USA). Out of these, 32 were robotic surgeries done for urological cancers. Radical prostatectomy was done in 15, 6 underwent radical nephrectomy, 4 were radical cystectomies and two were partial nephrectomies. Results: All patient were completed by robotic approach none being converted either to open or pure laparoscopic method. Average blood loss was 70 ml (range 50–140 ml). One patient of radical cystectomy required blood transfusion as patient had low hemoglobin preoperatively. There were no adverse events attributed to the robotic surgery. All were discharged with 3–10 days (Average 5 days) except one patient with anterior exenteration has stay of 14 days due to prolonged lymph drainage from the drain. Conclusion: Robotic-assisted surgery has become an increasingly popular approach to the treatment of a variety of urologic malignancies. It is a safe and favorable surgical option in select patients with urological cancers. Our initial experience has encouraging results however more number of patients experience are required to comment on long term outcomes.

COMPOSITE TUMOR OF TRANSVERSE COLON ANADI PACHAURY

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Abstract: In Composite tumor, two neoplastic histological types appear in the same lesion either because of differentiation in two different directions from the same precursor stem cell or because of differentiation from two separate precursor tumor stem cells.

AIMS AND OBJECTIVE: Presenting the clinical presentation and management and outcome of case of composite tumor of colon. **METHODS:** Patient is thoroughly examined and investigated with CECT abdomen, colonoscopy and blood investigation, reports were indeterminate, Patient underwent exploratory laparotomy. Lesion identified and resection with appropriate margin was done. Histopathology done with hematoxylin & eosin stain. **REVEALS:** Histopathology reveals a composite carcinoid tumor (Argentaffinoma-adencarcinoma), that have cells of both adenocarcinoma and carcinoid lineage in a single tumor. **CONCLUSION:** Composite tumor are rare neoplastic lesions containing more than one neoplastic type. There are less than 20 cases reported in the literature of composite tumor of intestine.

SOLID PSEUDOPAPILLARY NEOPLASM OF PANCREAS-RARE TUMOUR; UNIQUE FEATURES-

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Abstract: Solid pseudopapillary tumor of pancreas is an uncommon neoplasm that usually occurs in women in the second to third decades of life. These tumours have low potential for malignancy and a favorable prognosis. **Aims & Objectives:** To discuss the presentation and clinicoradiological diagnosis of Solid pseudopapillary tumor of pancreas. **Methods:** We present a 16 year old adolescent female who presented with pain abdomen and loss of weight of 2 months duration. CT abdomen showed a large capsulated heterogeneous mass lesion in the head of pancreas encasing the left hepatic artery and accessory right hepatic artery. She underwent Whipples pancreaticoduodenectomy, with an uneventful recovery, and is on followup. **Conclusions:** The presence of a large bulky pancreatic tumour in a young female should raise suspicion of the diagnosis of solid-pseudopapillary tumour of the pancreas. The classic CT features of an encapsulated mass and intratumoral hemorrhagic degeneration are important clues to the diagnosis because these features are rarely found in other pancreatic neoplasms.

NON HODGKINS LYMPHOMA OF PAROTID: A CASE REPORT

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Abstract: Non Hodgkins lymphoma of parotid is a rare entity. It presents as a rapidly enlarging painless lesion. **OBJECTIVE:** The objective of the poster is to highlight a case of NHL of parotid which is quite an uncommon entity. **CASE REPORT** A 40 year old male presented with parotid swelling on the left side for 6 months around 15×15 cms. FNAC showed it to be lymphoepithelioma. Trucut biopsy showed inflammatory pseudotumour. MRI neck showed a large left parotid tumour with multiple enlarged cervical lymph nodes. Excision of the mass was done. Histopathological and immunohistochemistry showed it to be Non Hodgkin's Lymphoma of marginal zone type. The patient is now under follow up. **CONCLUSION** The poster thus helps us to enlighten our clinical experience about various diagnostic possibilities in a parotid mass.

OSTEOSARCOMA OF THE THORACIC SPINE: A CASE REPORT AND REVIEW OF LITERATURE

Dr Prashanth S

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Abstract: Primary osteosarcoma of the spine is rare .En bloc resection with a wide margin is the ideal treatment for any

osteosarcoma . Only few cases reported in literature reg successful management of spinal tumors **Aims & Objectives** We report a case of osteosarcoma of the spine managed successfully with excision and reconstruction **Methods:** Case Report 26 year old male,presenting with upper backache & lowerlimb weakness **On Examination:** Tenderness over D 9 and D 10 with bilateral lower limb paraparesis(M4) **Investigations reveal-** chondroblastoma involving D 9 and D 10 **Operative Procedure-** Right sided posterolateral thoracotomy + Resection of involved segments of ribs 8,9 &10+ Corpectomy of Ninth + tenth thoracic vertebrae + Reconstruction using Gesco expandable metallic cage and bone graft & Stabilisation of spine by titanium rods & screws was done **Final histopathology** revealed it as chondroblastic variant of osteosarcoma **Subsequently patient planned for CT & RT Results Discussion** Primary osteosarcoma of the spine in the absence of previous irradiation or paget's disease is extremely rare and only a handful of cases have been reported. Patients with osteosarcoma of spine were on an average a decade older than patients with extremity lesions and approximately half the cases were secondary to other conditions. The median duration of symptoms prior to diagnoses 6 months. Early symptoms may be nonspecific - generally diagnosed as having benign disc lesion. Most patients with osteogenic sarcoma of the spine present with pain related to the site of the tumor in combination with varying neurologic deficits. Two thirds of patients reported had neurologic deficits ranging from radiculopathy to complete paraplegia at initial presentation. Only few cases reported in literature reg successful management of spinal tumors with reconstruction. Combination of intensive chemotherapy and complete resection for the treatment of a primary spinal osteosarcoma. **Conclusion** Primary osteosarcoma spine requires Multispeciality approach **Timely Excision and Reconstruction of Spinal Tumor prevents Catastrophy**

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few cases reported in literature reg successful management of spinal tumors with reconstruction. Combination of intensive chemotherapy and complete resection for the treatment of a primary spinal osteosarcoma. Conclusion Primary osteosarcoma spine requires Multi-speciality approach Timely Excision and Reconstruction of Spinal Tumor prevents Catastrophy

A RARE CASE OF ORAL METASTASIS WITH CARCINOMA STOMACH

DR MANJUNATH KV
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Abstract: Oral region is an uncommon site for metastatic tumor cell colonization and usually evidence of wide spread disease, It accounts for only 1 % of all oral malignant neoplasms. They mainly involve the bony structures (particularly the mandible), whereas primary metastases to soft tissues are extraordinarily rare (only 0.1 % of oral malignancies). Aims & objectives; To describe an extremely rare case of oral metastatic lesion in the upper alveolus extending to involving the upper labial mucosa extending upto the premolars on right side on the gingio-buccal sulcus. Case presentation: A 50 year old male patient was referred from dental college with history of swelling in the anterior upper jaw for which incisional biopsy was done and biopsy revealed metastatic adenocarcinoma, later patient was subjected to OGD- revealed proliferative growth at cardia extending into lesser curvature. Results: Patient came to our institution with these reports, slide and block review from stomach revealed moderately differentiated adenocarcinoma, and from anterior maxillary growth showed metastatic adenocarcinoma with extensive necrosis. CT scan of oral cavity showed growth at anterior aspect of upper alveolus extending into gingivo buccal sulcus & gingivo labial sulcus, eroding the lateral nasal wall, thickening of the nasal wall mucosa seen, not involving the palate. Immunohistochemistry showed focal positivity to CK7 & CK20 Conclusion: The discovery of an oral metastasis sometimes leads to the detection of an occult malignancy in other body sites, and so it is extremely important to identify it correctly, first clinically and then pathological.

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INNOVATIVE SURGICAL TECHNIQUE IN A RARE CASE OF SOFT TISSUE SARCOMA OF HAND

RAGHU VAMSI
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Abstract: Soft tissue sarcoma of the hand is a rare entity. Hand sarcomas are more challenging to manage than those in other sites, due to a variety of factors including highly specialized, complex anatomy and a lack of redundant soft tissue. Nowadays limb-sparing, function-preserving surgery is the standard of care for extremity soft-tissue sarcomas .We present a rare case of Clear Cell Sarcoma of the Thenar region Right hand, managed by hand preserving wide excision of the primary + Amputation of the thumb at the metacarpal level and covering of the defect by an innovative fillet flap.

PRIMARY SMALL CELL NEUROENDOCRINE CARCINOMA OF HYPOPHARYNX

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Abstract: Extrapulmonary small cell carcinomas occur in a wide variety of organs. The most frequent organs involved in order of decreasing frequency are the cervix, esophagus, larynx and pharynx, colon and rectum, and prostate. Primary small cell carcinomas of the hypopharynx are extremely rare incidence. Most extrapulmonary small cell carcinomas are aggressive tumors with a median survival of 9 to 11 months. Surgical resection and chemotherapy in the line of small cell lung cancer with or without radiotherapy are advised for resectable locoregional disease. For unresectable locoregional disease, radiotherapy in combination with chemotherapy (again, with a small cell lung cancer regimen) is recommended. Case report 48 year old chronic smoker presented with hoarseness of voice and occasional cough during swallowing for 2 months and rapid progression to stridor during hospital stay. Rigid endoscopy revealed a submucosal growth epicentred over the left ary-epiglottic fold and involving the adjacent pyriform fossa supraglottic & glottic larynx, biopsy of which was reported as poorly differentiated small cell carcinoma with neuroendocrine differentiation. Immunohistochemistry (IHC) showed positivity of tumor cells for chromogranin & S100. Markers for lymphoma, squamous or adenocarcinoma were negative. CECT showed thyroid cartilage involvement and N2b disease (lt. side level II& III nodes), FDG-PET-CT excluded metastatic disease or an extrapharyngeal primary. Bone marrow biopsy was not performed because of the relatively low incidence of marrow disease in head and neck small cell carcinoma.He was managed with upfront wide field laryngectomy. Final histopathological examination confirmed a pT4N0 transglottic poorly differentiated small cell neuroendocrine carcinoma diffusely infiltrating the subepithelial tissue with intact overlying epithelium and thyroid cartilage involvement. No squamous or adenocarcinoma component was found. Presently the patient is receiving adjuvant radiotherapy concurrent with cisplatin in view of T4 disease. Purpose Locally advanced disease in the absence of distant metastases represents a rare window for curative management in the natural history of small cell carcinoma. Hypopharynx is a rare site. Surgery has a role in the very early and advanced stages of the

disease as part of aggressive multimodality management and may improve chances for long-term cure.

ISOLATED ORBITAL SOFT TISSUE METASTASIS IN CARCINOMA BREAST -A CASE REPORT

siva kumari

Prof.R. Rajaraman,Dr.S. Subbiah
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Abstract: The incidence of metastases to the orbit among patients with breast carcinoma has been reported to vary between 8 % and 10 %. Metastatic disease to the orbit is relatively uncommon with the incidence ranging from 1 % to 13 % among reported series of orbital tumors. Breast carcinoma is the most common primary cancer to cause metastases to the orbits. The incidence of ocular metastasis among patients with breast carcinoma has been reported to vary between 8 % and 10 %. We present here a case report of patient with locally advanced breast cancer who presented with isolated soft tissue metastasis to the orbit. AIM The aim of this report is to present a rare case of isolated orbital metastasis of breast cancer CASE REPORT: 48 year old perimenopausal female with locally advanced infiltrating ductal carcinoma of the right breast underwent modified radical mastectomy following neoadjuvant chemotherapy. HPE-Absence of residual tumour with node positivity in 7/11 nodes. She received adjuvant chemotherapy and RT and was started on endocrine therapy with Tamoxifen. While on therapy, 2 months later, she complained of block of vision on downward gaze on the left side. Clinical examination revealed a 2×2 cm soft tissue mass on the left infraorbital ridge. CT showed a soft tissue mass lesion in left orbit inferior to globe, not separately defined from the left inferior rectus muscle and with no evidence of bone erosion. FNAC was positive for metastasis. USG Abdomen, CT chest and skeletal survey showed no other evidence of metastases. The patient was started on Paclitaxel based chemotherapy and is presently on this second line chemotherapy.

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PRIMARY SMALL CELL NEUROENDOCRINE CARCINOMA OF HYPOPHARYNX

Dr Adarsh Kumar

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Abstract: Extrapulmonary small cell carcinomas occur in a wide variety of organs. The most frequent organs involved in order of decreasing frequency are the cervix, esophagus, larynx and pharynx, colon and rectum, and prostate. Primary small cell carcinomas of the hypopharynx are extremely rare incidence 0.6–1 %. Most extrapulmonary small cell carcinomas are aggressive tumors with an 9–11 months median survival, surgical resection and chemotherapy with a small cell lung cancer like regimen with or without radiotherapy are advised for resectable locoregional disease. For unresectable locoregional disease, radiotherapy in combination with chemotherapy is recommended. Case report A 48 year old chronic smoker presented with hoarseness of voice and aspiration for 2 months and rapid progression to stridor during hospital stay. Rigid endoscopy revealed a submucosal growth epicentred over the left ary-epiglottic fold and involving the adjacent pyriform fossa and a fixed left hemilarynx. CECT showed thyroid cartilage involvement and N2b disease (lt. side level II& III nodes), and a FDG-PET-CT excluded metastatic disease. Biopsy was reported as poorly differentiated carcinoma with neuroendocrine differentiation. Immunohistochemistry (IHC) showed positivity of tumor cells for chromogranin & S100. Markers for lymphoma, squamous or adenocarcinoma were negative. Bone marrow biopsy was not performed because of the relatively low incidence of marrow disease in head and neck small cell carcinoma. He was managed with upfront wide field laryngectomy. Final histopathological examination confirmed poorly differentiated small cell neuroendocrine carcinoma diffusely infiltrating the subepithelial tissue with intact overlying epithelium and thyroid cartilage involvement. No squamous or adenocarcinoma component was found. Adjuvant therapy with Radiotherapy and weekly concurrent Cisplatin was given with acceptable toxicity. Locally advanced disease in the absence of distant metastases represents a rare window for curative management in the natural history of small cell carcinoma. Hypopharynx is a rare site. Surgery has a role in the very early and advanced stages of the disease as part of aggressive multimodality management and may improve chances for long-term cure.

AN ATYPICAL PRESENTATION OF ANAL CARCINOMA AS GLUTEAL MASS

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Abstract: 80 % of anal cancers are squamous cell carcinomas (SCCs). Other tumour types include melanoma, lymphoma and adenocarcinoma. Tumour behaviour depends on its anatomical site of the primary cancer. Anal cancer has served during the past two decades as a paradigm for the successful application of chemoradiation to solid tumours. To date, it remains one of the few carcinomas of the gastrointestinal tract that are curable without the need for definitive surgery OBJECTIVE: The objective of this poster is to highlight a case of anal carcinoma which presented as case of gluteal mass. CASE REPORT A 60 year old female was admitted with a right sided gluteal mass for 1 month. FNAC from the mass revealed metastatic carcinoma. On per rectal examination,

there was thickening of right sided rectal wall along with extension of the lesion into post vaginal wall through per vaginal examination was elicited. MRI pelvis showed soft tissue mass in the right gluteal region with extension of the lesion into right sided rectal wall and post vaginal wall. Biopsy from the anorectal mass showed moderately differentiated squamous cell carcinoma. As per advice of Dept of radiotherapy, the patient was given 3 cycles of chemoradiotherapy. The patient is under regular follow up. **CONCLUSION** This poster thus aims to highlight the strange way anal carcinoma can be clinically manifested. Such a clinical picture poses a diagnostic dilemma for the surgeon.

“A RARE CASE STUDY OF ADENOCARCINOMA OF JEJUNUM IN 20 YR OLD FEMALE

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Abstract: Adenocarcinoma of Small Intestine is a very rare malignancy of GI tract. Accounts for only 2 % of all GI tract malignancies. Although it represents 90 % of surface area and 75 % of the length of alimentary tract. Common age of presentation is 50–75 year for adenocarcinoma of jejunum and extremely rare below age of 25 year. **Case Report:** - A 20 year old female presented with c/o intermittent vague colicky pain in upper and middle abdomen since 7 days and bilious vomiting since 7 days. **O/E:** - Pt was dehydrated and having tachycardia. There was no Pallor or Icterus. **P/A:** - Abdominal distention, Generalised Tenderness, Guarding and Rigidity were present. No palpable lump or visible peristalsis. Bowel sounds were absent. **Investigation:-** Xray abdomen standing showing multiple air fluid levels s/o small bowel obstruction. **Surgery:** - Emergency Exploratory Laprotomy with Resection of tumour present in distal part of jejunum almost completely occluding the lumen. No secondary deposits were seen in liver or peritoneum. **Histopathology Report** confirmed the diagnosis of Moderately differentiated Adenocarcinoma Of Jejunum. **Discussion:** - Although Adenocarcinoma of Jejunum is an extremely rare tumour in 20 year old patient it should not be overlooked as it is having very poor prognosis. Treatment is excision of tumour and post op cycles of Chemotherapy and Radiotherapy.

MUCOEPIDERMOID CARCINOMA OF EYELID A USUAL TUMOR AT AN UNUSUAL SITE

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Abstract: Mucoepidermoid carcinoma is a malignant glandular epithelial neoplasm comprising of mucous, intermediate and epidermoid cells, arising mainly in the salivary gland, but has also been noted in upper respiratory tract and other rare sites. It is extremely uncommon in the ocular region, where it can arise in conjunctiva, lacrimal gland or lacrimal sac. The index case is being presented for its rarity and for highlighting the importance of meticulous sampling for correct diagnosis. **Case Report** A 68-year-old female presented in the department of Otorhinolaryngology in May 2012 with complains of ulcerated lesion over right lower eyelid for 3 years for which she underwent a local surgical excision 2 years ago after which she was asymptomatic for the following 1 year. It was not associated with any decreased vision, proptosis, diplopia or epiphora. Examination revealed an ulcerated right lower eyelid margin at the junction of medial two third and lateral one third with the eyelid completely adherent to the conjunctiva. **Histopathological examination** of the lesion showed features compatible with mucoepidermoid carcinoma. **Discussion** Mucoepidermoid carcinoma is a common malignant tumor of

salivary glands, but its occurrence in ocular adnexa is extremely rare, the usual sites being conjunctiva and lacrimal gland. Its cell of origin may be lacrimal sac mural serous gland epithelium or columnar epithelium of conjunctiva with its goblet cells. It was first described in 1945 by Steward, Foote and Backer in the salivary glands. It is more aggressive than its other mimickers like basal cell carcinoma, squamous cell carcinoma, melanocytic tumors and sebaceous cell carcinoma. It is locally invasive and rarely metastasise, recurring after simple excision and require enucleation or exenteration for intraocular structures and/or orbit involvement. It is characterized by slow progression with poor prognosis.

FACTORS ASSOCIATED WITH BETTER SURVIVAL AFTER SURGERY OF PRIMARY TUMOUR IN METASTATIC BREAST CANCER PATIENTS

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Abstract: Women with Metastatic Breast Cancer (MBC) and an intact primary tumour have long been treated with systemic therapy alone. Local therapy is not considered unless for palliative reasons. However several studies have suggested local treatment in the form of surgery improves overall survival in certain groups of MBC patients. We evaluated the factors influencing the outcome in this group of patients. **AIMS/OBJECTIVES:** Aim of our study is to find out the group of metastatic breast cancer (MBC) patients in whom maximum benefit can be achieved with surgery of primary tumour. **METHODS:** In a retrospective review of our prospective database, we identified the patients who presented with MBC and underwent surgery for the primary (2004–2009). Patients surgical details and clinic-pathological factors were reviewed. The overall survival of the MBC patients who underwent surgery was evaluated and compared depending on the various clinico-pathological factors. **RESULTS:** Out of 196 patients with MBC, 48 underwent surgery of the primary tumor during their treatment course. Median overall survival in our study was better in patients with young age (≤ 40 years), estrogen receptor (ER) positive tumours compared to ER negative tumours (31.4 months vs 21.2 months), single metastatic site vs multiple metastatic sites (43.4 months vs 26.69 months). We also found that patients with low level of suspicion for metastases fared better than those with high level of suspicion for metastases (43.4 months vs 20.9 months). **CONCLUSION:** Our data analysis suggested that for MBC patients who undergo surgery of primary tumour, survival is worse in patients with pathological T4 lesions and there is a trend towards better survival in younger patients and in those who have ER positive tumour, Her2neu negative tumour, and single site of metastases and low level of metastatic suspicion.

BREAST METASTASES FROM RHABDOMYOSARCOMA: CASE REPORT

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Abstract: Rhabdomyosarcoma (RMS) is the most common aggressive pediatric soft tissue sarcoma, comprising 4–8 % of all malignancies. Extramammary tumours metastatic to the breast represent 5.1 % of all breast cancers and commonly occur in adolescents and young adults. The propensity of tumours to metastasize to the breasts of young women has been attributed to the blood supply which increases during puberty and drops after menopause. RMS are traditionally classified into pleomorphic, embryonal and alveolar.

The most common sites of haematogenous dissemination are lungs, bone marrow, liver, and brain. Metastatic RMS of the breast is rare. The subtype most commonly associated with metastatic RMS of the breast is alveolar type, the primary site being the extremities. Case report A 14 year old girl who has presented to our institute with perianal swelling more towards left side crossing even on to right side. On examination she was found to have bilateral breast lumps. Also she had a swelling over the left clavicle 3 cm and left inguinal lymph node. The patient was then subjected for FNAC of the perianal swelling which revealed a small round cell tumor and was later the patient underwent incisional biopsy of perianal swelling and the histopathology report was malignant small round and spindle cell tumor. The IHC was done on the slides and blocks and the markers Desmin and MyoD1 was positive with focal positivity for S100. Mic3,CK and EMA were negative and final pathological report was Alveolar rhabdomyosarcoma. FNAC of Breast lesions, supraclavicular swelling and inguinal swelling were also showing features of small round cell tumor. Conclusion Mammary region should be part of the usual diagnostic workup in adolescent girls with alveolar RMS, especially if the primary tumor arises in the extremities.

IS TOTAL THYROIDECTOMY OPTIMAL SURGICAL MANAGEMENT FOR LOW RISK PAPILLARY THYROID CANCER IN ENDEMIC REGION? AN EXPERIENCE FROM A THYROID SURGERY CENTER IN NORTH INDIA

Dr Gyan Chand

Dr. Amit Agarwal, Dr. Anjali Mishra, Dr. Gaurav Agarwal, Dr.A.K. Verma, Dr.S.K. Mishra
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Abstract: Micropapillary thyroid cancer diagnosed most of the time after surgery, It is controversial whether microscopic papillary thyroid cancer (defined as being equal to or less than 1.0 cm) has a significant risk of local or distant metastasis or recurrence therefore the extent of thyroid surgery in micro-papillary thyroid cancer (MPTC) is also controversial. Aims & Objectives-Aim is to evaluate an optimal extent of surgery in an apparently solitary micropapillary thyroid cancer at an endemic zone. Methods- It is a retrospective study from a single center specialized in thyroid surgery at north India. Data collected of patients with apparently solitary papillary thyroid cancer who were underwent primarily total thyroidectomy (TT) at our institute (1995–2009) from hospital information system (HIS), department database registers, patient record files, correspondence, telephonic and personal communications.. Inclusion criteria = the patients with Solitary thyroid nodule have been proven by fine needle aspiration cytology as papillary thyroid cancer; Exclusion = patients with pre-operative bilateral disease, or underwent less than total thyroidectomy or completion thyroidectomy. Results-Total 101 patients were found to be suitable for this study, they were divided into two groups. Group A- micropapillary thyroid cancer ($n=16$) and Group B- papillary thyroid cancer with Tumor size >1 cm ($n=85$). The result were analyzed for the risk of aggressiveness. The multicentricity ($p=0.65$); bilaterality ($p=0.98$); extra-thyroidal invasion ($p=0.58$) and LN metastasis ($p=0.77$) were comparable. Conclusion-Since the microscopically evident of multicentricity, bilaterality, extra-thyroidal invasion and LN metastasis are comparable in both the groups. The Total thyroidectomy is adequate procedure of choice for apparently solitary micropapillary thyroid cancer in endemic zone.

RIGHT RENAL CELL CARCINOMA WITH SOLITARY, CONTRALATERAL ADRENAL METASTASIS WITH ADRENAL VEIN AND RENAL VEIN TUMOR THROMBUS: CASE REPORT

Dr T B Yuvaraja

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Abstract: Objectives: Solitary adrenal metastases occur in about 1.2–7 % of renal cell cancer patients and contralateral synchronous metastasis is still rare (0.5 %). We report a rare case of synchronous, solitary contralateral metastasis from right renal carcinoma to left adrenal gland causing adrenal vein thrombus extending to left renal vein. Methods: Sixty year old woman presented to us with vague abdominal pain. CT scan of chest, abdomen and pelvis revealed 7×6 cm right renal enhancing mass, left adrenal mass with left adrenal vein thrombus extending to left renal vein. Her metastatic work up was negative for metastasis in other regions. Results: Laparoscopic right radical nephrectomy was performed and histopathology showed pT2 clear cell carcinoma. She was given Tab Pazopanib 800 mg once daily (Votrient, GSK) for 2 months. Repeat CT scan showed complete resolution of renal and adrenal vein thrombus and adrenal gland size significantly reduced in size. Patient underwent Robotic Left Adrenalectomy using daVinci Surgical System (Intuitive Surgical, Inc., Sunnyvale, California, USA) which was uneventful. Histopathology revealed complete pathological response with no evidence of residual disease. Patient is doing well after 2 months. Conclusion: To our knowledge this is first reported case of contralateral synchronous metastasis with adrenal and renal vein thrombosis from RCC which was managed by radical nephrectomy, targeted therapy and adrenalectomy. This case also illustrates usefulness of targeted therapy in pre-surgical setting making tumors more operable. Further follow up of this case is required to know long term result.

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PRIMARY SQUAMOUS CELL CARCINOMA OF THE THYROID: A RARE CLINICAL ENTITY

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Abstract: A 49 year old lady presented with a slowly growing left sided neck mass since 1 year. It was associated with recent onset of pain radiating to the ear and dysphagia. O/E: 3×3 cm solitary nodule in the left lobe of the thyroid with an enlarged level IV lymph node. FNAC Papillary Carcinoma of the thyroid PostOp HPE and IHC: High Grade Keratinising SCC Thyroid CONCLUSION: Primary squamous cell carcinoma of the thyroid is an extremely rare neoplasm, representing less than 1 % of all primary thyroid malignancies. Less than 100 cases have been reported in the world literature, and with less than 20 cases reported in Indian literature. Aggressive surgery along with adjuvant radiotherapy are recommended. The etiology is not clear, but hypotheses include the “metaplasia theory” (squamous metaplasia of underlying thyroid disease) and “embryonic-nest theory” (Squamous cells originating from remnant ultimobranchial duct or thyroglossal duct) as a result of metaplasia of papillary or follicular cells of the thyroid or from the embryonic remnants with metaplasia of follicular epithelium (thyroglobulin positive variety). It may also arise as de novo appearance from the follicular cells without metaplasia (thyroglobulin negative variety), which has worse prognosis.

UNUSUAL SITES OF HYDATID CYST

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Abstract: Hydatid disease usually affects liver and lungs, but may affect any organ, posing a diagnostic and therapeutic dilemma. It is a zoonotic disease which is due to infectivity with larval stage of *Echinococcus granulosus*. The disease is chronic and cysts can be lodged in different organs. It has a variable distribution and impact health and economical challenges for many countries throughout the world. In 10 % of cases, HD arises in unusual viscera: mainly spleen (0.9 to 8 %) and also kidney, bones, heart, brain, peritoneum (0.5 to 5 %). Other exceptional location was described in less than 1 % of all cases of hydatid cysts. Ultrasonography and CTscan are highly suggestive of HD, while serologic tests are variable. CASES: a) 1 Case of Pancreatic Hydatid cyst b) 3 Cases of hydatid cyst in CBD and liver c) 4 Cases of hydatid cyst of lung and liver DISCUSSION: Hydatid disease primarily affects the liver and typically demonstrates well-known, characteristic imaging findings. However, there are many potential local complications, and secondary involvement due to hematogenous dissemination may be seen in almost any anatomic location. Familiarity with atypical manifestations of hydatid disease may be helpful in making a prompt, accurate diagnosis. Primary pancreatic involvement is found in less than 0.20 % of cases of hydatidosis and to less than 1 % even in those countries where the latter is endemic. pancreatic hydatidosis, though very rare, should be considered in the differential diagnosis of cystic lesions of the pancreas in the appropriate epidemiology. Extrahepatic biliary obstruction by a hydatid cyst is rare and is usually caused by the rupture of hepatic cysts into the biliary tract with resultant obstruction by the contents of the cysts.

A RARE RENAL TUMOR

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Abstract: A 55 years old male with lower abdominal pain with distension for 6 months. Associated symptoms are-nausea,vomiting. There is marked loss of weight and loss of appetite. He is also a chronic smoker and occasional drinker. Physical examination,7×7 hard mass with restricted mobility in right lumbar and iliac fossa,

slightly tender and ill-defined margins. Ultrasound reveals that 10×8×7 heterogenous intraperitoneal SOL. Right kidney shows 5×3 cyst at upper pole, 3×3 solid SOL in the lower pole.CT scan reveals 9×9 cm mass favouring a lymph node mass in right mid abdomen. No ascites. 4×4cm cortical cyst in upper pole of kidney. 3.5×3.5 cm hyperdense lesion in the lower pole, extending to pelvis. Colonoscopy- Normal Study CT guided FNAC from RIF SOL: Poorly differentiated Adenocarcinoma CT guided FNAC from Rt. Renal SOL: s/o Renal Cell Carcinoma PLAN: Nephrectomy; Further plan to be dictated by the status/resectability of the intraperitoneal SOL INTRAOPERATIVE FINDINGS: Post Operative Recovery was good HPE: Mesenchymal spindle cell tumor of the kidney Immunohistochemistry: High Grade Sarcoma showing a myofibroblastic phenotype Tumor cells express SMA; immunonegative for c-kit, S-100, Desmin and CD-34

FEASIBILITY OF CONCURRENT CHEMO-RADIATION WITH BI-WEEKLY PACLITAXEL FOR LOCALLY ADVANCED BREAST CANCER(LABC) PATIENTS

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Abstract: The conventional treatment for Locally advanced breast cancers is Neoadjuvant Chemotherapy followed by surgery, Chemotherapy and Radiation treatment. However the treatment duration lasts for 33–34 weeks at the minimum and this may result in poor compliance for treatment completion. In this scenario Concurrent chemoradiation with platinum and taxane compounds may be beneficial as they will reduce the treatment duration and may provide a better response and hence translate into a better overall and disease free survival. Aim: Primary objective was to assess the feasibility of Concurrent Chemo-Radiation with bi-weekly taxanes in LABC patients in our setup. The secondary objectives were to determine the Pathological response rate, Overall survival and to study the toxicity profile. Methods: A Prospective, phase II, nonrandomized single institutional study conducted during the period 2005–2007. Patients with a histological diagnosis of Infiltrating Duct carcinoma and advanced stage (LABC) were included in the study. After initial workup these patients received 4 cycles Cyclophosphamide + Docetaxel followed by Concurrent Chemoradiation (Paclitaxel bi-weekly + Radiation therapy-3D CRT 59 Gy 32 fractions) and surgery(Modified Radical Mastectomy). Patient and tumor characteristics were noted prior to the treatment. Pathological response was assessed in the surgical specimen. Results: Total 14 patients were enrolled but only 12 could complete the study and were included in the analysis. Mean duration of treatment was 165 days. At a median follow up period of 59 months 50 % of the patients were alive and disease free and 4patients had a complete pathological response. Conclusions: Concurrent Chemo-radiation with biweekly Paclitaxel following initial anthracycline therapy in the Indian population is a feasible option. However, the increased cutaneous toxicity is a matter of concern and needs to be addressed.

ADEQUATE PAROTIDECTOMY IS EFFECTIVE FOR EARLY STAGE MALIGNANT PAROTID TUMORS

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Abstract: Objective: Surgery with adjuvant Radiation therapy is the mainstay of treatment for malignant parotid tumors. In these patients; surgery amounts to a Total Parotidectomy. The efficacy of Adequate Parotidectomy though well studied in benign parotid tumors like

pleomorphic adenoma but no convincing data exists proving its application in malignancies. Methodology: Retrospective analysis of 56 consecutive cases of malignant parotid tumors. All patients underwent Surgery and adjuvant radiation treatment whenever indicated. Study period was between December 2005 and December 2011. The clinical, operative and follow up records were studied. The mean follow up period was 31 months. The outcome in the terms of Disease free survival and Local Control Rate were compared between groups undergoing Adequate Parotidectomy vs Total parotidectomy Results: 56 pts with malignant parotid tumors undergoing definitive management were identified. Their mean age was 44 year(6 year–77 year). 29 pts were male. 26 underwent Adequate/Superficial parotidectomy for their primary tumors 30 pts underwent a Total parotidectomy. 35pts received Postoperative Radiation treatment depending on the tumor characteristics. 34 tumors were early stage(T1/T2). Median Disease free survival for early stage malignant parotid tumors undergoing adequate parotidectomy was >69.8 months which was comparable to the DFS for pts undergoing Total parotidectomy(41.26 months. $p=0.13$). Median Local control rate for patients undergoing adequate parotidectomy was 52.17 months vs 60.36 months for total parotidectomy($p=0.65$). Conclusion: In early stage malignant tumors of the parotid removal of tumor with adequate clearance(Adequate Parotidectomy) with adjuvant treatment whenever indicated is effective in appropriately selected tumors.

PROGNOSTIC FACTORS IN N3 BREAST CANCER PATIENTS

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Abstract: Axillary lymph node dissection (ALND) has been performed for over a century to stage the cancer, achieve regional control, and perhaps improve survival. The status of axillary lymph nodes in non metastatic lymph node positive breast cancer patients remains the single most important determinant of overall survival(OS). AIM: Identify the subgroup of Breast Cancer patients with N3 nodal status that fail to achieve maximum benefit with standard treatment. MATERIALS AND METHODS: We conducted a retrospective analysis of the 142 breast cancer patients with N3 nodal status(AJCC 7th ed.) who had undergone definitive surgery between January 2004 December 2010, and investigated the relation between the clinicopathological features and treatment outcomes. Survival analysis was carried out using Kaplan-meier test using spss 11.0 software. RESULTS: With a median follow up of 28.8 months, 62 patients were disease free, 36 were alive with disease and the rest died of disease or other causes. The Median 5 year Overall Survival and Disease Free Survival were 60.8 % and 42.4 % respectively. Factors significantly associated with poor DFS in multivariate analysis were Tumor stage > T3(AJCC 7th ed.); Patients receiving Neoadjuvant chemotherapy; >20positive lymph nodes and presence of Lymphovascular invasion. Factors associated with poor overall survival in univariate analysis were Tumor size > T3, hormone receptor negative status (Both ER and PR-ve), patients receiving neoadjuvant chemotherapy and lymphovascular invasion. But none of these factors were significantly associated with poor OS in multivariate analysis. Conclusion: A subgroup of patients with advanced nodal disease does have poor DFS and OS in spite of standard multimodality treatment and thus this study underlies the need for newer modalities of treatment for this subgroup of patients.

A RARE CASE OF MALIGNANT TRANSFORMATION OF BENIGN BREAST TUMOUR

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Abstract: Fibroadenoma is most common benign tumour of female breast, occurring at any age, within the reproductive period of life, 20 % cases are multiple. Phylloids tumours are uncommon, like fibroadenomas, arise from intra lobular stroma, can occur at any age mostly, 6th decade & behave in benign fashion. AIMS/OBJECTIVE: To study malignant transformation of benign breast tumour a rare case. METHOD: 34 year female patient presented with multiple swelling in right breast since 10 year, pain since 2 months. Both swellings were small in size when she noticed & gradually increased in size. A well defined 6×8 cm lump palpated in upper inner quadrant with variable consistency. Another firm well defined, 4×5 cm lump palpated in lower outer quadrant, Skin over the swelling was pinchable. Two more lumps were palpated just below the nipple about 2×2 cm. Firm in consistency, smooth surface. All the lumps were freely mobile in all directions. Examination of axilla on right side, opposite breast & axilla normal. General, systemic & neurological examination, Blood tests, CXR, abdominal USG were normal. FNAC- cytological features suggests the possibility of phylloides tumour, USG right breast suggestive of multiple neoplastic lesions in upper inner & lower outer quadrant. RESULT: Excision of all four lumps done. Biopsy suggest phylloides tumour with focus of medullary carcinoma, Fibroadenoma with insitu ductal carcinoma & fibroadinoma. Simple mastectomy with axillary dissection done. Biopsy suggest no residual tumour tissue seen. The resected margins, skin of nipple & areola were free of tumour . CONCLUSION: Fibroadenomas with proliferative changes without atypia is conferring a mild increase in subsequent cancer. Phylloides tumour are uncommon & malignant changes are rare, commonly sarcomatous. Medullary carcinoma of the breast is uncommon.

PLEOMORPHIC RHABDOMYOSARCOMA (PRMS) IN LOWER EXTRIMITY A RARE CASE

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Abstract: Rhabdomyosarcoma is most common soft tissue sarcoma & histologically sub classified into the embryonal(ERMS), alveolar(ARMS) & pleomorphic(PRMS) variant. PRMS is a rare & controversial skeletal muscle neoplasm, accounting only 5 % of all rhabdomyosarcomas, unlike embryonal & alveolar type, histologically large cells with bizarre hyperchromatic nuclei, seen usually in skeletal muscles of limbs in adults. unlike ERMS- 65 % seen in head, neck or trunk of children. ARMS- 30 % seen in extremities of midadolescents. AIMS/OBJECTIVE: To present the PRMS rare case in lower extremity. METHOD: A 70 year old female presented with swelling on right distal third of leg on posteromedial aspect since 1 year. Past history of swelling 3 years back at same site. Patient underwent excisional biopsy and HPR showed malignant fibrous histiocytoma. Patient received 6 cycles of chemotherapy. The present swelling which later ulcerated is a recurrence appeared 1 year after treatment. Oval shape ulcer, size 8×6 cm, fixed to underlying structures, firm in consistency. General, systemic & neurological examination normal. FNAC showed pleomorphic sarcoma. Xray right leg revealed soft tissue shadow in distal third. MRI revealed neoplastic mass lesion deep to soleus & gastrocnemius muscles. RESULT: Patient was counseled and underwent below knee amputation of right leg. HPR revealed pleomorphic rhabdomyosarcoma. immunohistochemistry positive for SMA, negative for Desmin. CONCLUSION: PRMS are rare variant aggressive neoplasm, usually treated with combination of surgery i.e. amputation of affected limb & chemotherapy with or without radiotherapy . Histological variant & location of tumour influence survival. The botryoid subtype has best prognosis followed by embryonal, pleomorphic & alveolar. PRMS should be considered

in differential diagnosis of alveolar/embryonal RMS, malignant fibrous histiocytoma, pleomorphic liposarcoma. This case report emphasizes importance of clinical suspicion, wide local clearance & histopathological diagnosis.

ECTOMESENCHYMAL CHONDROMYXOID TUMOUR (ECMT) OF ANTERIOR TONGUE: RARE NEW NEOPLASM

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Abstract: Ectomesenchymal Chondromyxoid Tumour (ECMT) is a rare intraoral neoplasm, clinically present as a slow growing, painless, submucosal swelling on the anterior dorsum of tongue. Till date only 40 cases have been reported in the literature. We present a rare case of ECMT in a 7 year old female. Case Report: - A 7 year old female presented with a painless, lobulated swelling on anterior dorsum of the tongue of 3 year duration. On oral examination, solitary, lobulated, well defined, nontender, firm, pedunculated swelling measuring 8×5×5 cms on the left side of anterior 2/3rd of tongue. Rest of the Oral, Head and Neck examination was unremarkable without discernible lymphadenopathy or neurological deficit. FNAC report suggest Granular Cell Tumour or Fibroma of Tongue. Patient was treated by Surgical Excision with 1 cm margin. Histopathology report confirmed ECMT. No recurrence is reported upto 2 months of follow up. Discussion: - ECMT is a rare neoplasm that involves uniquely the Oral Cavity particularly the Tongue and was first described by Smith et al. (1995). Clinically, ECMT presents as a slow growing, asymptomatic swelling on the anterior dorsum of tongue. However 2 cases presenting on the Posterior Tongue have been documented. The size of lesion varies from 0.3 to 2.0 cms and age ranges from 9 to 78 year (mean age: - 39 year). Both male and females are affected equally. Conservative Surgical Excision is treatment of choice. After 2 months of follow up no recurrence was reported in this patient. 2 cases of recurrence was reported in literature suggests the possibility of Malignant potential. Histologically, ECMT is characterised by well circumscribed, lobular proliferation of round, polygonal, ovoid or fusiform cells in a net like pattern in a myxoid to chondromyxoid background. Some lesions have foci of nuclear atypia. (hyperchromatism, bi or multinucleated cells) and pseudoinclusions.

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the anterior dorsum of tongue. However 2 cases presenting on the Posterior Tongue have been documented. The size of lesion varies from 0.3 to 2.0 cms and age ranges from 9 to 78 year (mean age: - 39 year). Both male and females are affected equally. Conservative Surgical Excision is treatment of choice. After 2 months of follow up no recurrence was reported in this patient. 2 cases of recurrence was reported in literature suggests the possibility of Malignant potential. Histologically, ECMT is characterised by well circumscribed, lobular proliferation of round, polygonal, ovoid or fusiform cells in a net like pattern in a myxoid to chondromyxoid background. Some lesions have foci of nuclear atypia. (hyperchromatism, bi or multinucleated cells) and pseudoinclusions.

PERIPHERAL PRIMITIVE NEUROECTODERMAL TUMOUR (pPNET) IN LOWER EXTREMITY- A RARE CASE

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Abstract: Primitive neuroectodermal tumour (PNET) is a neuralcrest tumour. It is rare tumour, usually occurring in children & young adult under 25 year age. It is classified in 2 types-1) Peripheral PNET 2) PNET of CNS. The peripheral PNET (pPNET) is now thought to be virtually identical to Ewings sarcoma. AIMS/OBJECTIVE: To present a rare case of the pPNET case in lower extremity. METHOD: A 22 year old female presented with swelling on right foot on mid plantar aspect since 1 year, gradually progressing to current size. Swelling is 6 by 6 cm size with round shape, fixed to underlying structure, firm consistency, with overlying stretched plantar skin. The general, systemic & neurological examination was normal. Blood tests, CXR, abdominal USG were normal. X ray right foot revealed soft tissue shadow in mid plantar aspect below arch of foot. Biopsy suggested soft tissue sarcoma PNET. MRI right foot suggested exophytic mass lesion over plantar aspect of right foot involving the plantar fascia & adductor muscles invading the interosseous muscles with bone marrow oedema involving the cuboid and proximal end of fourth metatarsal. RESULT: Patient was counseled and underwent below knee amputation of right foot. HPR confirmed a soft tissue sarcoma suggestive PNET & Immunohistochemistry study positive for S 100, VIMENTIN & negative for cytokeratine markers. CONCLUSION: Peripheral PNET is highly aggressive tumour having 5 year survival rate of 7.6–8 % after successful after wide local excision, chemotherapy & radiotherapy. Complete surgical excision remains the mainstay of treatment. pPNET must be entertained in differential diagnosis of Ewings sarcoma, fibromatosis, fibrous histiocytoma. This case report emphasizes the importance of clinical suspicion, histopathological diagnosis & use of appropriate immune histochemical markers.

PRIMARY CUTANEOUS SWEAT GLAND CARCINOMA OVER ANTERIOR ABDOMINAL WALL- A VERY RARE CASE

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Abstract: Sweat gland carcinoma is an aggressive, uncommon, cutaneous tumor. This tumor is thought to arise from sebaceous glands in the skin and, thus, may arise anywhere on the body where these glands exist. It is a dermally based and non-capsulated tumor that composed of lobules of cells with variable sebaceous differentiation. AIMS AND OBJECTIVES- Presenting a rare case of primary cutaneous sweat gland carcinoma over anterior abdominal wall MATERIALS AND METHODS- 80-years-old, male came to hospital with painless, irregular mass over anterior abdominal wall, in suprapubic region. Patient noticed gradual swelling since last 3 years. The clinical examination

showed a 6×4 cm ulceroproliferative mass with multiple white nodules. Mass was hard in consistency, fixed to the skin but freely movable over deeper lying tissue. . CT scans showed a well defined, lobulated, significantly enhancing mass lesion in anterior abdominal wall; not invading the underlying fascia or musculature, abdominal aponeurosis. RESULTS- Wide Excision of lesion with primary wound closure was carried out. Recovery was uneventful. Histopathological examination revealed with malignant tumour cells arranged in small clusters and sheets in dermis and epidermis, with pleomorphic, hyperchromatic nuclei with prominent nucleoli and scant amount of cytoplasm. The pathological diagnosis was malignant sweat gland carcinoma. Malignant cells positive for CK7 and 34Be12. No evidence of lymphovascular invasion. CD34 stains normal blood vessels. At the end of 1 year follow up, there is no recurrence/metastasis. CONCLUSION- Sweat gland carcinoma is a rare malignant sweat gland tumour, representing only 0.005 % of epithelial cutaneous neoplasms. And if treated in the early stage, surgery can be curative. Due to the limited amount of literature and cases documented, it is important to have a basic knowledge of this disease process as a differential diagnosis when dealing with cutaneous lesions.

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MUCIN PRODUCING ADENOCARCINOMA OF APPENDIX CAUSING PSEUDOMYXOMA PERITONIE- A VERY RARE CASE

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Abstract: Neoplasm of the appendix is rare. Primary appendiceal malignancy less than 0.5 % of all gastrointestinal malignancies. The main types of appendiceal neoplasm are carcinoma and adenocarcinoma. Primary adeno-carcinoma of the appendix is rare. AIMS AND OBJECTIVES- Presenting a rare case of mucinous adenocarcinoma of appendix causing pseudomyxoma peritonie MATERIALS AND METHODS- 60 years-old, male came to the hospital with abdominal distension since 15 days associated with generalized abdominal pain since 7 days. On per abdominal examination, generalized abdominal distension with tenderness in right hypochondrium and epigastrium present, a vague mass in right hypochondrium palpated, fluid thrill present, shifting dullness absent, bowel sounds present. X-ray-abdomen showed no evidence of obstruction/perforation; USG-Abdomen showed ill defined mass in subhepatic space, hypochoic lesion over liver area, gross ascities suggestive of ruptured liver abscess RESULTS- Exploratory laparotomy done by right paramedian incision. Plenty of mucinous material evacuated. Omentum shedded with multiple gross seedlings. Adherent mucopapillary mass in ileocaecal junction was mobilized along with ascending colon. Mass found to be arising from terminal appendix with normal base of appendix. Appendisectomy with omental cake excision carried out. Recovery was uneventful. Histopathological examination revealed well differentiated mucin producing adenocarcinoma of appendix infiltrating mucosa, muscle, serosa. Peritoneal seedlings and omentum showed secondary deposits from well differentiated mucin producing adenocarcinoma appendix. CONCLUSION- Less than 200 cases of disseminated peritoneal mucinous carcinomatosis reported. Among carcinoma appendix, 50–55 % mucin producing, out of which only less than 20 % cause pseudomyxoma peritonei. Surgical debulking/cytoreduction followed by chemotherapy leads good prognosis of the patient.

FOLLICULAR CARCINOMA OF THYROID PRESENTING AS SKULL METASTASIS-RARE CASE

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Abstract: Metastatic tumours to skull are mostly from lung, breast and prostate malignancies and rarely from thyroid cancers. In most of the cases follicular thyroid carcinoma metastasizing to the skull, metastasis occurred long after the diagnosis and institution of treatment for primary cancer, there have been only few cases in literature in which solitary skull metastasis was the presenting feature of an occult FTC. AIMS/OBJECTIVES: To study presentation of follicular carcinoma of thyroid as skull metastasis. METHODS: 48-year-old/female presented with swelling in frontal region of skull since 2 years gradually progressing in size and since 4 months also noticed swelling in parieto-occipital region. The patient was clinically euthyroid with normal general physical, systemic and neurological examination. Routine investigations and thyroid function tests were normal. USG neck revealed 25 mm×14 mm neoplastic solid nodule in right lobe of thyroid. X-ray skull showed osteolytic lesion in frontal and occipital region. FNAC from thyroid nodule reported follicular neoplasm. FNAC from skull swelling showed thyroid cells. CECT demonstrated 13.3×8.3 cm size expansile lytic lesion in fronto-parietal region on both sides, lesion extending intracranially causing compression of underlying fronto-parietal lobes. Similar expansile lytic lesion of smaller size was seen in the occipital region on both sides largest measuring 4.2×3.2 cm on right side. RESULTS: The case we are reporting is an isolated and rare presentation any conclusive opinion is difficult to draw from the case report. CONCLUSION: Bone metastases from follicular thyroid carcinoma tend to be multiple and more often to the ribs, vertebrae and sternum. Skull is a rare site for metastases which when occur, are most commonly located in the occipital region

presenting as a soft, painless lump. These lesions are osteolytic on skull X-ray and CT scan and highly vascular on angiographic assessment.

BIPHASIC SYNOVIAL SARCOMA- A RARE CASE

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Abstract: Synovial sarcoma is a distinctive malignant soft tissue neoplasm that commonly occurs in the extremities of young adults. Although frequently associated with joints, tendons and bursal structures, it is now believed that this tumour does not originate from synovial cells as originally postulated. In fact, these tumours show epithelial differentiation and are thought to be derived from pluripotent mesenchymal cells capable of epithelial differentiation. We present here a case of biphasic synovial sarcoma occurring primarily in the upper extremity. **AIMS/OBJECTIVES:** To present biphasic variety of synovial sarcoma of upper extremity. **METHODS:** A 50-year-old female presented with swelling in the right axilla since 2 months painless, 2×2 cm suddenly increasing in size to 8×8 cm. The general examination was normal. Routine blood tests and Xray Chest was normal. USG of right axilla was suggestive of sarcomatous lesion. FNAC suggested suspicion of fibrosarcoma. MRI revealed a large lobulated mass in right axilla in close contact of glenoid rim with moderate heterogenous enhancement. Contrast study suggested necrotic areas mass effect on adjacent muscles, vessels and nerves. The cortex of the right humerus and bone marrow were normal. Incisional biopsy showed a synovial sarcoma. **RESULTS:** On exploration, the tumour was well encapsulated and was pressing on the brachial plexus and axillary vessels. Neurovascular structures were separated from the tumour and en bloc excision was done. HPR showed biphasic synovial sarcoma. **CONCLUSION:** Synovial sarcomas are highly aggressive tumours, and complete surgical excision remains the mainstay of treatment. Radiotherapy is often required to obtain local control of the disease with adjuvant chemotherapy. Preoperative work up like FNAC and biopsy helped in better preoperative planning. Synovial sarcoma should be entertained in the differential diagnosis of spindle cell as well as biphasic tumours.

NEUROVASCULAR HAMARTOMA OF GALL BLADDER - A RARE ENTITY

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Abstract: Neurovascular hamartoma is a rare entity. It has been reported as a dermatological lesion only till date. There has been 11 such cases reported in medical literature till date. It is often congenital and has been reported in association with lethal malignant rhabdoid tumours. **OBJECTIVES OF STUDY** There is no report of neurovascular hamartoma in gall bladder till date in literature. Hence the objective of this poster is to highlight this rare presentation. **MATERIAL AND METHODS** A 55 year old male presented to the surgical OPD with a provisional radiological diagnosis of Carcinoma of gall bladder and was posted for radical cholecystectomy. **RESULTS** The operative specimen of gall bladder was confirmed to be case of neurovascular hamartoma by histopathological studies and immunohistochemistry. **CONCLUSION** This poster highlights the essence of existence of rare pathological entity in an uncommon location. It reiterates the fact that benign lesions often mimicks as a malignant one radiologically and can be a diagnostic dilemma for the surgeon.

DUCTAL CARCINOMA IN SITU -AN AGGRESSIVE COURSE

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Abstract: Ductal carcinoma in situ is a non invasive condition. DCIS can progress to invasive cancer and its likelihood varies widely. DCIS comprises a heterogeneous group of histopathological lesions that have been classified into several subtypes based primarily on architectural pattern: micropapillary, papillary, solid, cribriform, comedo. Comedo type DCIS appears cytologically malignant, with a higher probability of invasive ductal carcinoma. **OBJECTIVES OF STUDY** This poster highlights the aggressive nature of DCIS. **RESULTS** DCIS diagnosis is found on a continuum of histological risk, starting ductal hyperplasia, atypical ductal hyperplasia, DCIS, then infiltrating ductal carcinoma and invasive carcinoma. **CONCLUSION** It may be concluded from this poster that breast cancer precursor lesions can have an unpredictable course and should be followed up rigorously with imaging and histopathology techniques.

PRIMARY MUCINOUS CARCINOMA OF THE SKIN

Aditya Kesharwani

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Abstract: Primary mucinous carcinoma of the skin is an extremely rare adnexal tumor that is thought to originate from eccrine sweat glands. The neoplasm usually arises on the head and neck, with the most commonly involved area being the periorbital region. The tumor is typically a solitary, asymptomatic nodule, cyst, or ulcer that is slow growing with low metastatic potential. However, post-excisional local recurrence is common, affecting up to 36 % of patients. Since primary mucinous carcinoma of the skin is such a rare neoplasm (

DELAYED SOFT TISSUE RECURRENCE OF GIANT CELL TUMOR OF BONE FOLLOWING RADICAL SURGERY

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Abstract: Introduction-Giant cell tumor (GCT) bone is benign but locally aggressive and destructive lesion. GCTs are prone to local recurrence. Although intraosseous recurrence of GCT is a well recognized complication; soft tissue recurrences are seen rarely. Most of the reported soft tissue recurrences of GCTs are usually early i.e. within 3 year of surgery, and occur following intralesional procedures. In this article we are reporting a soft tissue recurrence of GCTB after 7 years of radical surgical excision of tumor. **Case summary:** Fifty three years old male patient presented to our OPD with complaint of painless progressively increasing multiple swellings around left knee joint for 6 months. Seven years back patient had been treated with en-bloc resection and endoprosthetic reconstruction of left knee joint for giant cell tumor of proximal tibia. Physical examination revealed two non-tender, soft tissue masses in relation to left knee joint, one on anterolateral aspect of distal thigh measuring about 10×8 cms and other on the posterior aspect of distal thigh measuring about 8×6 cms. FNAC of lesion showed recurrence of GCT. Plain radiograph revealed soft tissue masses with thin rim of peripheral calcification; classical finding of soft tissue recurrence of GCTB and no evidence of any intraosseous recurrence. Same findings confirmed on CECT left knee. The patient was managed with en-bloc resection of both soft tissue masses, which proved to be recurrent GCTs. The purpose of this case report is to emphasize that patients with GCTB should be kept in long term follow up even after radical procedures and to recognize the imaging appearances of soft tissue recurrence of GCTB. Relevant literature about soft tissue recurrences of GCTB is also reviewed

FORTNER PROCEDURE - REGIONAL PANCREATECTOMY (RESECTION) FOR PANCREATIC ADENOCARCINOMA

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Abstract: A 63 years old male patient presented with features of obstructive jaundice, anorexia and significant weight loss. Evaluation with dual phase CT angiography and PET/CT scan revealed an ill defined mass lesion in the head of pancreas causing obstruction of the Common Bile Duct (CBD) and Main Pancreatic Duct (MPD) with partial encasement of Superior Mesenteric Vein (SMV) and Portal Vein (PV) with few enlarged lymph nodes in the hepatoduodenal ligament, Superior Mesenteric Artery (SMA) appeared free; there was no evidence of distant metastases. Clinically staged as T3N1M0- borderline resectable. The use of neoadjuvant therapy in the setting of borderline resectable disease is a highly debated topic. Several phase I and II trials have shown that preoperative treatment can be effective and well tolerated, however no randomized phase III trials have compared the approach of neoadjuvant therapy in borderline resectable disease compared to the approach of taking these patients to surgery without initial therapy and that the best regimen to be used in the neoadjuvant setting is unknown. In view of good performance status of the patient and available surgical expertise, patient was planned for Fortners procedure. ERCP and CBD stenting was done preoperatively. Patient was taken up for exploratory laparotomy which revealed a mass lesion in the head of pancreas involving SMV and PV, SMA free and enlarged hepatoduodenal and celiac nodes. Fortners procedure i.e. classical Whipples + resection of part of SMV & PV and reconstruction by end to end anastomosis was done. Post operative recovery was satisfactory. HPE (B/4319/12) showed Moderately Differentiated adenocarcinoma of head of pancreas and periampullary region-tumor extending to submucosa of 2nd part of duodenum (size-2.5×2.5×1.5 cm), all margins free, Perineural invasion and lymphovascular invasion present, all 16 lymph nodes dissected were free of tumor deposit. Pathologically staged as pT3N0. Patient is planned for adjuvant chemotherapy after convalescence from surgery. The case is presented to highlight aggressive pancreatic resection strategy in a high volume tertiary referral center.

PAROSTEAL OSTEOSARCOMA TREATED WITH EXTRACORPOREAL IRRADIATION AND COMPOSITE AUTOGRAFT

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Abstract: A 40 year old serving soldier presented in Aug 2009 with a painful bony swelling above his left knee. Clinically he had a 10 cm bony swelling over the lower one-third of left thigh. Patient was evaluated with MRI, Bone scan, CECT Chest, PET/CT and biopsy, and was diagnosed as a case of non-metastatic parosteal osteosarcoma left distal femur with a proximal skip lesion 7 cm distal to lesser trochanter. Patient was given 3 # of neoadjuvant chemotherapy (IAP protocol). Post Chemotherapy assessment revealed decrease in the size of the lesion and disappearance of skip lesion. He underwent limb salvage surgery in the form of Wide resection and reconstruction using extracorporeal irradiation (50 Gy) of tumour and reimplantation of composite autograft with RAK in Feb 2010. Frozen section margins were reported as free. Post therapy specimen of soft tissue and bone did not show any tumour. He was given 3 # IAP adjuvant chemotherapy. Post therapy assessment with bone scan and PET/CT showed marrow uptake in the middle one-third of femur (SUV 4.3), distal femur and knee prosthesis (likely inflammatory) and left inguinal and femoral nodes (1.7, 3.4). FNAC of left inguinal node revealed reactive lymph node and trucut biopsy from left femur revealed no residual tumour. Review in Dec 2010 with NCCT Pelvis, left femur, knee joint and proximal tibia/CECT chest/Bone scan/PET-CT did not show any evidence of disease. Six monthly reviews thereafter showed no evidence of disease. After 2 years of follow up, patient is disease free and is able to walk with limping with or without support, with a flexion deformity

(20° left knee) and ROM -0–5° at left knee. Patient is under close follow up. Case is presented to highlight the use of innovative limb salvage modality.

PRIMARY LEIOMYOSARCOMA OF INFERIOR VENA CAVE: CASE SERIES

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Abstract: Leiomyosarcoma of the inferior vena cava is a rare tumor that presents in an insidious manner with non-specific symptoms. Given its rarity, there are no consensus guidelines to its management. AIMS/OBJECTIVES: The aim of this study was to report the clinical experience in the management of patients presenting to our institution during a 5 year period. METHODS: Four patients with leiomyosarcomas of the inferior vena cava were managed at our institution during the period reviewed. It is a prospective study in which we studied the clinical presentation and surgical management and outcome in 4 patients during the period of Feb 2006 to 2011. Diagnosis was done using radiological imaging and laparotomy. RESULTS: We had 3 female and 1 male patient with 3 patient being in 4th decade and 1 being in 6th decade. 2 patients had IVC tumor involving suprarenal part, one patient had involvement of intrahepatic IVC with both renal vein involvement and fourth patient had infrarenal IVC involvement. All 4 patients underwent en bloc resection of the tumor with vascular reconstruction using PTFE graft. Two patients are asymptomatic till date, one patient had recurrence after 3 year, fourth patient passed away in the first post operative week. CONCLUSION: Leiomyosarcoma of the inferior vena cava is an uncommon tumor that presents with non-specific symptoms. At the time of presentation, tumors are usually large and resection is challenging but probably offers the best opportunity for long-term survival.

COLONIC LYMPHOMA IN AN ADOLESCENT - A RARE COLONIC MALIGNANCY

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Abstract: Primary lymphoma of the colon is a rare malignancy and accounts for only 0.2–1.2 % of all colonic malignancies. The most common lymphoma of the colon is Non Hodgkins lymphoma (B cell type). We present the clinical, radiological, endoscopic and pathological pictures of a 14 year old boy presenting with features of sub acute intestinal obstruction with abdominal lump. The patient was finally diagnosed to be a case of Primary Non Hodgkins lymphoma of the colon (B cell type).

CHEMOPORT FRACTURE A REPORT OF TWO CASES

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Abstract: Central Venous access devices play an important role in the management of cancer patients. Several long term complications exist. However, spontaneous fracture and migration of the catheter is uncommon. Materials and methods Two patients with spontaneous fracture of chemoport catheter are presented here. The migrated fragment was successfully retrieved by open and endovascular approach. Results We describe two patients who experienced complications of the intravenous port system. Both of them showed fracture and migration of the port catheter. The port system was placed under image guidance. They were

receiving chemotherapy for Ewings sarcoma ($n=1$) and carcinoma breast ($n=1$). The port was in place for 1 year ($n=1$) and one and half years in the other. Presentation was pain in the neck ($n=1$) and pain in the shoulder ($n=1$). Chest x ray revealed complete fracture of the catheter with migration of the fragment in internal jugular vein in one and right ventricle in the other. Migrated catheter fragments were removed surgically in one and in the other the dislodged catheter was successfully retrieved by percutaneous endovascular technique. Conclusion- Catheter fracture remains a potential complication. This must be recognized and treated promptly. Periodic chest imaging is recommended for detection and timely removal of the catheter.

PRIMARY NON-C CELL NEUROENDOCRINE CARCINOMA OF THE THYROID GLAND

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Abstract: Twenty-four cases of primary paraganglioma or neuroendocrine tumors (NETs) of the thyroid of non-C cell origin and only two cases in males have been reported so far. NETs per se are an enigmatic family of neoplasms with diverse morphologic features, biologic behaviors, and functional capacities. Clinical course can vary from benign to rapidly fatal. Malignancy in non-medullary thyroid NETs is a poorly understood subject with no established treatment guidelines. Case Report: A 32 year old gentleman presented with a thyroid swelling of 3 months duration. Evaluation confirmed a mobile 5 cm mass in the left thyroid lobe with infiltration of the left sternothyroid and no neck nodes. FNAC suggested a poorly differentiated carcinoma. S. calcitonin, 5-HIAA and CEA were normal. There were no other symptoms, no e/o MEN syndrome, or family history of a thyroid disorder. Total thyroidectomy with en bloc resection of the strap muscles and neck exploration with frozen section of central compartment (CC) nodes was performed. Pathological examination revealed a multicentric tumor involving the left lobe and isthmus measuring 3.5 cm and 1 cm respectively with multifocal extrathyroidal invasion. Histology was a high grade moderately differentiated large clear cell neuroendocrine carcinoma with extensive areas of non-ischemic necrosis, nuclear pleomorphism and > 10 mitoses/mm² arranged in a classical Zellballen or insular pattern. Nodes were free of tumor. Immunohistochemistry (IHC) showed diffuse staining of tumor cells for synaptophysin and chromogranin and focal positivity for S-100 and vimentin in the sustentacular cells. IHC for TTF, thyroglobulin, calcitonin, LCA, renal specific antigen and CK, EMA was negative. A post-op FDG-PET-CT excluded metastasis from an unknown primary. Post-op serum thyroglobulin and an I-131 whole body scan were normal. Serum chromogranin was raised - 710 ng/ml (NR<100 ng/ml). The patient has been initiated on adjuvant chemotherapy with cisplatin and etoposide in view of the aggressive clinical and pathological features and raised serum chromogranin. Conclusion: Thyroid NETs other than medullary thyroid carcinoma (MTC) are poorly characterized clinicopathological entities with no definite treatment guidelines. It is important to exclude MTC, metastases to thyroid, variants of follicular carcinoma with neuroendocrine-like features, insular carcinoma or secondary infiltration of thyroid by an adjacent cervical malignant paraganglioma. IHC findings are classical and functional imaging (MIBG, octreotide scans) may be helpful in staging and follow-up. Treatment needs to be individualized based on all available clinical and pathological variables.

GIANT HEMANGIOPERICYTOMA OF THE POSTERIOR MEDIASTINUM

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Abstract: Hemangiopericytoma (HPC) and solitary fibrous tumor (SFT) represent the cellular and hyalinised ends of a spectrum of a neoplasm arising from vascular pericytes. A hemangiopericytomatous pattern can be observed in a host of other sarcomas that need to be excluded before making a diagnosis of a primary HPC/SFT. Both benign and malignant forms are recognized based on variable pathological criteria. Mediastinal HPC is extremely rare with only few cases reported so far. Case Report: A 47 year old man, non-smoker was detected to have a large mediastinal mass on radiographic evaluation for recent-onset exertional dyspnoea. CECT chest and abdomen showed an 18.3×10.5 cm intensely vascular posterior mediastinal mass extending from D4 D12, splaying the carina and displacing the esophagus anteriorly with no lung or liver metastases. FNAC on multiple occasions revealed blood elements only and serum tumor markers (CEA, CA 19-9, LDH, AFP, and b-HCG) were WNL. WB-PET-CT revealed a low-FDG uptake (SUV 2.6) with no e/o distant metastases. Invasive angiography showed multiple large feeding vessels from the left and right bronchial, inferior phrenic and left gastric arteries with massive arterio-venous shunting. These were successfully embolized with polyvinylalcohol (PVA) particles prior to undertaking surgical resection 36 h later using a bilateral postero-lateral thoracotomy approach. A dumbbell shaped 900 g mass was resected intact without capsular breach preserving all vital structures. Histology was reported as a benign hemangiopericytoma based on the arrangement of round to fusiform tumor cells with indistinct borders around pathognomic staghorn-shaped arborizing vessels and the absence of mitotic figures, as well as classical immunohistochemistry showing CD 34-positivity of tumor cells and negativity for factor VIII, vimentin, CD 99, BC12, EMA and CK. Conclusion: Hemangiopericytomas are uncommon, highly vascular soft tissue tumors very rarely arising in the mediastinum. Pre-operative angiobolization is a useful adjunct to surgery which is the mainstay of curative treatment. Adjuvant therapy is mostly ineffective, but has been used in malignant HPC.

MALIGNANT MELANOMA IN ECTOPIC THYMIC TISSUE

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Abstract: Cervical thymic anomalies are relatively uncommon; there are only about 100 cases reported in children who presented with primary neck mass. Since these lesions are often asymptomatic, it is likely that these occur far more commonly than the literature seems to suggest. Most cases of ectopic thymus are benign and usually reported in pediatric age group, although malignant degeneration has also been reported. We herein report an unusual occurrence of malignant melanoma in ectopic thymic tissue in the cervical region. CASE REPORT: The patient 60 year old female was admitted with complaint of a painless swelling in lower half of front of neck for 4 months. The swelling was detected incidentally and had gradually increased in size over 4 months. The patient had no complaints of pain, local pressure symptoms in the neck, fever or any other swelling in neck or elsewhere in body. Patient had no history of any pigmented lesion on skin in the past. On examination there was a 4×4 cm firm nontender swelling just above the suprasternal notch. The swelling did not move with deglutition. It had a well-defined lower border palpable around 2 cm above suprasternal notch. There were no other swellings palpable in neck or anywhere else in the body. CECT chest and abdomen was suggestive of solitary heterogeneous mass lesion in the cervical region measuring 2.1×3.3×3.0 cm seen in retrosternal/pretracheal window with maintained fat planes. FNAC showed clusters of polygonal atypical cells showing cytoplasmic pigment with possibilities of spindle cell type melanocytic tumor (malignant melanoma) and pigmented cellular fibrocystic neoplasm. FDG-PET CT was suggestive of viable soft tissue mass in suprasternal region abutting the origin of branches

of thoracic aorta and trachea. Excision biopsy was performed and revealed 4Å—4Å—3 cm pigmented, hard tumor in the suprasternal region and was free from surrounding tissues. Pathology grossly there was single nodular soft tissue piece 6Å—4Å—2 cm. Cut surface showed dark brown tumor nodule involving more than 95 % of surface. Thymic tissue was present in the periphery. Tumor stained positive for HMB45 and S100. Final diagnosis of malignant melanoma in ectopic thymic tissue was made.

ATYPICAL MALIGNANCY OF BREAST

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Abstract: TITLE ATYPICAL MALIGNANCY OF BREAST AUTHOR - Dr. Amit Sinha, Dr. Diptendra K. Sarkar (Guide) INTRODUCTION- Lymphoma of the breast is a very uncommon presentation. Its incidence rate 0.07 % worldwide and most are non hodgkins type AIMS/OBJECTIVES To aware of clinical scenario of presentation of lymphoma To bring out the way of diagnosis and its management METHODS- Apart from clinical exam we investigated by FNAC,Core needle biopsy,Pet ct scan of pts RESULTS- In both of two cases core needle biopsy rules out non hodgkins lymphoma Systemic chemotherapy was offered in both cases CONCLUSION Lymphoma of breast can mimic like breast carcinoma and may also have variable presentation High index of suspicion is necessary and core needle biopsy rules out the diagnosis Systemic chemotherapy is the treatment of choice

UNUSUAL PRESENTATION OF PAPILLARY CARCINOMA OF THYROID: a rare case report

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Abstract: A case of papillary thyroid carcinoma that presented as a multiple cystic swelling in neck and extension over the chest and right breast region in subcutaneous plane a very unusual presentation and not present in literature. The case was diagnosed after surgery by histopathological examination AIM: TO study and report rare presentation of papillary thyroid carcinoma METHOD:A 60 year old female patient presented with swelling in front of the neck since 12 year, initially small in size started in thyroid region and gradually increased to present size(25×15 cm), not associated with pain & watery discharge from swelling since 10 days. O/E- Multiple cystic swelling measuring about 25×15 cm in neck extending from above the thyroid cartilage to over right breast, about 12–15 cysts were present largest measuring about 6×5 cm, bosselated surface, cross fluctuation test positive between few adjacent cysts, moves with deglutition & positive transillumination in all cysts. RESULT:At surgery On right side cysts adherent to internal jugular vein . Internal jugular vein was clamped & ligated. Total thyroidectomy done along with cysts.

ORAL

ROLE OF CYCLOOXYGENASE 2 (COX-2) IN PROGNOSIS OF BREAST CANCER

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Abstract: Cyclooxygenase is a prostaglandin synthase synthesis of Prostaglandin COX-2 is not detectable in normal breast tissue Expression is elevated in premalignant and malignant lesions Increased COX 2 expression in invasive breast cancer Pharmacological and genetic suppression of COX2 receptors reduces the tumor

genesis COX2 antagonists have shown to achieve protection in breast cancer Aims: To examine The frequency of COX 2 positive breast cancer patients in our hospital The relation of COX 2 with the clinicopathological prognostic indicators Age, Tumor size, Grade, Nodal status, NPI, ER,PR, Her-2/neu status Methods: Prospective study Control group fibroadenoma & normal breast tissue Immunohistochemistry and Western Blot Analysis of all the tissues Statistical Analysis Pearson s Chi Square Test, Mean and Standard Deviation, Results: Control Group: 57 control patients had no COX2 expression The Mean Age group 28.63+/- 5.27 1. Relation of COX 2 with Age: A higher percentage of cox2 positive patients are in > 50 years age group 2. Relation of COX 2 with Nodal Status 91.5 % of the cox 2 positive patients had positive nodes 3. Relation of COX 2 with Tumor Size Most of the cox 2 positive tumors are > 5 cm 93 % of cox 2 positive tumors are >2 cm in size 4. Relation of COX 2 with Grade Cox 2 positive tumors are high grade tumors 5. Relation of COX 2 with NPI(Nottingham prognostic index) 5.4 poor prognosis 6. Relation of COX 2 with ER Cox 2 positive tumors have a high NPI score. COX 2 positive tumors are commonly ER positive. Role in adjuvant hormone therapy 7. Relation of COX 2 with PR Cox 2 positive tumors are PR positive 8. Relation of COX 2 with Her 2/neu Cox 2 positive tumors are Her 2/neu positive tumors Role in targeted anti Her 2 neu therapy Conclusion: COX 2 expression can be a marker for aggressive phenotypes and poor prognosis Predicts response to chemotherapy May be used as a tool in risk stratification Novel target for therapy and chemoprevention A basis for further studies to assess the therapeutic benefit of Anti COX 2 drugs

PROGNOSTIC DATA FOR BREAST CANCER EARLY OBSERVATIONS FROM A TERTIARY CARE HOSPITAL

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Abstract: Recent breast cancer guidelines for developing countries include, with histopathology, ER, PR, Her2neu immunohistochemistry and FISH. In situations where cost dictates treatment decisions, strict laboratory standards for Her2neu evaluation are unusual, and use of trastuzumab is bound to be limited. However for patients having surgery as first line treatment, the Nottingham Prognostic Index (NPI), based on simple data (pathological assessment of tumour size, nodal status and grade) can be used to estimate prognosis (from excellent 5.5), and the need for adjuvant chemotherapy. This internationally validated index allows breast cancer units to monitor and compare outcomes. Use is not widespread in India. AIMS: To use receptor immunohistochemistry (ER/PR/Her2neu) and NPI to group patients by prognosis, and prospectively monitor treatment outcomes. METHODS: Prospective data was collected for a consecutive series of patients undergoing breast surgery at Tata Medical Center, Kolkata, with NPI calculations for all patients undergoing upfront surgery. RESULTS: Of 181 patients (179 female, 2 male), 172 had invasive carcinomas, 4 had DCIS, 3 had sarcomas and 2 had phylloides tumors. 38 (21 %), 90 (50 %) and 53 (29 %) were aged below 40, 40-60 and above 60. Pre-treatment tumour histology was mandatory before NACT. 64 patients were ER/PR/Her2neu positive, 44 were ER/PR positive, Her2neu negative; 8 were ER/PR negative, Her2neu positive and 6 were triple negative. Only 5 of the 44 patients with equivocal Her2neu IHC recommended FISH had the test, none of them positive. 123 patients (74 %) with carcinoma had upfront surgery, the remainder followed NACT. Although confirmation of histology and IHC was attempted on external specimens, data remained incomplete for 10 patients with initial surgery outside TMC. All other patients were assigned to prognostic groups using NPI. 2 (1.7 %) patients were in excellent, 7 (6.2 %) in good, 60

(53.1 %) in intermediate and 44 (37.1 %) in poor prognostic groups. **CONCLUSION:** The low proportion of patients in better prognostic groups may reflect late presentation in this preliminary series. Our experience suggests that many patients do not have even resected tumour size recorded, clinically or pathologically. IHC is not uniformly done, specimen collection and laboratory conditions needed for accuracy are difficult to achieve. Few patients undergo expensive FISH testing. NPI data can easily be recorded by all centres and breast surgeons, to validate the index for the Indian population. Patients can then be followed prospectively, to give a simple method to measure treatment outcomes in early breast cancer.

CHEST WALL RECONSTRUCTION - A NEW TECHNIQUE

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Abstract: Primary chest wall tumor is rare and represents about 5 % of all thoracic neoplasms. Myocutaneous flaps and prosthetic materials have greatly facilitated reconstruction after massive chest wall resection. We present a new technique of chest wall reconstruction following resection using prolene mesh & methyl methacrylate. **Aim & objectives:** to study the feasibility & durability of new technique of chest wall reconstruction. **Methods:** patients with chest wall tumors were properly evaluated & considered for resection & reconstruction. **Results:** chest wall reconstruction using prolene mesh & methyl methacrylate gave us good results in 2 patients studied **Conclusion:** chest wall reconstruction using prolene mesh & methyl methacrylate is feasible & durable following resection of chest wall tumors. **Key words:** chest wall tumors; resection; reconstruction; prolene mesh & methyl methacrylate.

ARE THE STRUCTURES PRESERVED IN FUNCTIONAL NECK DISSECTION REALLY PRESERVED?- EVALUATION OF INTERNAL JUGULAR VEIN FUNCTION POST FUNCTIONAL NECK DISSECTION

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Abstract: In the surgical management of head and neck cancers the trend has fast moved towards functional neck dissections from more aggressive radical neck dissections leading to preservation of structures like spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle. But the question arises that are they functionally preserved as there is data suggesting thrombosis of internal jugular vein post functional neck dissection? But it usually resolves in 4–6 months. Against this background a study was contemplated to evaluate the incidence of internal jugular vein thrombosis post functional neck dissection. 200 patients were included with color doppler done at 3 months and repeated at 1 year for color, flow and velocity post functional neck dissection in patients of head and neck cancers. There was documented thrombosis in only 2 patients at 3 months which also resolved later at 1 year doppler. Hence the structures preserved in functional neck dissection like internal jugular vein are generally functionally preserved also. So, it is better to resort to less morbid functional neck dissection wherever possible without comprising the oncologic safety thus resulting in a better functional outcome.

CURRENT TNM STAGING SYSTEM IN ORAL CANCER IS FAULTY: ITS NEED AMENDMENT

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Abstract: TNM staging system is the universally accepted system for cancer staging including oral cancer. The basic purpose of staging is to predict prognosis and help in planning the treatment. However, the current TNM system in oral cancer do not truly reflect the burden of disease and so the prognosis & treatment strategy. It over and under stage the T disease and do not give importance to number of involved lymph nodes as in breast or colon cancer. We have analyzed our data and presenting the potential deficit and problems of current TNM system. **Methods:** It is a retrospective analysis of prospective cancer database of our department from 1st August 2006 to 31st December 2010. **Results:** Total 523 patients underwent surgery in this period. The M:F was 2.2:1. The age range from 13 to 89 year with mean of 49.8 year. The most common sites were buccal, alveolo-buccal and tongue. More than 2/3rd cancer were locally advanced (stage III-IV) by current TNM staging system. With median follow up of 18 months, patients with 4 or more nodes involvement have >80 % recurrence rate whereas 1–3 LNs involvement have 28 % relapse rate. Patients with ENS showed 38 % relapse rate. Involvement of both skin and bone (not staged in conjunction) associated with 37 % recurrence rate in comparison to involvement of isolated bone or skin involvement (T4) is associated with around 20 % relapse rate. Patients with T4 stage without nodal disease have very low relapse rate (10.7 %). **Conclusion:** Involvement of 4 or more node, extra nodal spread and combined involvement of skin and bone are poor prognostic factors in oral cancer. They are not placed anywhere in oral cancer TNM staging system. There is need to revise the TNM by including these 3 important factors. There is also need to make some new guidelines for adjuvant treatment in presence of these adverse factors for better outcome in oral cancer patients.

SENTINEL LYMPH NODE BIOPSY IN BREAST CANCER PATIENTS: EXPERIENCE OF 188 CASES

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Abstract: Breast cancer is now most common cancer in urban females. Sentinel lymph node biopsy is the method of choice to stage the axilla in early breast cancer patients. This technique is now routinely performed in western world but it is still not acceptable in India despite level I evidences for sentinel lymph node biopsy (SLNB). We are presenting our experience of 188 cases of SLNB in breast cancer patients. **Material and Methods:** It is a prospective study consist of 2 phases - validation and therapeutic. All early breast cancer patients having N0 disease were included after prior consent. The blue dye technique was used in validation phases and blue dye or combined dye technique in therapeutic phase. Intra-operative assessment of SLN was performed by imprint cytology (IIC). In validation phase, after SLNB all patients underwent complete axillary dissection (ALND). In therapeutic phase, if SLN was negative, no further ALND was done. Results of IIC were compared with histopathology. **Results:** From 1st Sept 2007 to 31st Aug 2009, 54 patients were included for validation study. Sentinel Identification Rate was 92.6 %. The sensitivity, specificity, negative predictive value and accuracy were 84.2 %, 100 %, 91.17 % and 94 % respectively. The Sensitivity specificity, negative predictive value and accuracy of IIC were 81.25 %, 97.05 %, 91.67 % and 92 % respectively. During therapeutic phase from September 2009 to July 2012, total 134 patients underwent SLNB. The identification rate was 97.76 %. Total 64.12 % patients had negative SLN and in these patients ALND was omitted. Five patients have negative SLN but positive palpable non SLN. Only 4 patients have false negative IIC, yielding a very high accuracy rate. With a median follow up of 15 months, none of the patients

have regional relapse. Conclusion: SLNB is a feasible and practical answer to avoid unnecessary axillary dissection with good accuracy in Indian patients too. The IIC is a good alternative to Frozen section. With slight learning curve SLNB by blue dye method and IIC can be implemented at larger scale

Abstract: Primary intraluminal leiomyosarcoma of the inferior vena cava (IVC) is an extremely rare tumour with variable behaviour patterns. We report one such case. Case report: A: 69/M presented with heaviness and pain in right lumbar region. On examination, found an ill defined right hypochondrium and lumbar mass. CT scan was suggestive of right retroperitoneal tumour involving the infrarenal inferior vena cava (IVC). Patient planned for exploratory laparotomy. ON exploration, tumour was arising from IVC. Excision of IVC with ligation of both ends done. Histopathology and IHC showed low grade intraluminal leiomyosarcoma. After 1 year of follow up, patient developed lungs, liver and subcutaneous metastases without any evidence of loco regional recurrence. Patient was asymptomatic and refused any chemotherapy. Patient is still asymptomatic and maintaining good health even 1 year after the diagnoses of metastases. Conclusion: Intraluminal IVC leiomyosarcoma in old age male is very rare. The behaviour pattern of tumour is unusual. It will be interesting to see the further behaviour of tumour in this patient.

UNUSUAL CAUSE OF TRIGEMINAL NEURALGIA

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Abstract: ADENOID CYSTIC CARCINOMA OF MINOR SALIVARY GLANDS IS AN UNCOMMON MALIGNANCY. THE DISEASE IS A PARADOX WITH SLOW,INDOLENT GROWTH BUT HIGH LOCAL RECURRENCE RATES. LATE METASTASES IS A CHARACTERISTIC FEATURE.WE PRESENT AN UNUSUAL PRESENTATION OF ADENOID CYSTIC CARCINOMA OF THE BASE OF TONGUE MASQUERADING AS TRIGEMINAL NEURALGIA.

SPECTRUM OF SURGERY IN PRIMARY HYPERPARATHYROIDISM IN RELATION TO PARATHYROID NEOPLASM-AN APPRAISAL FROM IPGME&R

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Abstract: Primary Hyperparathyroidism is now considered to be the third most common endocrine disorder, after diabetes mellitus and thyroid disease Aims and objectives-To know the spectrum of clinical presentation of hyperparathyroidism To know efficacy of various modalities in its diagnosis. To know its treatment profile. To know the incidence of hungry bone syndrome Methodology-All patients diagnosed to be having hyperparathyroidism included. i,— Full clinical assessment done . i,— Blood & urinary calcium level seen. i,— Level of parathyroid hormone seen. i,— MIBI scan & USG of neck done for all patients. Results- Period 2001-2011: Total 25 patients were studied Parathyroid adenoma =21 cases(85 %) parathyroid hyperplasia = 2 cases(13 %) Parathyroid carcinoma =2 case(1 %) Most of the patients presented in advanced state of hyperparathyroidism. Palpable tumors found in 15 of the cases. i,— IPGMER experience-Hypercalcaemia 24/25 patients i,— Normocalcaemic PTH 1 case i,— Raised PTH in all 25 cases i,— Associated disease-One patient had M.E.N.1 i,— One pt had Hyperparathyroidism-jaw tumor syndrome (HPT-JT) Localization: our experience-MIBI 25/25 cases 100 % USG 24/25 cases 96 % Clinical localization 15/25 cases 60 % CT scan

done in 7 cases (no extra advantage except mediastinal one) Operative procedure- i,— Focused neck exploration: Over supra-sternal area i,— Parathyroid tumour located beneath the strap muscles i,— Tumour excised without breaching the capsule after careful dissection INCIDENCE OF HUNGRY BONE SYNDROME-Total no. of patients = 25 no. of patients developing HBS=13,Incidence = 52 % (approx.) ASSOCIATION OF DURATION OF DISEASE WITH HBS duration Total no Post op Hbs 2 years 8 8 Conclusion-Delayed presentation is the rule i,— Non specific symptoms and bone changes is the commonest mode of presentation. i,— Raised PTH is the hallmark of diagnosis. i,— High incidence of palpable nodules (60 %) USG is a good tool for localization except mediastinal location i,— Focused parathyroidectomy is the procedure of choice after the initial learning curve in parathyroid adenoma. i,— Post surgery observation for 3–5 days is mandatory. i,— Hungry bone syndrome is a medical emergency. i,— In our country(study), pt present late in course of disease and hence the duration of initial pathology is longer compare to west where its incidence is 0.2 %–0.5 %

PROGNOSTIC SIGNIFICANCE OF β -CATENIN IN BREAST CANCER

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Abstract: β -Catenin is considered an oncogene and its dysregulation or mutational activation can lead to cancer. It plays an important role in breast cancer. The role of β -Catenin in breast cancer and its prognostic value is controversial. AIMS/OBJECTIVES Usefulness of β -Catenin as a prognostic marker in breast cancer. To study the relation between the parameters such as age, tumor size, grade, nodal status, ER, PR, HER-2/neu status of patients diagnosed to have breast cancer. METHODS- After Surgery we measured the expression of β -Catenin in human breast carcinomas using Western Blot and investigated whether the expression levels were associated with known tumor variables such as tumor size, grade, and nodal status in pathological laboratory and also measured ER, PR and HER-2/neu by IHC techniques. RESULTS- 52 of the 63 patients had expressed β -Catenin in breast cancer. Higher NPI (poor prognosis) was associated with over expression of the β -Catenin. CONCLUSION β -Catenin is associated with high grade,ER ve, PR-Ve,HER2neu + ve tumor poor prognostic marker in breast cancer. TITLE PROGNOSTIC SIGNIFICANCE OF β -CATENINE IN BREAST CANCER AUTHOR - Dr. Amit Sinha, Dr. Diptendra K. Sarkar (Guide), Debarshi Jana, Breast Cancer Research Unit, Institute of Post Graduate Medical Education & Research, INTRODUCTION- β -Catenin is considered an oncogene and its dysregulation or mutational activation can lead to cancer. It plays an important role in breast cancer. The role of β -Catenin in breast cancer and its prognostic value is controversial. AIMS/OBJECTIVES Usefulness of β -Catenin as a prognostic marker in breast cancer. To study the relation between the parameters such as age, tumor size, grade, nodal status, ER, PR, HER-2/neu status of patients diagnosed to have breast cancer. METHODS- After Surgery we measured the expression of β -Catenin in human breast carcinomas using Western Blot and investigated whether the expression levels were associated with known tumor variables such as tumor size, grade, and nodal status in pathological laboratory and also measured ER, PR and HER-2/neu by IHC techniques. RESULTS- 52 of the 63 patients had expressed β -Catenin in breast cancer. Higher NPI (poor prognosis) was associated with over expression of the β -Catenin. CONCLUSION β -Catenin is associated with high grade, ER ve, PR-Ve,HER2neu + ve tumor poor prognostic marker in breast cancer.

ROLE OF DIAGNOSTIC LAPAROSCOPY IN EVALUATION OF INTRA-ABDOMINAL MALIGNANCIES

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Abstract: Laparoscopic evaluation prior to planned laparotomy in case of gastrointestinal malignancies especially in cancers of borderline resectability and with inaccurate diagnosis can help to avoid a laparotomy which may confer little benefit and may be associated with significant mortality and morbidity, affecting both quality and duration of life. In our study we assessed value of diagnostic laparoscopy in patients of intra-abdominal malignancies. AIMS & OBJECTIVE: Study deals with evaluation of role of laparoscopy in intra-abdominal malignancies for determining accurate diagnosis, accurately defining extent of disease, their resectability and any distant metastasis, staging of disease complementary to various radiological examinations. MATERIALS AND METHODS: Extended laparoscopic evaluation done in 67 patients of known intra-abdominal malignancies, with radiologically resectable and borderline resectable disease, before the planned laparotomy. Peritoneal cytology was performed in few patients. Diagnostic advantage over Radiology was assessed and accuracy was assessed against findings of laparotomy and pathological reports. RESULTS: Diagnostic Laparoscopy avoided unnecessary laparotomy in 17(25.3 %) of patients. After diagnostic laparoscopy number of patients with stage 1,2 and 3 decreases while stage 4 increases. Sensitivity of diagnostic Laparoscopy for detecting distant metastasis is 52 % to 95 % while diagnostic accuracy is 78 % to 90 % for various intra-abdominal malignancies. CONCLUSION: Diagnostic Laparoscopy offer more accurate staging particularly for metastatic disease in cases of intra-abdominal malignancy. It avoids unnecessary laparotomies and is associated with minimal morbidity. It can be done in same anaesthesia and with minimal additional time prior to laparotomy.

ROLE OF DIAGNOSTIC LAPAROSCOPY IN EVALUATION OF INTRA-ABDOMINAL MALIGNANCIES

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Abstract: Laparoscopic evaluation prior to planned laparotomy in case of gastrointestinal malignancies especially in cancers of borderline resectability and with inaccurate diagnosis can help to avoid a laparotomy which may confer little benefit and may be associated with significant mortality and morbidity, affecting both quality and duration of life. In our study we assessed value of diagnostic laparoscopy in patients of intra-abdominal malignancies. AIMS & OBJECTIVE: Study deals with evaluation of role of laparoscopy in intra-abdominal malignancies for determining accurate diagnosis, accurately defining extent of disease, their resectability and any distant metastasis, staging of disease complementary to various radiological examinations. MATERIALS AND METHODS: Extended laparoscopic evaluation done in 67 patients of known intra-abdominal malignancies, with radiologically resectable and borderline resectable disease, before the planned laparotomy. Peritoneal cytology was performed in few patients. Diagnostic advantage over Radiology was assessed and accuracy was assessed against findings of laparotomy and pathological reports. RESULTS: Diagnostic Laparoscopy avoided unnecessary laparotomy in 17(25.3 %) of patients. After diagnostic laparoscopy number of patients with stage 1,2 and 3 decreases while stage 4 increases. Sensitivity of diagnostic Laparoscopy for detecting distant metastasis is 52 % to 95 % while diagnostic accuracy is

78 % to 90 % for various intra-abdominal malignancies. CONCLUSION: Diagnostic Laparoscopy offer more accurate staging particularly for metastatic disease in cases of intra-abdominal malignancy. It avoids unnecessary laparotomies and is associated with minimal morbidity. It can be done in same anaesthesia and with minimal additional time prior to laparotomy.

CONSTRAINED ENDO-PROSTHETIC RECONSTRUCTION AFTER PERISCAPULAR RESECTIONS

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Abstract: Introduction Scapular and periscapular sarcomas are rare tumors. Resection of entire scapula and suspension of humerus results in almost no useful function at the shoulder. Endoprosthetic reconstruction of the scapula provides better functional and cosmetic results in these patients. Materials and methods Between may 2010 to may 2012, 4 patients with scapular and periscapular sarcomas were treated by resection with endoprosthetic reconstruction of scapula at Cancer Institute, Adyar, Chennai, India. For the first time in India, endoprosthetic scapular prosthesis were designed and developed at Cancer Institute in collaboration with MIDHANI, Hyderabad. All patients had pathology proven sarcomas of the scapula/periscapular soft tissue/proximal humerus. All patients underwent resection of the scapula with proximal humerus and reconstructed with constrained scapular prosthesis. The functional outcome of these patients were compared with patients who underwent scapulectomy and or proximal humeral resections with humeral suspension between 2005 2012. The functional assessment was analysed using the MSTs scoring for upper extremity. Results All 4 patients had good abduction(50°–90°) with flexion of 30°–50° and 10°–15° extension. The functional scores were between 23–25 (76–83 %) for patients who underwent constrained scapular prosthesis and the mean functional score for 6 patients who underwent humeral suspension was 18 (60 %). Conclusion Constrained Endoprosthetic reconstruction of the scapula provides good functional outcome in patients who undergo total scapulectomy. Preservation of deltoid with innervation and attaching the muscles to scapular prosthesis enables better movement at shoulder joint and preservation of the clavicle and acromian process to prevent upward migration of the prosthesis helps to provide good cosmesis and better functional results.

PULMONARY METASTASECTOMY AN INITIAL STUDY

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Abstract: Pulmonary metastatectomy is advocated in the multidisciplinary management of patients with metastatic disease confined to the lung especially sarcomas, breast cancer and renal cell carcinoma. Methods: We retrospectively reviewed the case records of patients with metastatic cancer treated with pulmonary metastatectomy from 2010 to 2012. Results: Fifteen cases were identified in total. The primary lesion was Osteosarcoma in 5 cases, Synovial sarcoma 3 cases, one case each of Malignant Fibrous Histiocytoma, Rhabdomyosarcoma, Chondrosarcoma, NSGCT, Adrenocortical carcinoma, Giant cell tumor and Carcinoma of breast. Six patients were female and nine were male. Seven patients had synchronous lung metastasis while remaining eight developed metachronously. The median age at surgery was 23 year (range 2–65 year). Four patients underwent staged pulmonary metastatectomy. The median follow-up from date of pulmonary resection was 3 months (range 1 month–2 years). One patient died after 3 months due to progressive disease. The rest are disease free at last follow up.

Conclusions: The scope of pulmonary metastatectomy in the management of resectable lung metastasis is increasing due to advances in imaging that have led to the identification of small, potentially resectable lesions and new systemic therapies that have led to down-staging of lesions. The immediate outcomes are promising but long term data are awaited.

ROLE OF DYNAMIC SENTINEL NODE BIOPSY IN CLINICALLY NODE NEGATIVE SQUAMOUS CELL CARCINOMA OF PENIS

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Abstract: The management of impalpable nodes in patients with penile carcinoma has been subject of controversy for many years and various approaches have been used. Approximately 20 % to 25 % of these patients have occult inguinal metastases. Sentinel node biopsy as a method to evaluate the groin is slow becoming the standard of care. AIM To assess the feasibility and the usefulness of sentinel node biopsy in the management of clinically node negative carcinoma penis in Indian scenario. Materials and Methods This is a prospective study of 20 consecutive patients (40 groins) with carcinoma penis with clinically negative groins who were treated at Cancer Institute (WIA) between Jan 2009 to Dec 2012 were included in the study. All patients with preoperative biopsy proven squamous cell carcinoma of penis and impalpable or clinically insignificant/FNAC/guided FNAC negative groins were evaluated. They underwent appropriate penectomy and dynamic sentinel node biopsy (using blue dye and radiocolloid injection) and bilateral superficial inguinal dissection was done. All the sentinel nodes and superficial inguinal nodes were subjected for frozen section. If any of these nodes were positive then ilio inguinal block dissection was completed for that groin in the same setting. Results At least one sentinel node was detected in all patients. In 7 out of 9 groins who had node positive disease on final pathology, sentinel nodes were the only nodes that were positive. The specificity was 88.9 %, specificity was 100 %, Accuracy of the test was 97.5 % and the negative predictive rate was 11 %. Conclusion Dynamic sentinel node biopsy is a very sensitive and specific method to assess the groin in patients with squamous cell carcinoma of penis and helps to prevent the morbidity of inguinal block dissections.

IMPACT OF NEOADJUVANT THERAPY ON THE LYMPH NODE YIELD AFTER SURGERY FOR RECTAL CANCER

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Abstract: TNM classification specifies 10–14 nodes be examined for nodal staging in colorectal cancers. However, reduced nodal yield has been reported following neoadjuvant radiation Aims: . To evaluate the impact of neoadjuvant therapy on nodal yield following radical surgery. Materials and Methods: Retrospective analysis of 313 patients who underwent surgery for rectal cancer from 1991 to 2005 was done, of whom 225 received neoadjuvant therapy. Various factors were analyzed for influence on nodal yield. Impact of nodal yield on survival was also analyzed. Results: Number of nodes retrieved after surgery was significantly lower in patients who underwent neoadjuvant therapy when compared to primary surgery (12.5 vs 7, p

A RARE PRESENTATION OF GIST, AS AN INTRAABDOMINAL ABSCESS

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Abstract: Gastro intestinal stromal tumors are the most common mesenchymal tumors of the GI tract. They can present as abdominal pain, GI hemorrhage, early satiety, fatigue due to anemia, occasionally as intestinal obstruction, rarely large necrotic tumors can present as intra abdominal abscess. Here, we report a case of 51 year old female who presented with fever, distension of abdomen and diarrhea. Later on investigations CECT abdomen showed a pelvic mass mostly suggesting an abscess. Ultrasound guided aspiration yielded pus. Exploratory laparotomy was performed. Intra operatively a friable necrotic mass arising from the jejunum was found . intestinal segmental resection and end to end anastomosis was performed. pathological examination showed it as gastro intestinal stromal tumor. Later patient recovered well. This is a rare presentation of GIST.

GIANT CELL TUMOR OF BONE: AN ANALYSIS OF 130 CASES. AUTHORS: ANAND RAJA1, N KATHIRESANI, MAYILVAHANAN NATARAJAN2

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Abstract: Management of giant cell tumor (GCT) of bone remains challenging because there are no absolute clinical, histological, radiological or treatment parameters that accurately predict recurrence and survival. AIMS/OBJECTIVES: This study aimed at identifying clinico-pathological characteristics, recurrence pattern, prognostic factors for recurrence and treatment strategies in giant cell tumors of the appendicular skeleton. METHODS: Retrospective analysis of 130 patients with giant cell tumor of the appendicular skeleton, treated between 1990 and 2010 at our institution. RESULTS: Male: female ratio was 1.2:1. Mean age of presentation was 30 years (12–74 years). 31 patients had recurrent tumor and 12 patients had pathological fracture at presentation. Commonest site was lower end of femur (35.6 %). Curettage with ancillary procedures, resection with endoprosthesis replacement and amputation were done for 51(39.23 %), 55(42.6 %) and 24(18.8 %) patients respectively. Microscopic margin positivity did not alter the chances of local recurrence ($p=0.09$). Pathological fracture, soft tissue disease at presentation and recurrent disease favored resection with prosthesis. Overall recurrences were 8(6.15 %). Local recurrence in 7 patients & distant failure in one(pulmonary). Patients who had a local recurrence were salvaged by resection(4), amputation (3) and 1 patient declined treatment. The 5 year DFS was 91.6 %. On multivariate analysis only type 1c margins ($p=0.03$) and soft tissue disease ($p=0.002$) at presentation predicted recurrence, there was no correlation between pathological, radiological grade, MSTS stage and local recurrence There were no local recurrences in patients undergoing endoprosthesis replacement/amputation. Late complications were more in patients undergoing endo-prosthetic replacement. There was no difference in survival between patients who had a recurrence and those who did not. ($p=0.08$). CONCLUSION: Type 1c margins and extensive soft tissue disease predicted increased risk of local recurrence. Resection with endo-prosthetic replacement had best oncological outcomes and these patients had low risk of local recurrence. Recurrence did not alter survival. However the choice of treatment should be balanced between functional and oncological outcomes

SALVAGE LARYNGECTOMY

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Abstract: Aim To assess the complication rate, survival and functional status of the patients undergoing salvage laryngectomy following

radiotherapy or chemoradiotherapy. Patients and methods Records of 137 patients (125 males & 12 females, mean age- 54) who underwent salvage laryngectomy from 2004–2010 were reviewed. Glottis (63) was most common subsite followed by hypopharynx (51), supra-glottis (21) and unknown epicenter (2). 39 patients had preoperative chemoradiotherapy and 98 underwent radiotherapy alone. Total laryngectomy with primary closure was done in 88 patients, onlay pectoralis major myofascial flap (PMMF) was done in 20 patients, reconstruction needed in 17(PMMC 14, free flap 3), and 12 patients needed gastric pull up. Results COMPLICATION 59(44 %) patients developed pharyngocutaneous fistula(PCF). Out of the 59 complications, 37(62 %) healed with conservative management. 4 patients how had undergone GPU died during post operative period. Patients who underwent CT/RT had more PCF (leak rate) ($p=0.01$). PMMF decreased the PCF (leak) significantly ($p=0.03$) as compared to primary closure. Patients with leak had poor swallowing outcome ($p=0.001$) SURVIVAL In the mean followup of 29 months, 33 (24 %)patients recurred (21 locoregional, 10 distant, 2 second primary). 5 year disease free survival was 60 % On univariate analysis age, perinodal extension and margin status (close or positive) significantly affected DFS. On multivariate analysis, only margin and PNE were significant. FUNCTIONAL OUTCOME 90 patients were rehabilitated with tracheaoesophageal voice prosthesis, with a success rate of 92 % in voice outcome. Choice of surgical procedure had a significant influence on voice outcome. 11 % patients had severe dysphagia needing frequent dilatation, 9 % patients were on continuous tube feeds. Conclusion Even though salvage laryngectomy patients have high rate of post operative complications, they have good survival and functional outcome.

PANCREATIC FISTULA AFTER PANCREATICOUDUODENECTOMY IN PANCREATIC CANCER PATIENTS - A 17 YEAR EXPERIENCE

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Abstract: Pancreatic fistula (PF) is a major cause of morbidity and mortality after pancreaticoduodenectomy (PD) and numerous surgical modifications have been tried to decrease the incidence of PF. Aims and Objectives: Aim of this study was to compare the incidence of PF among patients with a single loop pancreaticojejunal anastomosis (PJ) with an external stent across PJ, PJ with an isolated roux-en-Y loop with an external stent across PJ and patients with no stent across PJ after PD. Methods: Retrospective data analysis of 158 patients of pancreatic, periampullary, distal bile duct or duodenal cancer who underwent PD between January 1994 to December 2011 (over 17 years) at PGIMER, Chandigarh was done. PJ was done using a single loop in 103 patients and by an isolated Roux-en-Y loop in 55 patients. External stent was placed across PJ in 132 patients which included 77 patients with single loop PJ and 55 patients with Roux-en-Y loop PJ. No stent was placed across PJ in 26 patients. Results: Groups were comparable in terms of demographic profile, symptoms, preoperative laboratory investigations, co-morbid illness, preoperative biliary drainage, pancreatic consistency and pancreatic duct diameter. PF rate was 11.69 % in single loop (9/77) and 10.90 % in isolated loop group (6/55) and 15.38 % (4/26) in patients where no stent was placed. Morbidity and mortality was not significantly different among different groups although there was increased operative time and increased requirement of blood transfusion in isolated loop group. Conclusions: There was no significant difference in rates of PF among different groups. Incidence of morbidity and mortality was high in patients who developed PF although not statistically different between groups.

SNAPSHOT OF MDRO INFECTION IN A NEW SURGICAL ONCOLOGY UNIT

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Abstract: Post-operative septic complications continue to pose a major problem. This is particularly ominous in our country, mainly because of use of sub-optimum sterilization techniques and indiscriminate use of antibiotics. The latter stems from the absence of antibiotic stewardship in most of our hospitals. The newly opened tertiary care cancer hospital in Kolkata offered a unique opportunity where the efficacy of antibiotic policies emanating from the West could be tested, and the likelihood of multi-drug resistant organism (MDRO) establishing itself in a relatively virginal ward could be assessed. Material and methods: Strict quality control was established for HEPA filter, cleaning of walls and floors and maintaining air quality compatible with Class 100 clean room standards. Sterilisation was performed with steam autoclave, plasma and ethylene oxide only. WHO hand-hygiene guidelines were displayed on all prominent places. Chlorhexidine hand rub was placed at the foot end of every bed. Requisition for culture-sensitivity was based on clinical judgement and a prospective database was maintained. Antibiotics were prescribed after seeking help from Clinical Microbiologist, who also assessed each patient independently. Results: Operation theatre started on 17 Aug 2011. In the 1 year since then, 188 patients (M:F=111:76) underwent major gastrointestinal surgery. The mean age was 55 years (range 10–85). 33 (17 %) patients developed some manifestation of sepsis, and variety of body fluids, totaling up to 89 samples were tested. Of these, 21 (64 %) patients and 36 (40 %) samples grew MDRO. Amongst the 21 patients, only 6 (29 %) patients had established invasive lines prior to surgery (1: central line, 5: endobiliary stent), while of the 36 MDRO samples, 25 grew ESBL-MDRO and the rest 11 had MBL-ESBL-MDRO. Conclusion: Despite strict quality control measures, high incidence of MDRO suggests an alteration of ambient microbiological flora. This calls for developing indigenous prescription policies and strict monitoring.

IMMUNOHISTOCHEMICAL SUBTYPES OF BREAST CANCER

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Abstract: Recent advances in understanding of breast cancer biology based on molecular techniques have led to classification of this disease into various subtypes. Though molecular and genetic testing provides valuable prognostic and predictive information, it is expensive and not widely available. The Immunohistochemistry (IHC) analysis is easily available, inexpensive and provides both therapeutic and prognostic information. There is paucity of data from India regarding IHC-subtype distribution in Indian breast cancer patients. Objectives: The objectives of this study were to analyse the IHC-subtype distribution based on the Estrogen, Progesterone and Her-2 neu receptor (ER, PR & HER-2 neu) status of Breast cancer and correlate the subtype with all relevant patient and tumor characteristics. Methods (Materials): We examined 270 consecutive patients with diagnosis of breast cancer admitted for treatment at our center. Clinical and histopathological data along with hormone receptor status of all the cases were noted. These were grouped into either Luminal A, Luminal B, Triple Negative or Her-2 neu only disease based on their hormone receptor status. Results: Out of 270 patients, 17.0 % (46/270) were Luminal A, 19.3 % (52/270) were Luminal B, 18.9 % (51/270) were Triple Negative and 31.1 % (84/270) were Her-2 neu only. 37 (13.7 %) patients could not be grouped into any of the category because of equivocal

status of Her-2 neu. ER/PR negative groups (Her-2 neu only & Triple Negative) were more advanced at presentation and pathologically higher grade compared to ER/PR positive groups (Luminal A & Luminal B). Conclusion: This study reports a higher incidence of Triple Negative and Her-2 neu only phenotypes among breast cancer patients suggesting biologically different type of breast cancer seen in the Indian population compared to Western population.

ESOPHAGECTOMY “A SINGLE INSTITUTION EXPERIENCE B JAYANAND SUNIL

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Abstract: Esophagectomy A Single institution experience INTRODUCTION Esophageal cancer has been treated with various modalities and the optimum modality of treatment is still controversial. Esophagectomy still has a pivotal role in middle and lower third of esophageal cancer. AIMS AND OBJECTIVES This study is designed to evaluate the profile of esophageal cancer in Indian population. Safety of esophageal surgery is also determined in terms of immediate post-operative morbidity and mortality. Various techniques used for the surgery and their effect on the postoperative outcomes are also evaluated. METHODS 112 patients have undergone esophagectomy for esophageal carcinoma between January 2010 to December 2011. Their pre operative features, intraoperative techniques used and 30 day post-operative morbidity and mortality are retrospectively analysed. RESULTS 92 cases underwent Transhiatal esophagectomy and 20 cases underwent Transthoracic esophagectomy. Squamous cell carcinoma was the predominant histology followed by adenocarcinoma. Most of the cases presented with T4 disease and the percentage of margin negative resection was inversely proportional to the T stage of the disease. Stomach conduit with cervical anastomosis was done in all the cases with minimal leak rate (3.5 %). Respiratory complications (28.5 %) were the leading cause of morbidity. Two cases died in the immediate postoperative period. CONCLUSION The profile of esophageal cancer in Indian population differs from that of the west. Esophagectomy has acceptable rates of mortality and morbidity in high volume centres. Pre op respiratory exercises reduces the pulmonary complications. Cervical anastomosis carries minimal complication rate and is very safe to use.

PROGNOSTIC FACTORS OF GASTRIC CANCER PATIENTS UNDERGOING D2 DISSECTION

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Abstract: Radical gastrectomy with D2 dissection is now commonly performed for gastric cancer. AIMS/OBJECTIVES: The aim of the study was to analyze the recurrence patterns and survival following radical gastrectomy with D2 dissection in a tertiary cancer center. METHODS: This was a retrospective analysis of all patients who underwent gastrectomy with a D2 dissection between 1991 and 2008 in our institution. Various clinicopathological factors were analyzed to determine their effect on survival. RESULTS: A total of 384 patients underwent radical gastrectomy with D2 dissection during this period. The majority of patients had Stage III disease (65.1 %). Distal gastrectomy, total gastrectomy and proximal gastrectomy were performed in 310, 70 and 4 patients respectively. The median lymph nodal yield was 26. The median duration of follow up was 35 months. The 5-year disease-free survival and overall survival of the study group was 40.1 % and 42.4 % respectively. The overall recurrence rate was 52.9 % (203 patients). Isolated locoregional recurrence was seen

in 18 patients (4.7 %), distant failure in 162 patients (42.2 %) whereas 23 patients (6 %) had both local and distant failure. On univariate analysis, gastric outlet obstruction, type of gastrectomy, multi-organ resection, type of anastomosis, major postoperative morbidity, signet ring cell histology, presence of lymphovascular emboli, blood loss > 500 ml, duration of surgery >4 h, pT4 disease, node positive disease and lymph node ratio more than 25 % were found to be significant factors affecting overall survival. In multivariate analysis, presence of gastric outlet obstruction ($p=0.032$), multi-organ resection ($p=0.007$), major postoperative morbidity ($p=0.003$), blood loss > 500 ml ($p=0.003$), pN3a ($p=0.007$) and pN3b ($p=0.037$) and lymph node ratio > 25 % (p500ml, node positive disease and lymph node ratio > 25 %).

LAPAROSCOPIC SURGERY FOR COLORECTAL CANCER - A CONSECUTIVE CASE SERIES AT A TERTIARY CANCER CENTER

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Abstract: Although laparoscopy is associated with numerous short term patient benefits, it has still not been widely adopted in India as the preferred surgical approach for colorectal cancer. We present our experience of laparoscopic colorectal surgery at the Tata Memorial Hospital, Mumbai over a period of 1 year. AIMS/OBJECTIVES: This study was aimed at evaluating our experience of laparoscopic colorectal surgery in terms of patient demographics, perioperative outcomes, and oncological adequacy. METHODS: This is a retrospective analysis of a prospectively maintained database of all laparoscopic colorectal procedures performed at a single tertiary cancer center from September 2011 to August 2012. RESULTS: During the specified period, 42 patients with colorectal cancer underwent laparoscopic surgery. All patients had biopsy proven adenocarcinoma except 2 patients with anal canal squamous cell carcinoma and one patient with a dysplastic caecal polyp. 28 patients were male. The mean age and BMI were 47 year (range: 22–77) and 22 Kg/m² (range: 13.7–29) respectively. 80 % of patients with rectal cancer received neoadjuvant chemoradiation. Table 1 gives the case distribution and perioperative outcomes. All patients had negative resection margins. The only intraoperative complication was an injury to the inferior mesenteric artery during pedicle dissection. This was managed laparoscopically by clipping. 6 cases were converted to the open approach. One, a right hemicolectomy converted on account of duodenal infiltration; the other five were LARs. One was converted in view of extensive pouch of Douglas adhesions, 2 patients due to suboptimal retraction in a narrow pelvis, one because of sacral infiltration and the fifth because the laparoscopic stapler could not be fired below the growth in a Ultra-low AR. Postoperative complications included a pelvic hematoma following LAR (evacuated at re-exploration) and a parastomal abscess following APR (drained locally). There were no anastomotic leaks. CONCLUSIONS: Laparoscopic surgery for colorectal cancer is safe and feasible at a tertiary cancer centre with acceptable perioperative outcomes. Table 1. Case distribution and perioperative outcomes Low Anterior Resection (LAR) APR* Right hemicolectomy Others Case distribution 13 22 (One patient inoperable due to diffuse peritoneal disease) 5 2 TPC** (1) Lap assisted polypectomy (1) Mean Total Surgery Time (min) 235 195 139 – Mean Total Laparoscopy Time (min) 143 130 90 – Mean Blood Loss (ml) 285 274 130 – Mean Hospital Stay (days) 7.7 5.9 7.2 – Mean Lymph Node Yield 14.7 12.8 25.7 – *APR - Abdominoperineal resection; **TPC - Total Proctocolectomy

SUPRACLAVICULAR ARTERY FLAP FOR HEAD AND NECK ONCOLOGIC RECONSTRUCTION:

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Abstract: Title: AN EMERGING ALTERNATIVE AUTHORS:Dr Vijayraj s patil Dr Ashok shenoy INTRODUCTION: The supraclavicular island flap has been used successfully for difficult facial reconstruction cases and reconstruction of postburn anterior Cervical Contractures. The origin of the supraclavicular artery was transverse cervical artery in 62.9 % and suprascapular artery in 37.1 % of the cases. The origin of the artery was at the level of the medial third of the clavicle in 3.7 %; 3.7 % of the cases were at the junction of medial and middle third of the clavicle, 33.3 % at the level of middle third of the clavicle, 11.1 % at the junction of middle and lateral thirds, 44.4 % at the level of lateral third, and 3.7 % at the level of acromioclavicular joint. AIM: Study role of pedicled supraclavicular fasciocutaneous is flap based on the transverse cervical artery for the head and neck reconstruction METHOD: Study included patients with head and neck cancer who under went supraclavicular artery flaps from April 2012–June 2012.flap was assessed for operative time and complications. Results: In our study we included 4 cases of supraclavicular artery flaps one for post parotidectomy,one for skin tumor in mid face region, one buccal mucosa cancer & one for floor of mouth cancer. With mean operative time of 56 min .with one patient having flap necrosis at distal edge, one patient having prolonged discharge from neck wound .none patient requiring reoperation Conclusion: Supra clavicular artery flap is reliable, quick & easy to harvest with minimal donor site morbidity without need of microvascular expertise for head and neck oncologic reconstructions

PERIAREOLAR INCISION IN BREAST CONSERVATIVE SURGERY

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Abstract: Breast-conserving surgery (BCT) results in improved quality of life and enhanced self-esteem in women undergoing surgical treatment for breast cancer. The assessment of cosmetic outcome in breast surgery is especially pertinent, as patient satisfaction is a predominant factor in determining quality of life alongside oncologic outcome. The assessment of cosmetic outcome in breast surgery is especially pertinent, as patient satisfaction is a predominant factor in determining quality of life alongside oncologic outcome. Until today, none of the prospective randomized trials conducted in BCT have been able to assess cosmetic outcome on account of deficient reproducible, accurate and userfriendly scales. Aim: To asses cosmsetic out comes of periareolar and peritumoral incision Methods:A study done between jan 2009-dec 2012 at HCG hospital lhaving inclusion criteria of patients undergoing breast conservative surgery and exclusion criteria T4 tumors superficial retroareolar tumors Patients were assessed for margin status,deformities,postions of nipple areolar complex,breast asymmetry and for other complications Results: Our study included 196cases of which104 had periareolar incisions 92 had peritumoral incisions. Most common stage being II(52 %). Most common age group being 40–50 years. Most common site being upper outer quadrant (69 %) most common histology being invasive ductal carcinoma not otherwise specified Most common complication in peritumoral being dimpling at scar site(41 %) and in periareolar being altered nipple sensation (28 %).margin status being similar in both groups Conclusion: Periareolar incision has good cosmetic outcomes compared to peritumoral incisions without compromising on margin status for tumors in all quadrants of breast

RISK FACTORS OF BREAST CANCER: DIFFERENT INDIAN SCENARIO: AN INITIAL REPORT

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Abstract: Breast Cancer (BC) is one of the common cancers of women in India with high fatality rate. Identification of high risk patient and proper prevention (chemoprevention or prophylactic surgery) potentially reduces mortality. OBJECTIVE: Our study aimed at the determination of risk factor pattern among the female Indian BC patients. MATERIALS & METHODS All patients attending the Breast clinic at SSKM Hospital having breast cancer were subjected to questionnaire. RESULTS After interviewing 527 patients with BC it was seen that an overwhelming percentage patients were multiparous. Most of them breast fed their children. Most of them had their first childbirth before 18 years. CONCLUSION This result questions the protective effect of multiparity, breast feeding, early childbirth on breast cancer in Indian women.

UTERINE SARCOMA: A SINGLE CENTRES EXPERIENCE WITH 23 CASES

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Abstract: Uterine sarcomas comprise <1 % of gynaecologic malignancies and 2–5 % of all uterine malignancies. Tumours arise from two distinct tissues: 1) leiomyosarcoma from myometrial muscle 2) mesodermal and stromal sarcomas from endometrial epithelium. The five-year survival for patients with stage I disease is approximately 50 % Vs 0 %–20 % for remaining stages. Surgery alone can be curative if malignancy is confined to uterus. AIMS/OBJECTIVES: To evaluate clinical presentation and histopathologic pattern of uterine sarcomas presenting to our institution. METHODS: Retrospective analysis of all histologically proven uterine sarcomas treated at Govt. Royapettah Hospital from August 2004–July 2012 in Department of Surgical Oncology was undertaken and case records reviewed. Age incidence, clinical symptoms, signs at presentation and histopathologic diagnosis were analysed. Treatment details were recorded. Patients follow up details were retrieved from hospital records and defaulted patients were contacted by telephonic conversation to asses outcome. RESULTS: Median age of patients was 42 years (22–60 year). Most common presenting symptom was abnormal vaginal bleeding, followed by low abdominal pain. 2 patients were referred after histopathological diagnosis following hysterectomy for suspected leiomyoma with vault recurrence, vaginal and lung metastases. All other patients underwent hysterectomy following evaluation. The predominant histopathology was endometrial stromal sarcoma (16 cases), 9 were low grade, and mixed mullerian tumour and carcinosarcoma (7 cases). Four patients received adjuvant therapy with chemotherapy and RT following hysterectomy. Median follow-up period was 46 months (0–86 months). Nine patients had disease recurrence. Median disease-free survival was 42 months (range 0–84 months). The pelvis(6 cases) was the most common site of recurrence followed by lung (4 cases) and the vagina (1 case). Six patients died after recurrence.

LIMB SALVAGE SURGERY IN BONE TUMORS: A RETROSPECTIVE STUDY OF 50 CASES IN A SINGLE CENTER

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Abstract: Modular segmental replacement system (MSRS) is one of option of Limb conservation surgery in bone tumors Aim: The study

analyses a single center experience of use of MSRS for limb conservation in cases of malignant bone tumors. Patients & Method: Retrospective analysis of a series of cases of limb salvage procedures done over a 5 year period. All Patients with malignant bone tumors who underwent limb salvage procedures utilising MSRS prosthesis were included in the study. The patients record were perused for pre operative staging; neoadjuvant therapy used, if any; surgical procedure done; follow-up for prosthesis related complications and overall survival achieved. Results: Total of 50 cases studied, included 28 males and 22 females. Median age at diagnosis of 28 (10–73) years. Tumor localized in lower limb in 38 patients, and upper limb in 12 patients. Tumors was malignant in 28 patients (56 %) and benign in 22 (44 %). The most common diagnosis was osteosarcoma (21 patients (42 %)). The median resection length was 15 cm (range 6–25). High grade tumors (grade 2a and 2b) was found in 27 of 29 cases (93.1 %). 14 patients had prosthesis related complications. The mean follow-up was 5 years (range: 3–7). 42 patients of 50 were alive with the endoprosthesis at the last follow-up. Survival rate of prosthesis is 84 %. Conclusion: The modular segmental-replacement system prosthesis favoured by us in limb sparing surgery for bone tumors results in satisfactory results in terms of tumor control and limb function.

SKIN FLAP NECROSIS IN INGUINAL NODE DISSECTION-CAN IT BE PREVENTED?

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Abstract: Inguinal Node dissection is a commonly performed oncological surgery. Skin flap necrosis is a common complication of the procedure resulting in prolonged hospital stay and patient discomfort. We analyzed various factors which could possibly contribute to this complication. Material and Method: We prospectively collected data of 65 inguinal/ilioinguinal block dissections and analyzed various clinical and technical factors in relation to this complication. Result: A total of 28 (43.1 %) cases of flap necrosis were observed. Flaps elevated using diathermy had necrosis in 21 (53.85 %) cases compared to 7 (26.9 %) with use of scissors, the difference being statistically significant ($p=0.032$). Hip flexion in post operative period was also associated with reduction in the complication (19.3 % vs 64.7 %) which was statistically significant (p)

HEIDELBERG TECHNIQUE OF END-TO-SIDE DUCT TO MUCOSA PANCREATICO-JEJUNOSTOMY EARLY POST-OPERATIVE OUTCOMES IN CONSECUTIVE 50 CASES

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Abstract: Introduction: Pancreatico-jejunosotomy is the work horse of pancreatic surgery. Pancreatic fistula after pancreaticoduodenectomy represents a critical trigger of potentially life-threatening complications and is also associated with markedly prolonged hospitalization. Many arguments have been proposed for the method to anastomose the pancreatic stump with the gastrointestinal tract, such as invagination vs. duct-to-mucosa. Aims and objectives: This study presents Heidelberg technique of pancreatico-jejunosotomy and evaluates its safety and reliability. Material and methods: Anastomosis performed by two surgeons trained at Heidelberg University, Germany. From January 2006– June 2012, 50 patients (28 males & 22 females) underwent an end-to-side duct to mucosa pancreatico-jejunosotomy using Heidelberg technique as a part of Whipple procedure. The diseases of the all patients were malignant. 10-12 PDS 4-0 sutures were used for all layers. Results: Majority of the patients were in 4th -5th decade. Classical and pylorus preserving Whipple procedures were done in 30 and 20 patients respectively. Preoperative biliary stenting was done in 14 patients. Average time taken for Whipple procedure was 250 min

and that for p-j was 45 min. Only one patient (2 %) had minor pancreatic leak which subsided in 10 days with conservative management. Wound infections developed in 8 patients and LRTI in 8 patients. No peri-operative mortality occurred. Conclusions: Heidelberg technique of pancreatico-jejunosotomy is simple, easy to perform with least fistula rate. When performed by experienced hands it is associated with least morbidity and mortality irrespective of the texture of pancreas and size of the pancreatic duct. There was no mortality in our study. Except for wound infection there is no significant difference in total complication rate in patients with pre-op biliary stents.

LIMB SALVAGE SURGERY IN BONE TUMORS: A RETROSPECTIVE STUDY OF 50 CASES IN A SINGLE CENTER

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Abstract: Introduction: Limb Salvage surgery includes procedures designed to remove tumors of extremities and reconstruction with acceptable oncologic, functional & cosmetic result. The top most priority is given for Oncologic safety followed by functional and cosmetic results. There is a change in trend from universal amputation to Limb salvage surgery for appropriate candidates because of effective Chemotherapy regimens, precision imaging techniques and better reconstructive options. Materials and Methods: A retrospective analysis of limb salvage surgery performed for bone tumors was analysed from January 2006 to December 2011. Results: Thirty eight (38) cases underwent excision of tumor and reconstruction. Of which 18 cases were osteosarcoma, 17 cases were giant cell tumors, 2 cases of chondrosarcoma and one case Malignant fibrous histiocytoma(MFH) of bone. All patients of osteosarcoma received preoperative chemotherapy with 3 cycles of Cisplatin, Ifosfamide and Adriamycin. Fourteen(14) cases had pathology in lower end of Femur, 3 cases upper end of Femur, 6 cases upper end of Tibia, 10 cases lower end of Radius, 2 cases upper end of Femur, 2 cases of metacarpal lesions and one case of Ileum. Custom made prosthesis for reconstruction was used in 22 cases, Austin moore prosthesis in 3 cases, Autograft in 12 cases and in one case plate and fixation for arthrodesis. Postoperative 3 patients developed wound infection which settled on conservative management, one patient developed contracture which was released, one case had dislocation of hip prosthesis and one patient expired due to chemotherapy complication. The mean duration of follow up is 22 months (Range3–40 months). Conclusion: Limb Sparing Surgery is a safe procedure, oncologically sound, provides good functional and cosmetic results.

RECONSTRUCTIVE OPTIONS AFTER SOFT TISSUE SARCOMA EXCISION CHANGING TRENDS AND FUNCTIONAL OUTCOMES

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Abstract: Advances in reconstructive surgeries including microvascular free flaps have changed the functional outcomes of soft tissue sarcomas. Options of reconstruction should be planned well in advance and should be simple and best for the patient. Objective of the study is to evaluate type of reconstructive options in soft tissue sarcomas of limbs, to evaluate functional outcomes of these reconstructions and to form guidelines to choose type of reconstruction. A retrospective analysis of 25 cases of soft tissue sarcomas operated in malabar cancer centre from July 2009 to Dec 2011 were taken. Revised musculoskeletal tumour scoring scale was used to analyse functional outcome. Results showed that majority of patients can be offered limb sparing surgery with good functional

results. choice of reconstruction varied from simple closure to microvascular flaps.

TRAN-SHIATAL OESOPHAGECTOMY IN A HIGH VOLUME CENTRE

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Abstract: The optimal approach for Carcinoma at lower Oesophagus and OG Junction remains controversial. Despite Oncological advances, Surgical resection is the only treatment that has repeatedly been shown to prolong survival, albeit in only 30 % of patients. Transhiatal oesophagectomy is often advocated as the preferred surgical approach in patients with early tumours (or) the patients with more advanced disease who would not tolerate a thoracotomy. Transhiatal oesophagectomy has been favoured operative approach in our Institution for managing on Carcinoma of Oesophagus below the level of Carina and type I and II tumours of OG Junction. AIM OF THE STUDY: The Aim of the study was to assess a single unit experience and outcome of transhiatal oesophagectomy in an era when the use of systemic oncological therapies has been increased dramatically. METHODS: Between July 2008 and July 2012, 75 consecutive patients (47 Males, 28 females, median age = 57 years) underwent transhiatal oesophagectomy. A further 10 patients underwent transthoracic oesophagectomy during the same period and were excluded from analysis. Invasive SCC in 37 patients, Adeno Carcinoma in 36 patients, Malignant Melanoma in 1 patient and adeno squamous cell 1 patient. 30 patients received Neo adjuvant chemotherapy. RESULTS: There were no operative and peri operative mortality within one month after surgery, Major complications included: Respiratory complications in four patients, Clinically apparent anastomotic leak in four patients, recurrent laryngeal nerve neuropraxia in five patients and hiatus hernia in one patient. Medium length of hospital stay was 10 days. Ro resection was achieved in all patients except in one patient who had multi centric disease. CONCLUSION: Transhiatal Oesophagectomy is an effective operative approach for tumour of the Infracarinal oesophagus and the oesophagogastric junction. It is associated with low mortality and morbidity and 2 year survival rate of nearly 50 % when combined with Neoadjuvant chemotherapy.

IS THERE ANY PROXIMAL MIGRATION OF COLON CANCER ?

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Abstract: Colorectal cancer is the third most common cancer in men (663,000 cases, 10.0 % of the total) and the second in women (570,000 cases, 9.4 % of the total) worldwide. Almost 60 % of the cases occur in developed regions. About 96 % of colorectal cancers are adenocarcinomas, which evolve from glandular tissue. There are many studies stating or suggesting the shift towards the proximal colon and an increase in the incidence of right sided colon Cancer. AIMS/OBJECTIVES: This study is aimed at determining the anatomical distribution of colorectal cancer over a 6 year period in regional cancer center. METHODS: Patients diagnosed with primary colorectal cancer at Kidwai Memorial Institute of Oncology (KMIO), Bangalore, India were identified using the histopathology. Patients records were analyzed during the period between January 2006 and December 2011 diagnosed as colorectal cancer. Colonic tumours located at the caecum, ascending colon, hepatic flexure, transverse colon, and splenic flexure were defined as right sided colon cancer. Tumours located at the descending colon, sigmoid,

and rectum were defined as left sided colorectal cancer. The anatomical distribution of the cancers was determined for each year during the 6 year period RESULTS: During the study period, a total of 839 cases of primary colorectal cancer (adenocarcinoma) were identified. Patients with synchronous colorectal tumors are excluded CONCLUSION: The anatomical distribution of colorectal cancer has significant clinical implications for investigating patients with suspected colorectal malignancy. This study has shown that the proportion of right sided colon cancer has been stable with no evidence of a rightward shift over the last 6 years.

ROBOTIC RADICAL PROSTATECTOMY: STEPS OF THE PROCEDURE AND INITIAL EXPERIENCE

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Abstract: Objectives: Robotic radical prostatectomy using the daVinci Surgical System (Intuitive Surgical, Inc., Sunnyvale, California, USA) has been extensively used as a standard procedure with gratifying results in the United States. Aim is to present video of our early experience of robotic radical prostatectomy with da Vinci robotic system that enhances one's ability to visualize and dissect the prostate in better way. Methods: A total of 13 patients received robotic surgery in 2 months period (June and July 2012) at our institute. All were completed successfully without conversion to open surgery. Six were done with help of proctor and 7 were done independently. We describe a technique and steps of the procedure in the accompanying video segments. Results: The mean operative time using the daVinci device and the mean estimated blood loss were 200 (range; 150–300) minutes and 150 (range; 50–300) ml, respectively in non proctored cases. None of the patients received blood transfusions and required ICU stay. Median times of hospitalization and catheterization were 5 days and 8 days respectively. No post operative complications were observed. Positive surgical margin was seen in two patients who had pT3 disease. Conclusion: Robotic radical prostatectomy is a feasible and reproducible technique, with a short learning curve and low perioperative complication rate. Even during the initial phase of the learning curve, good results were obtained with regard to postoperative complications and pathological outcome.

ROLE OF LATERALLY EXTENDED RESECTIONS FOR LOCALLY ADVANCED CARCINOMA CERVIX

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Abstract: Introduction: Cancer cervix patients who present with post radiation residue or recurrence, with disease extending upto the pelvic side wall are traditionally considered inoperable. We describe two such patients who were successfully treated by laterally extended resections. Aims/Objectives: We describe two patients of cancer cervix, post chemo radiation residue with disease extending upto pelvic side wall, who were successfully treated with Laterally extended resections. Laterally extended resection included a dissection plane lateral to the internal iliac system with removal of the endopelvic fascia over the muscles, en bloc with the specimen. Methods: Case I: 35 year old woman with cancer cervix II B, post chemo radiation residual disease extending upto left pelvic side wall. A total Pelvic Exenteration with Laterally extended resection on the Left side was done in February 2012. She developed a urinary leak from the ileal conduit, which was corrected by laparotomy and repair . Post operative histopathology revealed residual disease in cervix infiltrating both the parametria,

margins free and pelvic nodes were negative. Patient is on follow up and disease free for the past 6 months. Case II: 32 year old woman with cancer cervix III B, post chemo radiation residue with disease extending upto right pelvic side wall. An Anterior Pelvic Exenteration with Laterally extended resection on the right side was done in June 2012. Her post operative histopathology revealed residual disease in cervix infiltrating the right parametrium, margins free and nodes reactive. She is currently disease free. Conclusion: Laterally extended resection has the potential to salvage selected patients with locally advanced and recurrent gynecologic malignancies, including those with pelvic side wall disease, traditionally not considered for surgical therapy.

ONCOPLASTIC BREAST SURGERY FOR PHYLLOIDES TUMOR: EXPERIENCES FROM BREAST SERVICE, IPGMR, KOLKATA

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Abstract: Oncoplastic surgery represents a comprehensive approach using oncosurgical and reconstructive surgical principles to achieve wide surgical margin, reduce local recurrence and optimised cosmetic outcome. Phylloides tumors are rare, distinctive fibroepithelial tumors of the breast and their management continues to be questioned. The mainstay of treatment for phylloides tumor remains wide local excision with a safe surgical margin, taking advantage of breast conservation surgery where available. For borderline/malignant phylloides or in a case of locally recurrent tumor mastectomy and immediate breast reconstruction may become the preferred option. AIMS AND OBJECTIVES: Oncoplastic procedures are becoming increasingly popular throughout the world. The area of study focuses on indication, timing and type of reconstructive oncoplastic procedure, cosmetic outcome and common complications of the procedure. METHODS: A prospective study over a period of 7 years (2005–2012) on Phylloides tumor patients operated using oncoplastic technique. Study Area: Comprehensive Breast Service, SSKM Hospital, Kolkata RESULTS: Reconstructive procedure ($n=31$) Rotational Advancement Technique(RAT) 15 LDMF/Mini LDMF 8 Pedicle TRAM Flap 3 Mastopexy 3 Thoracoabdominal Flap 2 Indications of oncoplastic procedure: Total Glandular replacement by pedicle TRAMF 3 Partial Fill up after WLE 6 Volume displacement by RAT 15 Reshaping and Symmetry maintenance 3 Chest Wall Coverage 4 COMPLICATIONS: Marginal Flap Necrosis 2 Partial Flap Necrosis 1 Donor site morbidity 3 CONCLUSION: This oncoplastic technique obtained a good local control and satisfactory aesthetic result without any compromise with oncosurgical principles. In all cases immediate reconstruction was done. Rotational Advancement was the most commonly used technique after WLE/BCS. LDMF is a safe and versatile flap. Reduction mastopexy is a good and acceptable alternative for large volume breast in relation to tumor.

CAN MOLECULAR SUB TYPING CHANGE AXILLARY NODAL STATUS AS PROGNOSTIC MARKER IN BREAST CANCER

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Abstract: INTRODUCTION: Breast cancer is a heterogeneous disease, and by gene expression profiling has been shown to be classifiable into four major molecular subtypes: luminal A(ER+, PR+,HER-2-), luminal B(ER+,PR+,HER-2+), Human epidermal growth factor receptor-2(HER-2+) and basal like(ER-,PR-,HER-2-). The choice of adjuvant therapy is based on menopausal status, tumor size, grade, lymph node involvement, hormone receptors

status and HER-2/neu status. AIMS: To study the relation between Molecular subtypes and lymph node status of patients diagnosed to have breast cancer in our Comprehensive Breast Service clinic. METHODS: After Surgery we measured the expression of ER, PR and HER-2 in breast carcinomas using immunohistochemistry and investigated with known tumor variables such as tumor size, grade, nodal status and NPI in single pathological laboratory. RESULTS: A total of 123 patients with breast cancer were studied. Out of them, 22 cases were triple negative (basal-like). 80 cases of Luminal A subtype; 13 cases of Luminal B subtype; and 8 cases were Her-2-neu like. The association between molecular subtypes and lymph node status was statistically significant ($p<0.001$). CONCLUSION: Luminal B was poor prognostic marker than Luminal A. Basal like subtypes has worst prognosis compare to other subtypes. Though molecular subtyping is a useful tool to prognosticate breast cancer, further studies are still required to validate whether it can replace axillary lymph node status as a prognostic marker in breast cancer.

WHO IS RESPONSIBLE FOR THE DELAY?

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Abstract: In our OPD, we see many patients of different malignancies presenting in late stages. These patients often came from low socioeconomic class and from peripheral areas. We decided to conduct a study to find out how we can help these unfortunate patients. Aims & Objectives: To find out mean time between first symptoms of patients and first visit to a physician To know what treatment/advice patients received at first visit to physician To know about patients own idea about his illness To find reason behind late stage presentation To study how we can intervene and help these patients Methods: It was a prospective observational study. Study sample included patients of any malignancy presenting to surgical outdoor and admitted in surgical wards of SSKM Hospital & IPGMR, Kolkata Study period from Jan 2010 to Jan 2012. Study included 387 patients.(M-213,F-174) Thorough history of patients was taken with special emphasis on time delay between onset of symptoms and first visit to physician, progression of symptoms, impact on daily activities treatment/advice received at first visit and thereafter. A questionnaire was prepared & completed from each patient. Conclusion: To improve upon patient related factors responsible for delay in diagnosis & treatment of malignancies, we need a long term strategy. We have to improve physician related factors which will have great impact on the ultimate outcome of patients. We need to focus on medical students and specially interns to teach them to identify early signs of malignancy. Early diagnosis of cancer is a challenge as well as an opportunity. Concerted efforts can lead to identification of tumours when treatment is highly effective, leading to prolonged survival and cure.

ROLE OF ULTRASOUND AND COLOUR DOPPLER IN DETECTION OF AXILLARY LYMPH NODES METASTASIS IN BREAST CANCER PATIENTS

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Abstract: Axillary lymph nodal status is the 2nd most important prognostic factor after tumor size,of breast cancer. Traditionally status of axillary lymph nodes has been achieved by axillary lymph node dissection. Complete axillary dissection causes morbidity and node-negative patients derive no benefit from it,so if nodal positivity can be identified pre-operatively by imaging,it would helpful to

identify the group of people who will be benefited from axillary dissection. **OBJECTIVE-** 1.To evaluate accuracy of ultrasonography in the pre-operative diagnosis of metastatic invasion of the axilla in patients with breast cancer. 2.To evaluate the effectiveness of colour Doppler in the determination of axillary lymph node metastases in breast cancer patients pre-operatively **METHODS** It is a prospective study using standard statistical method conducted over 40 breast cancer patients. Lymph node which was visible by ultrasonography was categorised into benign and malignant on following characteristics-size,shape,echotexture,cortical thickness,hilum, lenth/width ratio,vascularity on colour Doppler. Lymph node with 2 or more features of malignancy was suspected as a metastatic positive lymph node. Post operatively specimen was assessed histologically and comparison was done with findings of ultrasonography and colour Doppler. **RESULTS** Ultrasound when compared with histological findings,it shows 93.3 % sensitivity,55.55 % specificity,87.5 % positive predictive value,71.42 % negative predictive value and accuracy 84.61 %.metastasis correctly predicted on the basis of size(90 %),shape(80 %),hilum of lymph node(76.67 %), hypoechogenicity(83.33 %),cortical thickness(90 %),L/W ratio(90 %) and peripheral vascularity on colour Doppler(66.67 %) **CONCLUSIONS** Ultrasound as well as colour Doppler are effective for detection of axillary metastases in breast cancer patients. Preop B mode ultrasound and colour Doppler for detection of axillary lymph node metastases in early breast cancer patients can prevent unnecessary axillary dissection,thus decreasing the morbidity and mortality.It also points to the fact that the patients with radiologically proven metastatic axilla can be spared of sentinel lymph node biopsy and can be taken for axillary dissection so can also be used for screening for selecting appropriate cases for sentinel lymph node biopsy.

FEASIBILITY OF CONCURRENT CHEMO-RADIATION WITH BI-WEEKLY PACLITAXEL FOR LOCALLY ADVANCED BREAST CANCER(LABC) PATIENTS

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Abstract: The conventional treatment for Locally advanced breast cancers is Neoadjuvant Chemotherapy followed by surgery, Chemotherapy and Radiation treatment. However the treatment duration lasts for 33–34 weeks at the minimum and this may result in poor compliance for treatment completion. In this scenario Concurrent chemoradiation with platinum and taxane compounds may be beneficial as they will reduce the treatment duration and may provide a better response and hence translate into a better overall and disease free survival. **Aim:** Primary objective was to assess the feasibility of Concurrent Chemo-Radiation with bi-weekly taxanes in LABC patients in our setup. The secondary objectives were to determine the Pathological response rate, Overall survival and to study the toxicity profile. **Methods:** A Prospective, phase II, nonrandomized single institutional study conducted during the period 2005–2007. Patients with a histological diagnosis of Infiltrating Duct carcinoma and advanced stage (LABC) were included in the study. After initial workup these patients received 4 cycles Cyclophosphamide + Docetaxel followed by Concurrent Chemo-radiation (Paclitaxel bi-weekly + Radiation therapy-3D CRT 59Gy 32 fractions) and surgery(Modified Radical Mastectomy). Patient and tumor characteristics were noted prior to the treatment. Pathological response was assessed in the surgical specimen. **Results:** Total 14 patients were enrolled but only 12 could complete the study and were included in the analysis. Mean duration of treatment was 165 days. At a median follow up period of 59 months 50 % of the patients were alive and disease free and 4patients had a complete pathological response. **Conclusions:** Concurrent

Chemo-radiation with biweekly Paclitaxel following initial anthracycline therapy in the Indian population is a feasible option. However, the increased cutaneous toxicity is a matter of concern and needs to be addressed.

ADEQUATE PAROTIDECTOMY IS EFFECTIVE FOR EARLY STAGE MALIGNANT PAROTID TUMORS

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Abstract: Objective: Surgery with adjuvant Radiation therapy is the mainstay of treatment for malignant parotid tumors. In these patients; surgery amounts to a Total Parotidectomy. The efficacy of Adequate Parotidectomy though well studied in benign parotid tumors like pleomorphic adenoma but no convincing data exists proving its application in malignancies. **Methodology:** Retrospective analysis of 56 consecutive cases of malignant parotid tumors. All patients underwent Surgery and adjuvant radiation treatment whenever indicated. Study period was between December 2005 and December 2011. The clinical, operative and follow up records were studied. The mean follow up period was 31 months. The outcome in the terms of Disease free survival and Local Control Rate were compared between groups undergoing Adequate Parotidectomy vs Total parotidectomy **Results:** 56 pts with malignant parotid tumors undergoing definitive management were identified. Their mean age was 44 year(6 year–77 year). 29 pts were male. 26 underwent Adequate/Superficial parotidectomy for their primary tumors 30 pts underwent a Total parotidectomy. 35pts received Postoperative Radiation treatment depending on the tumor characteristics. 34 tumors were early stage(T1/T2). Median Disease free survival for early stage malignant parotid tumors undergoing adequate parotidectomy was >69.8 months which was comparable to the DFS for pts undergoing Total parotidectomy(41.26 months. $p=0.13$). Median Local control rate for patients undergoing adequate parotidectomy was 52.17 months vs 60.36 months for total parotidectomy($p=0.65$). **Conclusion:** In early stage malignant tumors of the parotid removal of tumor with adequate clearance(Adequate Parotidectomy) with adjuvant treatment whenever indicated is effective in appropriately selected tumors.

PROGNOSTIC FACTORS IN N3 BREAST CANCER PATIENTS

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Abstract: Axillary lymph node dissection (ALND) has been performed for over a century to stage the cancer, achieve regional control, and perhaps improve survival. The status of axillary lymph nodes in non metastatic lymph node positive breast cancer patients remains the single most important determinant of overall survival(OS). **AIM:** Identify the subgroup of Breast Cancer patients with N3 nodal status that fail to achieve maximum benefit with standard treatment. **MATERIALS AND METHODS:** We conducted a retrospective analysis of the 142 breast cancer patients with N3 nodal status(AJCC 7th ed.) who had undergone definitive surgery between January 2004–December 2010, and investigated the relation between the clinicopathological features and treatment outcomes. Survival analysis was carried out using Kaplan-meier test using spss 11.0 software. **RESULTS:** With a median follow up of 28.8 months, 62 patients were disease free, 36 were alive with disease and the rest died of disease or other causes. The Median 5 year Overall Survival and Disease Free Survival were 60.8 % and 42.4 % respectively. Factors significantly associated with poor DFS in multivariate analysis were Tumor stage > T3(AJCC 7th ed.); Patients receiving Neoadjuvant chemotherapy; >20positive lymph nodes and

presence of Lymphovascular invasion. Factors associated with poor overall survival in univariate analysis were Tumour size > T3, hormone receptor negative status (Both ER and PR-ve), patients receiving neo-adjuvant chemotherapy and lymphovascular invasion. But none of these factors were significantly associated with poor OS in multivariate analysis. Conclusion: A subgroup of patients with advanced nodal disease does have poor DFS and OS in spite of standard multimodality treatment and thus this study underlies the need for newer modalities of treatment for this subgroup of patients.

OUTCOMES FOLLOWING PHARYNGEAL RECONSTRUCTION IN TOTAL LARYNGECTOMY

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Abstract: Pharyngeal reconstruction following total laryngectomy is done by many techniques and we share our experience. AIMS/OBJECTIVES: To study the outcomes following pharyngeal reconstruction in total laryngectomy METHODS: Retrospective review of records of all patients who underwent laryngectomy between 2003 and 2010 RESULTS: 57 patients underwent total laryngectomy with pharyngeal reconstruction. 31 patients had prior treatment. The sites involved included hypopharynx in 29 patients, larynx in 22 patients, oropharynx in 5 patients and thyroid gland with laryngeal involvement in 1 patient. Following tumour resection, 31 patients had circumferential defects and 26 patients had partial pharyngeal defects. The reconstructive technique included pectoralis major myocutaneous patch in 24 patients, tubed pectoralis in 5 patients, anterolateral thigh flap: tubed in 6 patients and patch in 2 patients, gastric pull up in 12 patients and free jejunum in 7 patients. 3 patients died in the post operative period. Post operative fistula was seen in 20 patients. 15 of these patients were managed conservatively. 5 patients required surgical intervention. 7 patients resumed oral diet in the 1st month, 13 patients by the 2nd month and 9 patients by the 3rd month. 8 patients developed pharyngeal strictures of which 5 were dilated successfully. Tracheoesophageal puncture and prosthesis insertion was done in 20 patients of which 17 patients developed satisfactory speech. At the last follow up, 39(72 %) patients were taking food orally, others required alternate enteral alimentation. CONCLUSION: Pharyngeal reconstruction in laryngectomy is feasible with good results. Most of the early post operative fistulae can be managed conservatively. The incidence of stricture formation is low. The functional results with respect to swallowing are also good. Tracheoesophageal puncture can also be tried in these patients with acceptable results.

OUR INSTITUTIONAL EXPERIENCES IN MANAGEMENT OF THYMOMA (Kidwai Institute of Oncology, Bangalore)

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Abstract: Thymic epithelial tumors consist of a series of neoplasm that differ morphologically and biologically. Management strategy for these tumors remains controversial. AIM: We have used a retrospective review to investigate the role of surgery and investigate prognostic indicators after surgery for thymoma. METHODS: We retrospectively reviewed 55 thymic epithelial tumors diagnosed during the period of 1998 to 2008 at our institution. 50 patients were included in our studies. Both Masaoka & WHO staging system were included in our studies. RESULTS: The majority of patients in this series were female 61 % with an overall average age of 51.0 years. The distribution of Masaoka stages I, II, III, and IV-A was 58 %, 12 %, 14 % and 10 % respectively. 30 % patients were associated with myasthenia gravis. After a mean follow-up of 60 months, 72 % patients are alive. 34(68 %) patients underwent

complete resections, 6 patients with microscopic margin positive, 06 patients underwent partial resections and 4 received biopsies only. There were significantly more stage I and stage II cases in histological types A, AB, and B1 tumors than in B2, B3, and C tumors and their complete resection rate was significantly higher than the latter group (90.91 % vs. 9.09 %). Masaoka stages III and IV, histological types B2, B3, and C, and incomplete resection were independent risk factors for poor prognosis. CONCLUSIONS: Long-term disease-specific survival can be expected not only after surgery for early stage thymoma but also after surgery for advanced disease. Our results were consistent with most of the reports in the literature, many of them indicating completeness of resection as an important prognostic factor.

SIGNIFICANCE OF LEVEL V LYMPH NODE DISSECTION IN CLINICALLY NODE POSITIVE ORAL CAVITY SCC AND EVALUATION OF POTENTIAL RISK FACTORS FOR LEVEL V LYMPH NODE METASTASIS

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Abstract: Objectives: Level V lymphnode dissection has been significantly associated with postoperative shoulder dysfunction as a sequel of SAN dysfunction. The aim of this study was to determine the role of level V lymphnode dissection in N + oral cavity cancer. Study Design: prospective Methods: Study was conducted in the surgical oncology department of GCRI from April 2011 to June 2012. We have prospectively evaluated 210 patients of oral cavity SCC who underwent surgical treatment of the primary lesion along with a simultaneous comprehensive neck dissection. During neck dissection, the contents of the level V lymphnodes were dissected, labelled, and processed separately from the remainder of major neck dissection specimen. We studied the incidence of histopathologic metastasis to level V nodes in cN0, cN1 and cN2 groups. Potential risk factors for the involvement of level V lymphnode were also analyzed. Results: Of 210 cases, 48 were cN0. Out of them 77 % were pN0 and none of cN0(48) patients had level V metastases. Out of 162 cN + cases 112 were cN1 and 49 cN2. Amongst cN1(112) cases, cN1 with palpable level lb node(99), 60 % had pN0 and none of them had level V involvement but cN1 with palpable II/III node(13), 85 % had pN + and 1 patient had level V involvement(Prevalence-8 %). 8 patients from cN2(49) group had level V involvement(Prevalence-16 %). Over all level V lymphnode involvement was 4.3 %. Tongue is the most common site to give rise to level V metastases and ECS was present in 100 % and LVI in 89 % patient with level V metastases. Conclusion: Apart from cN0, patients with cN1 oral cavity cancer with level lb as only site, carefully selected one can safely undergo SND. Potential risk factors for level V lymphnode metastasis are: clinically evident ECS, multiple lymphnode involvement and cN1 with deep jugular chain of lymphnode involvement.

REVIEW OF USE OF METALLIC STENTS AS A BRIDGE TO LAPAROSCOPIC RESECTION FOR PRIMARY ANASTOMOSIS FOR LEFT SIDED BOWEL OBSTRUCTION

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Abstract: AIMS: Review of literature along with a case report of use of self expanding stents (SEMS) as a bridge to surgery vs. emergency surgery for malignant left sided bowel obstruction Methods: We present a case of left sided bowel obstruction in an 84 year old lady who was treated with a metallic stent followed by laparoscopic high anterior resection two weeks later. There was no gross dilatation of the bowel and a primary anastomosis could be performed without the need for a stoma. Review of literature was performed to assess the effectiveness

of this technique, the complication rate and primary anastomosis rate. Results Management of left sided bowel obstruction by using metallic stents is effective although there is a perforation rate of around 6–7 %. SEMS has a higher primary anastomosis rate and lower stoma rates with no significant difference in complications and mortality. Conclusion Stents can be used as a bridge to primary anastomosis and decrease the need for two or three stage surgery for obstructed left sided bowel tumours

ELAPER-EXTRA LEVATOR ABDOMINOPERINEAL RESECTION NOW A STANDARD OF CARE FOR PATIENTS NEEDING ABDOMINOPERINEAL RESECTION FOR CA RECTUM

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Abstract: Aims: To present the initial results of ELAPER (Extralevator abdominoperineal resection) for Cancer of rectum Methods: Six patients of ca rectum with a tumour less than 1 cm from the anal verge were operated by this technique between April 2011 and June 2012 at Kokilaben Ambani hospital and LTMMGH hospital Mumbai. Three of them had the abdominal approach laparoscopically and three by the open method, IGAP flap was performed in three patients and Rectum abdominus flap in two patients. The duration of surgery, the access for the surgeon, circumferential margin and the complications were assessed. Five patients had neoadjuvant chemoradiotherapy after staging with MRI and CT scan. One was a T2 tumour in an elderly patient who had primary surgery. RESULTS: There were no major intraabdominal complications. The view was excellent especially anteriorly and the circumferential margin was wide The average operating time was 4 h in the open group and 5 h in the laparoscopic group including the plastic surgical time for the flaps CONCLUSION ELAPER offers a much better view during the perineal approach and wider CRM which could translate into improved survival.

CARING FOR THE CAREGIVERS: MENTAL HEALTH, AND QUALITY OF LIFE OF CAREGIVERS OF PATIENTS WITH CANCER

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Abstract: Background: Mostly the primary caregivers for cancer patients spouses, parents or closest relatives and are responsible for providing physical and emotional support for cancer patients for long periods ranging from months to years. This responsibility in turn can affect primary caregivers own mental and physical health and quality of life Objective: To examine anxiety, depression, and quality of life in Primary caregivers of patients with cancer. Subjects & Methods: A cross sectional study carried out a tertiary care hospital between July 2011-Jun 2012. The eligibility criteria for the cancer patients were age between 16-70 years, cancer of at least 6 months duration and patient not acutely unwell. Primary caregiver included in the study was identified by the patient and his/her consent was also sought to contact the caregiver for inclusion in the study. Caregiver had to be more than 16 years of age, spending at least 35 h per week in direct contact with the patient and with ability to understand Hindi/English language. Enrolled caregivers were administered Hospital Anxiety & Depression Scale (HADS), and WHO- QOL Bref. Results: 367 Primary Caregivers of cancer patients were interviewed. Majority of Primary caregivers of cancer patients were females (63 %) and spending more than 41 h/week with the patient (56 %). High proportion of caregivers scored above the cutoff of HADS for Anxiety & Depression respectively (86 % and 85 % respectively). We did not find any significant association between anxiety and depression with various patient and caregiver related factors in our sample.

Financial constraints and effect on family routine were found to be significant sources of family burden. Majority displayed impaired Quality of life(QOL)(71 %). Conclusion: Primary Caregivers of Patients with cancer have high rates of Mental Health Difficulties, family Burden and impaired Quality of Life. Healthcare personnel in contact with caregivers should consider screening them for psychiatric symptoms and QOL and if necessary, recommend evaluation by their doctors.

THREE CASES OF BILATERAL MULTIPLE FIBROADENOMA AND REVIEW OF LITERATURE

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Abstract: According to Stanford School of Medicine, juvenile fibroadenoma of the breast is defined as circumscribed, often large, breast mass usually occurring in adolescent females with stromal and epithelial hypercellularity but lacking the leaf-like growth pattern of phyllodes tumors. Adult type fibroadenoma as circumscribed breast mass composed of benign stromal and epithelial cells. AIMS & OBJECTIVES: 1. To remove all the fibroadenomas through single incision. 2. To maintain the contour of bilateral breasts. MATERIALS AND METHODS: Three female patients presented with h/o multiple lumps in bilateral breasts ranging from 4 to 21 in number and age 13, 21, 22 years respectively. No history of pain or nipple discharge. Clinical diagnosis of bilateral multiple juvenile fibroadenoma was made. FNAC of bilateral breast lumps in all 3 cases suggestive of fibroadenoma. RESULTS:- All the patients underwent surgical removal by Gillard Thomas inferolateral submammary incision bilaterally which included removal of 4, 9 and 21 fibroadenomas ranging in size from 1 cm to 6 cm in size. Recovery was uneventful. Histopathology suggestive of multiple fibroadenomas. DISCUSSION: Fibroadenoma is the most common breast mass in the pediatric age group. There are two main variants that affect children: adult and juvenile. Adult fibroadenomas occur in older adolescents and young women. They may be multiple in up to 15 % of cases. The mass is usually small, measuring 1–2 cm in diameter. It is well circumscribed, rubbery in consistency and mobile. Juvenile fibroadenomas occur in younger adolescents, usually around the time of puberty. CONCLUSION: Since fibroadenoma is a condition of young females, surgical excision remains as the main treatment. Meticulous care must be taken to attain the best cosmetic results without compromising the breast function or management outcome. Key words: Juvenile fibroadenoma, Adult type fibroadenoma, Multiple fibroadenoma

TUBE ILEOSTOMY AS AN ALTERNATIVE TO OPEN ILEOSTOMY

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Abstract: BACKGROUND: Loop ileostomy is used to divert fecal stream. Diversion protects bowel repair or anastomoses distal to it. Loop ileostomy has complication rates which vary from 7 % to 76 %. These patients need subsequent surgery for closure of their stoma. closure of the intestinal stoma is also frequently followed by complications in 17 %–27 % of patients. AIM: In order to avoid or reduce the problems associated with these conventional diversion procedures Based on the technique of construction of a feeding jejunostomy we used a tube ileostomy as an alternative to the defunctioning loop ileostomy. METHODS: Inclusion criteria: Ileal perforation in presence of (3 or more or purulent fluid or flakes or oedematous, inflamed bowel), Large bowel perforation Exclusion criteria: Patients who died during hospital stay. Patients who were lost in follow up. At laparotomy after dealing with primary pathology and performing necessary procedure. 28 french abdomen drain tube was brought into peritoneal

cavity through stab incision on abdomen wall. Tube was inserted 15 cm proximal diseased bowel in case of ileal perforation or 20 cm proximal to ileocaecal valve in case of large bowel perforation with tube tip directed proximally. In patients with no evidence of anastomotic, leak tube was clamped after second week and finally removed after third week of surgery to have a controlled fistula in place. Clinical suspicion of leak prompted the tube ileostomy to be maintained till the leak would seal. RESULTS: of a total of 35 patients were finalized for the analysis. There were 10 females and 25 males. ileal perforation was most commonest(31),right colonic carcinoma(1),sigmoid perforation (3),splenic flexure perforation(1) Site of insertion of tube is important to avoid tube block& high output fistula Most common complication was tube site infection (30 %),peritubal leak(20 %) . One patient required surgery for tube displacement CONCLUSION: Tube enterostomy is easy to perform and has few complications.can be extended to all cases which needs open ileostomy.it mainly avoids second surgery but at cost of increased local complications which can be managed non operative bed side procedures

MULTIDETECTOR COMPUTED TOMOGRAPHY EVALUATION OF PRIMARY RETROPERITONEAL NEOPLASMS

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Abstract: CT remains the primary modality for evaluation of retroperitoneal and visceral sarcomas. Because the most likely site of visceral metastasis is the liver, a CT scan of the abdomen and pelvis encompasses the primary lesion and the most likely site of metastasis AIM/OBJECTIVES: To characterize Benign vs. Malignant primary retroperitoneal neoplasms based on CECT image analysis.To stage wherever possible MATERIALS AND METHOD: 16 patients with suspected primary Retroperitoneal neoplasms were subjected to CECT in our institution and the images were analyzed on plain scan and after the administration of non- ionic intravenous contrast. The lesions were studied with respect to enhancement pattern, local invasion Inclusion criteria: Clinically suspected patients presenting with symptoms of involvement of primary retroperitoneal structures. Involvement of primary retroperitoneal structures detected incidentally by routine ultrasonography of abdomen/referred patients. Exclusion criteria: Neoplasms arising from the retroperitoneal major organs like kidney, pancreas,colon,duodenum,adrenal. Patients with renal insufficiency. Patients allergic to contrast media.. RESULTS: There were 13 malignant and 3 benign lesions in our study, The lesions are liposarcoma(3), Leiomyosarcoma(2),ganglioneuroblastoma(1),schwanoma(2),extraadrenal neuroblastoma with metastasis(1),primary germ celltumor(1), multicysticteratoma(1),Ivc leiomyosarcoma(1),lymphoma(4). Youngest was 5 months old male baby. Oldest was 72 year old female. Most common age group was 21–20 year. Most common neoplasm was lymphoma, next was leiomyosarcoma and liposarcoma. On CT scan enhancement was homogeneous in 05cases, heterogenous in 3cases, vascular encasement (03) CONCLUSION: CT can be used as a single most powerful tool in the diagnosis and staging of primary retroperitoneal neoplasms . Multi detector computed tomography has advantages of high spatial resolution, multiplanar tomographic or volumetric image display, relatively good soft tissue contrast between normal structures and disease processes;a short examination time and the capability for whole body imaging. MDCT can be used for early detection, differentiating benign and malignant primary retroperitoneal neoplasms and staging of malignancies for appropriate management

MULTIMODALITY TREATMENT OF HEPATOBLASTOMA A SINGLE CENTRE EXPERIENCE

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Abstract: INTRODUCTION:- Hepatoblastoma is the most common liver tumour in children and comprise of 79 % of all liver tumour in children. Its incidence is 1.5 per million and it constitutes 1 % of all paediatric malignancies. Surgical techniques and adjuvant chemotherapy have markedly improved the prognosis of children with Hepatoblastoma. Significant data now support a role for preoperative neoadjuvant chemotherapy if the tumour is inoperable or if the tumour is unlikely to achieve gross total resection at initial diagnosis. Liver is playing an increasing role in cases in which the tumour is deemed unresectable after chemotherapy is administered or in “rescue” transplantation when initial surgery and chemotherapy are not successful. MATERIALS AND METHOD:- This is a retrospective Study of 30 patients of hepatoblastoma at our centre in last 10 years from 2001–2011. Their presentation,prevalence,treatment offered - surgical and medical, complications and follow up were analysed. Median age of presentation in our study was 38.3 month with M:F ratio of 1.72: 1. Neoadjuvant chemotherapy was given in 26 out of 30 patients in the form of Cisplatin + Adriamycin & reassessment was done after 1–3 cycles. In case of inadequate response maximum of 6 cycles were given. Each Patient was assigned PRETEXT stage I–IV. Almost every patient received chemotherapy pre operatively &/or post operatively. After 3 cycles if the tumour was found inoperable a few more cycles are given maximum upto 6 cycles and the patient was reviewed again. Follow up is completed up to feb 2012 and results were analysed by Kaplan-Meier method. RESULTS -: Follow up varied from 6 months 108 months with a mean follow up is 25.63 month. Survival at 2 year is 96.7 %. CONCLUSION:- Our study concluded that multidisciplinary approach to hepatoblastoma is justified as it decreases the resection margin, increase tolerance to surgery, decrease morbidity and improves the outcome of patient.

TIMING OF SURGERY IN LOCALLY ADVANCED BREAST CANCER

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Abstract: Introduction: Breast cancer has become the leading cancer among women in urban India. Most women present at advanced stages due to lack of national screening programme, socioeconomic reasons and sparse healthcare facilities in rural India. Routine practice in majority of the cancer centres is to administer preoperative systemic therapy followed by locoregional treatment. The timing of surgery following preoperative chemotherapy is somewhat less clear. Majority of the centres in India opt for surgery following 3 or 4 cycles of chemotherapy. Very few centres like ours administer full course of chemotherapy before surgery. The patients who achieve pathological complete response (pCR) are expected to do well in terms of disease free and overall survival. Aims/objectives: The present study was conducted to analyse our results with preoperative chemotherapy, to know pCR rate, to compare pCR rates among various subgroups, and to determine the factors which predict pCR. Methods: The study was conducted in a tertiary care university affiliated cancer hospital in South India. All patients with non-metastatic breast cancer, and agreed by the hospital tumor board to receive preoperative chemotherapy were included. At each visit, response was assessed according to RECIST criteria. Re-staging work up and mammography was done prior to surgery. Decision with respect to conserve the breast as per patients desire was taken by the tumor board. SPSS 16 software was used for analysis. Results: Total 84 patients received preoperative chemotherapy. Most common regimen used was 4 courses of AC followed by 4 courses of 3 weekly paclitaxel. Two patients developed systemic metastasis during chemotherapy and were not considered for surgery. Median age was 46 years (ranged from 28 to 66), 46 patients were premenopausal. Total 72 patients

completed full course of preoperative chemotherapy before surgery. Surgery was scheduled 3 to 4 weeks after the last course of chemotherapy. Clinical response was complete in 26, partial in 52, 3 had local progression, one stable and two patient developed distant metastasis (not considered for surgery). Forty eight patients underwent modified radical mastectomy and breast could be conserved in 34 patients. Pathological complete response rate was 35 %. Conclusions: Compared to historical controls particularly from India, we could achieve greater pCR rates by employing full preoperative chemotherapy and incorporating taxane along with anthracyclines. Breast conservation rates are also increased. Longer follow up data among those achieving pCR will be useful in making final recommendations.

EVALUATION OF HORMONAL AND GROWTH FACTOR RECEPTOR EXPRESSION AND ITS CLINICOPATHOLOGICAL CORRELATION IN CARCINOMA GALLBLADDER “IS IT THE WAY FORWARD?”

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Abstract: Introduction: North India reports one of the highest incidence of gallbladder cancer (GBC) in the world. It is the most common type of biliary tract cancer with marked gender bias for female sex, affecting women 2-6 times more frequently than men. There are very few studies evaluating biomolecular marker profile of GBC. Aims/Objectives: This study was carried out to immunohistochemically determine the Hormone receptor (Estrogen receptor(ER) and Progesterone receptor(PR)) and Growth factor receptors (Her-2/neu and EGFR-1) expression level in patients of GBC and to study its clinicopathological correlation. Methods (Materials): The study group comprised of 50 cases (8 male and 42 female) of histologically proven GBC. Immunohistochemical expression of receptors ER, PR, EGFR-1 and HER-2/neu was quantified using standard protocol and guidelines based on percentage and the intensity of cell staining. This was in line with Her-2/neu status determination guidelines proposed for gastric cancer (ToGA study). Results: Of the 50 patients, 30 patients presented with locally advanced/metastatic disease and underwent palliative chemotherapy while 20 patients underwent radical cholecystectomy followed by adjuvant chemotherapy. Histology was predominantly adenocarcinoma (47/50). ER was consistently negative on immunohistochemical staining 48/50 (96 %) patients, while PR was positive in 22/50 (44 %) of the patients. Her-2/neu receptor was strongly positive in 24/50 (48 %), negative in 18/50 (36 %) and equivocal in 8 patients. EGFR-1 was strongly positive in 16/50 (32 %) patients. Conclusions: GBC is associated with late diagnosis, unsatisfactory treatment and poor prognosis. Clearly, new therapeutic regimens are the need of the hour, based on our evolving understanding of molecular biology and carcinogenic mechanisms underlying development of GBC. Role of targeted therapy against Her-2/neu and EGFR-1 receptor needs further evaluation in GBC and could prove to be the dawn of a new era in orphan tumors such as GBC. Keywords: carcinoma gallbladder, immunohistochemistry, clinicopathological

PREDICTIVE FACTORS FOR LOCAL RECURRENCE AND DISTANT METASTASIS FOLLOWING PRIMARY SURGICAL TREATMENT OF PHYLLODES TUMOR OF THE BREAST

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Abstract: BACKGROUND: Phyllodes tumor of breast is characterized by its tendency to recur locally and occasionally to metastasize. Local recurrence and death from distant metastases are occasional, but

consistent. The aim of this study was to determine factors that would predict local recurrence and distant metastases in this uncommon neoplasm. MATERIALS AND METHODS: Data from 57 patients treated for phyllodes tumors at our institution from January 2004 to December 2008 were reviewed retrospectively. Data recorded included age, menopausal status, diagnostic methods, treatment given, histopathology, recurrence and follow up. Patient characteristics, pathologic variables and surgical procedures were investigated as predictors of local recurrence and distant metastasis. RESULTS: The median age of the patients was 46 years with a range from 30 to 60 years. 24 pts were pre and 33 were post menopausal. Right breast was involved in 33 pts and left in 24 pts. Central quadrant was most commonly involved (24 pts). Preoperative diagnosis of phyllodes tumor was established in 42 pts. Simple mastectomy was done in 36 pts while 21 pts had wide local excision done. Mean tumor size was 8.6 cms. Based on the criteria proposed by WHO, 6 cases were benign tumors, 24 borderline tumors, and 27 malignant tumors. 18 pts completed adjuvant RT. Mean follow up was 10.3 mths (1-48mths). Local recurrence occurred in 9 cases while 6 cases had distant metastasis. The type of surgery, histiotype, mitotic count and stromal overgrowth were predictive for both local recurrence and distant metastasis. CONCLUSION: The type of surgery, histiotype, mitotic count and stromal overgrowth were the principal determinants of local recurrence and distant metastases. Complete surgical excision by simple mastectomy if necessary is important in the primary surgical treatment of phyllodes tumors.

CLINICAL STUDY OF GALLBLADDER CARCINOMA WITH SPECIAL REFERENCE TO HEPATIC RESECTION USING HARMONIC SCALPEL

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Abstract: GBC is a highly aggressive, lethal disease with dismal prognosis in advance stage. Clinical study was conducted in 463 GBC. AIMS: (1) Incidence And Stages of presentation; (2) Hepatic Resection by Harmonic; METHODS: Out of 16248 cancer patients -463 GBC (2.85 %); Incidental GBC: .08 % (07/645 cholecystectomy); cholithiasis association: 63.06 % (292); Presentation: (1) Lump: 72.13 %; (2) Jaundice: 33.91 %; (3) Gastric Outlet Obstruction: 08 %; Operable GBC (87): Stage-I: 6.7 % (31) & II: 12.1 % (56); SURGERY (23): Wedge Excision- 1.5 cm margin: 12; (2) Extended Cholecystectomy with IVB&V resection: 03; (3) Extended Cholecystectomy with Lymph node excision: 02; (4) Palliative procedure: 06 RESULTS: Duration: 1.35–2.30 h; Blood loss: 500 ml average; Closure of Liver margin Early Complication: Haemorrhagic Drain: 200–400 ml; Biliary Leake: 07 (spontaneous stop); Fever: 05; wound infection: 04; Late Complication: Jaundice: 04; Hepatic failure & Death: 03 (2 month); Follow Up (12 month): 07 CONCLUSION: Early Detection and Radical Surgery is Must. Harmonic Scapel is safe, cost effective & easy to use for Hepatic Resection.

LYMPHOMA OF BREAST - A CASE SERIES

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Abstract: Primary breast lymphoma is rare and constitutes less than 0.6 % of all breast malignancies. Most breast lymphomas are the non-Hodgkin's type, which represent approximately 70–90 % [1]. In patients diagnosed with non-Hodgkin's lymphoma, primary involvement of the breast is seen in 0.4–0.7 % of the cases. AIMS AND OBJECTIVES: We report four cases of malignant lymphoma (ML) of the breast and discuss diagnosis and management. CONCLUSION: Primary non-Hodgkins lymphoma of the breast is a rare disease, representing only 0.12–0.53 % of all reported malignant breast tumors.

It is important to determine whether ML of the breast originated in the breast or systemically. We treated four patients, three with tumors only in the breast, one with tumors in both breasts.. diagnosis of primary malignant lymphoma of the breast must satisfy several criteria: (i) adequate pathological evaluation; (ii) both mammary tissue and lymphomatous infiltrate must be in close association; and (iii) the exclusion of either systemic lymphoma or previous extramammary lymphoma (the presence of ipsilateral axillary node involvement was considered acceptable).

MICROVASCULAR DENSITY ASSESSMENT: A PROGNOSTIC FACTOR IN CARCINOMA BREAST

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Abstract: Angiogenesis is of key importance in the process of tumor progression in a number of tumor types including breast cancer . In this study we have used anti CD34 antibody to assess intratumoral microvessel density (MVD) in 96 cases to estimate neo-angiogenesis and compared it in various prognostic groups . **OBJECTIVES OF STUDY** To study micro vascular density(MVD) in malignant breast lumps by immunohistochemistry with CD34 antibody .To compare MVD in different tumor stage, grade and age group. **MATERIAL AND METHODS** Part of malignant breast lump removed for tissue biopsy or by mastectomy was used for detection of MVD using antibody against CD34. Counting the number and estimating the density of blood vessels has been used as a measure of angiogenesis. Tumor grading was done as per Nottingham histologic grade and staging was done according to AJCC sixth edition . **RESULTS** Distribution of Mean MVD in stage I,II,III,IV was 20.92,22.37,26.82,29.50 respectively. Distribution of MVD in Nottingham histologic grade I,II,III was 20.80, 24.00, 26.71 respectively . Distribution of M.V.D. in pre and postmenopausal group was 27.51 and 21.71 respectively . **CONCLUSION** It may be concluded from this study that higher M.V.D. obtained by immunohistochemistry using anti CD34 antibody, are associated with higher tumor stage and grade and indirectly predict poor prognosis . However larger studies with bigger sample size are required to decide cutoff values between different tumor stages and grades.

COMMUNITY HEALTH INITIATIVE TO SPREAD AWARENESS ABOUT RISK FACTORS ASSOCIATED WITH ORAL CANCER: SHORT TERM RESULTS OF A PROJECT

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Abstract: Introduction: Oral cancer ranks number one among all cancers in male patients and number three among cancers in female patients. Causal association between oral cancer and the chewing of betel quids containing tobacco leaves or stem and other tobacco habits has been extensively studied. Community based cancer prevention programme focus on creating a public awareness about ibid risk habits. Physician directed health initiatives are formal, wide based and lack focus. Recruiting health volunteers from general public has a perceived advantage that they can spread health awareness in more informal setting, interact with community leaders and family groups, can identify and focus on high risk individuals and theirs immediate environs Aim: To assess short term results achieved by a community health initiative recruits volunteers from general public with the objective to create awareness of risk factors associated with oral cancer and to bring about behavioural changes in the at- risk population. Material and Methods: The project was carried out over a 06 month period from Jan to June 2012. Willing volunteers from the general public were recruited into the programme and educated about risk factors on oral cavity. The volunteers in turn sought out at-risk individual from

amongst immediate family, peer group and workplace colleague. The health awareness was created as an informal, daily,day to day interaction with the target population and audiovisual aids. Data collected included details of the risk factor in play(type/duration), number of counselling sessions, feedback from the at-risk individual, behavioural change effected in the individual and followup . At risk individuals who had completely given up the habit or reduced the frequency to more than half of baseline were deemed a success. Individuals who had definite reduction in frequency but less than 50 % were considered a partial success while those who did not have any change in habit or relapsed after some time were deemed failures of the programme Results: Six volunteers recruited from lay public. 112 high risk individuals were identified by the volunteers during the study period. Median age was 33 years (range 16–56 years). The at-risk individuals received a median of 4 counselling. 85 individuals (73 %) agreed to give up the habit. 44 individuals (39 %) were habit free at a mean 6 month follow up period. 13 individuals (11 %)admitted to reduced frequency. 28 individual(25 %) had relapse of habit. The individuals who had quit risk habit were younger (mean 32.4 years) and had shorter duration of addiction (mean 6.3 years) compared to the individuals who had relapse(mean age 39.1 years and mean duration of habit 9.2 years). Greater proportion of successful and partially successful candidates had family members who had also participated in counselling as compared to those who relapsed (43/57 vs 6/28). Overall, 54/112(48 %) were success and partial success. Conclusion: The health awareness initiative involving volunteers from lay public to spread education and awareness amongst their immediate family and per group appears to be a effective modality of creating public awareness.

PRIMARY MUCINOUS CARCINOMA OF THE SKIN

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Abstract: INTRODUCTION Primary mucinous carcinoma of the skin is an extremely rare adnexal tumor that is thought to originate from eccrine sweat glands. The neoplasm usually arises on the head and neck, with the most commonly involved area being the periorbital region. The tumor is typically a solitary, asymptomatic nodule, cyst, or ulcer that is slow growing with low metastatic potential. However, post-excisional local recurrence is common, affecting up to 36 % of patients. Since primary mucinous carcinoma of the skin is such a rare neoplasm (

SURGICAL OUTCOMES POST NEOADJUVANT CHEMOTHERAPY IN STAGE IV CANCERS OF ORAL CAVITY

Objectives:

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Abstract: To know the effect of neoadjuvant chemotherapy on surgical outcomes (R1 resections, Post operative complications, recurrence and follow up) in Stage IV borderline operable cancers of oral cavity. Methodology: Patients in group A ($n=45$) were those who were referred for neoadjuvant chemotherapy (NACT) with an intention to operate at a later date. These were compared with 45 patients of group B who were operated upfront. All 90 patients had stage IV squamous cell carcinoma of oral cavity. Details of patients were studied retrospectively from hospital records of surgical, medical, radiotherapy and pathology departments. All patients referred for NACT were wet lesions with perilesional edema and diffuse margins of lesions where the demarcation from normal tissue was not clear. Treatment response

was assessed clinically and radiologically. Any reduction in tumor size on CT scan, MRI or clinically was considered response to chemotherapy. Various chemotherapy regimens were given in different patients - TPF (Taxol- Docetaxol or Paclitaxel, Cisplatin, 5 Fluoro Uracil), PMF (Cisplatin, Mitomycin C, 5 Fluoro Uracil), Cisplatin + Methotrexate and Cisplatin with 5 Fluoro Uracil. Inoperability was defined as involvement of the upper infratemporal fossa where R0 resection was difficult. Patients were followed up monthly after completion of treatment for 1 year and three monthly thereafter. Survival was calculated from the day of surgery to the death of the patient or last patient contact. The time of recurrence was also calculated from the day of surgery. Statistical methods used in the study were simple frequencies and proportions. Test of significance used is Z test. $Z \leq 2$ was considered significant. Results: Total 39 patients were operated in group A as remaining six progressed to inoperability while on chemotherapy. There were 3 R1 resections in group A and 9 R1 resections in group B ($Z=1.67$). Eleven and three postoperative complications in group A and B respectively ($Z=2.67$). There were nine and 16 recurrences so far in group A & B respectively ($Z=1.27$). Mean follow up in group A is 6 months and in group B is 13 months. # Conclusion: Surgical outcomes comparing R1 resections and recurrences so far were statistically insignificant, however there was significant increase in postoperative complications in the NACT group which could lead to delay in starting the adjuvant treatment. Study raises a valid question for those six patients who progressed on NACT who could have been operated initially. Such patients were present in each and every subset of chemotherapy used. # Analysis on follow up will be ready at the time of presentation.

RECONSTRUCTION OF PHARYNGO ESOPHAGEAL DEFECT: OUR EXPERIENCE

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Abstract: INTRODUCTION Hypopharyngeal carcinomas - associated with poor prognosis - late diagnosis, aggressive tumor behavior. Following laryngopharyngectomy, the reconstructive surgeon is faced with a challenging condition Following surgery reconstruction should consider following points 1. Functional restoration - swallowing and voice, 2. Restoration of form (neck shape). Early techniques - fraught with complications - flap necrosis, wound breakdown, mediastinal infection, and great vessel erosion. AIMS AND OBJECTIVES: To assess the functional restoration (swallowing and voice) and cosmetic outcome In our study we are assessing the outcome using Radial Free Forearm Free Flap following laryngopharyngectomy. METHODS Retrospective review in the setting of a tertiary, referral, and academic center. Patients included We had 7 patients with primary oncosurgical resection (laryngopharyngectomy) who underwent radial free forearm free flap reconstruction at our hospital from 2006 to 2011 RESULTS: All 7 patients flap was viable during our monitoring - 5 males and 2 females. Age ranged from 43 to 76 years, with mean of 59 year Average operating time was 4 h. Monitoring with the help of hand held doppler for vessels and clinical parameters Anastomoses integrity assessed by barium swallow and fluoroscopy on 5th day and then oral feeds started. Liquids - 2 weeks; semi-solids - 2 months and then normal diet. None of our patients consented for voice prosthesis all satisfied with esophageal voice they developed at end of 3 months. CONCLUSION: For recovery to be deemed adequate, the pharyngolaryngectomized patient requires restoration of both the ability to swallow and to speak. In our study all 7 patients had high flap reliability, limited donor site morbidity and larger vascular pedicle caliber, and ability to achieve good quality tracheoesophageal

speech. Main disadvantage - a small incidence of pharyngocutaneous fistulas, which contributes to delayed oral intake. So Radial free forearm flap is good option for reconstruction following laryngoesophagectomy.

PELVIC LYMPHADENECTOMY IN CARCINOMA ENDOMETRIUM: OPEN vs ROBOTIC SURGERY

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Abstract: Endometrial carcinoma is increasing in incidence. In addition to type I hysterectomy, lymph node dissection is indicated in high risk cases. Open approach is the standard of care for lymph node dissection. We have compared the robotic assisted surgery with the open approach. AIMS/OBJECTIVES: To evaluate technical feasibility of robotic assisted surgery and to evaluate oncologic outcome of robotic Vs open surgery. METHODS: Prospective randomized study done from August 2011 to July 2012 comparing Open vs Robotic assisted lymph node dissection Surgery performed: Type I Pan Hysterectomy + B/L Pelvic lymphadenectomy in high risk cases of Carcinoma Endometrium Number of cases 50 (Open -25, Robotic 25) RESULTS: Following comparisons were done in our study comparing Robotic and Open surgery Mean total lymph nodes removed Mean blood loss (ml) Mean operative time (min) Mean overall hospital stay (days) Intra-operative complications Conversion rate Blood loss, hospital stay and pain were less Quicker recovery and early return to normal activities Smaller incision and improved cosmesis Better clinical outcome and patients satisfaction CONCLUSION: Robotic assisted surgery has equal oncological outcome Lymph node dissection is superior/equal to open method

SURGICAL TECHNIQUES TO IMPROVE OUTCOMES IN SACRECTOMIES

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Abstract: Sacral tumors are commonly asymptomatic and diagnosed late. The late presentation makes curative surgery technically demanding. The aim of this study was to analyze the complications and morbidity of sacrectomy with modifications meant to reduce the morbidity. Methods: This is a retrospective study of the patients who underwent sacrectomy between February 1997 and May 2012 in the Department of Surgical Oncology, Government Royapettah Hospital, Kilpauk Medical College, in Chennai, Tamilnadu, India. The morbidity rate after the sequential and staged abdominosacral approaches was analyzed. Functional assessment was made based on the Enneking functional scoring system. Results: 23 patients underwent sacrectomy, of which 12 operations were partial, 5 were subtotal, and 6 were total sacrectomy. There were 12 male and 11 female patients. Fortyseven percent of patients had bowel and bladder disturbances postoperatively, and 57.89 % of patients had wound complications. The median follow-up duration was 24 months (range 2 140 months). Based on the Enneking system of functional evaluation, 5 patients (26.32 %) had excellent outcome, 6 (31.57 %) had good outcome, 5 (26.32 %) had fair outcome, and 3 (15.78 %) had poor outcome. The staged abdominosacral approach with bilateral gluteal advancement flap has markedly reduced patient morbidity in terms of reduction of operating time, blood loss, anesthesia complications, and wound complications. Conclusions: Sacrectomy, a dreaded operation that often results in morbidity, is now feasible with modifications and improvement in surgical technique. The staged abdominosacral approach reduces the immediate postoperative morbidity. With

modern surgical facilities and postoperative care, sacrectomy is feasible via the 2 stage abdominosacral approach.

IMPACT OF PRIMARY SURGICAL PROCEDURES ON DEFINITIVE SURGICAL TREATMENT OF BREAST CANCER

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Abstract: Majority of the Breast cancer patients present with a breast lump to the surgeons initially. These patients usually undergo some sort of surgical procedures before being referred to a tertiary centre for definitive treatment. Aims: We evaluated the impact of these previous surgical procedures done elsewhere on the outcome of definitive surgery/treatment. Methods: All case files of Breast cancer patients (227) admitted in our department between August 2010 to December 2011 were analysed retrospectively. 78 (34.36 %) patients were referred to us after surgical procedures done by surgeons elsewhere for the breast lump. Statistical analysis done with SPSS-16. Results: Of the 78 patients included in the study 46 (58.6 %) had undergone excision biopsy, 18 (23 %) had Modified Radical Mastectomy (MRM), 13 (17 %) simple mastectomy and 1 incision biopsy. 21 patients (27 %) had margin positivity. 60 patients (77 %) had no previous axillary dissection. 44 (56.41 %) patients underwent completion surgery in our department and the remaining 34 patients had metastatic disease or loco regional inoperable disease, and received palliative systemic therapy + radiation. Of 44 re-operated patients, Breast Conserving surgery (BCS) with reconstruction was done in 7 patients, 33 (75 %) underwent MRM either due to improper scar, or recurrent/residual disease and 2 post MRM patients underwent wide local excision(WLE) for local residual disease. Radical mastectomy was done in 2 male patients. Of the 35/44 patients undergoing completion surgery, BCS would have been possible in additional 7 (20 %) patients if they had been referred prior to surgery. Conclusion: Previous surgery done elsewhere decreased the chances of BCS and consequently increased the rate of MRM. 21/78 patients would have avoided MRM if they were seen de novo by a specialist surgeon. The delay in referral and inadequate surgery had resulted in an increased inoperable and metastatic disease (44 %) and hence poor prognosis.

PSYCHOSOCIAL ISSUES AFTER PELVIC EXENTERATION

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Abstract: Introduction: Patients who undergo pelvic exenteration for cancers in the pelvis are at a high risk of poor psychosocial outcomes in terms of psychological distress, poor quality of life, social stigmata and sexual adjustment. The aim of this study is to identify these problems and to improve our understanding in managing them. Materials and Methods: Thirty-three patients (Male/Female =3/30) who underwent pelvic exenteration surgeries in our institution between Jan 2007 and July 2012 for various cancers were evaluated for psychosocial issues. The assessment included retrospective analysis of patient records, history and physical examination and questionnaires for quality of life (Modified CARES- Short Format, EORTC). Results: At the time of the study 21 patients were alive and on regular follow up. The median follow up period was 15 months (range 2–44 months). The common early post operative psychological problems were depression ($n=9$), delirium ($n=2$), reactive psychosis ($n=1$) and anxiety disorders ($n=1$). Long term psychological problems included chronic pelvic pain syndrome ($n=8$), depression ($n=4$), post traumatic stress disorder ($n=3$) and sexual dysfunction. None

of the patients were sexually active. Quality of life, body image, attractiveness/self-confidence was significantly reduced postoperatively. The adaptation to stoma was poorer in patients with two stomas ($n=3$) than in patients with single ($n=17$) or no stoma ($n=1$). There was no difference between males and females, by diagnosis or by adjuvant chemotherapy or radiotherapy. Worries about the patients family and disease recurrence were important factors affecting quality of life. Conclusion: Our study demonstrates the need for a preoperative empathetic approach in addressing patients concerns, adequate preoperative counselling, early identification of psychosocial problems and applying cognitive behavioural methods in treating these problems.

KI-67 FROM CLINICALLY AND HISTOLOGICALLY "NORMAL" DISTANT MUCOSA AS PROGNOSTIC MARKER IN EARLY-STAGE (T1-T2N0) ORAL SQUAMOUS CELL CARCINOMA: A RETROSPECTIVE STUDY

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Abstract: Aim: The aggressive behavior and long-term prognosis of oral squamous cell carcinoma (OSCC) have recently been related to the mucosa surrounding the primary mass, consisting of genetically altered cells that might be responsible for cancer progression. Early-stage T1-T2N0 OSCCs have been associated with a good prognosis; however, a certain percentage of them can be complicated by locoregional metastases. The purpose of our study was to determine whether an abnormal proliferative status can be found in clinically and histologically "normal" mucosa situated in areas distant from the primary tumor. We also sought to determine whether this is associated with a poor prognosis in terms of local recurrence or lymph node metastasis. Patients And Methods: The retrospective study included 23 consecutive patients of early OSCC(T1-2,N0-1) who had developed recurrence, local or lymphnodes, following initial optimal management. Disease-free survival endpoints were defined as the duration between surgical resection and the diagnosis of recurrence, lymph node metastasis, or last follow-up visit. Proliferative status in distant areas (opposite cheek) was evaluated by Ki-67 expression. This was compared with 32 patients of similar staging, presentation and management who remained disease free. Results: The mean Ki-67 value ($17.6\% \pm 8.2\%$) in the distant mucosa of cases was significantly greater ($F=13.87; P<.01$) than that found in the controls ($9.8\% \pm 3.1$). A high Ki67 score was more likely to be associated with lymph node metastases Kaplan-Meier analysis showed that Ki-67 in the distant mucosa was a significant independent prognostic factor for disease-free survival. Conclusions: A certain percentage of patients surgically treated for early T1-T2 OSCC will have an abnormal proliferative status in areas very distant from the primary tumor that seems to be related to a poor prognosis.

MULTIMODALITY MANAGEMENT OF ADVANCED ORAL CANCER: A RURAL EXPERIENCE

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Abstract: To report a multimodality treatment approach for patients of advanced squamous cell carcinoma of the oral cavity in a rural tertiary care centre. Materials and Methods: We prospectively studied 80 patients of squamous cell carcinoma of the oral cavity, of a rural tertiary health care centre and evaluated individual approaches of management of oral cancer. Results and Discussion: In our study, we found that SCC in oral cavity occurred mostly in males above 40 year of age common site being the lower gingivobuccal sulcus and the buccal mucosa. The stage of presentation was late and most fell in

the T4N2 stage due to the lack of awareness amongst the general population. The most common treatment modality adopted was surgery alone, chemotherapy alone (NACT) and surgery + post op radiotherapy. Surgery performed was wide local excision with mandibular and neck dissection in nearly half of the patients (most common being segmental and MRND respectively) and reconstruction with the use of PPMC and nasolabial flaps being more prevalent. Recurrence rate was highest (3.7 %) in the areas most commonly affected (GB sulcus and buccal mucosa). Concomitant use of surgery and radiotherapy was found to be most effective in the management of advanced stages. NACT protocol was also adopted for inoperable cases (on presentation) which failed to give benefit due to poor compliance. A conclusive survival rate could not be found as most of the patients were lost to follow up. Conclusion: Management of oral cancer has undergone radical changes in the past 10 years and continues to evolve rapidly. Discoveries in molecular biology, diagnosis, surgery, radiation therapy and Medical Oncology have altered many traditional concepts and practises and emphasize the multimodality approach to coordinate surgery, radiation therapy, and chemotherapy. This can spare patients with oral cancer with much of the morbidity and complications common in the past. The refinement of treatment strategies reduces complications and improves efficacy.

SENSITIVITY AND SPECIFICITY OF FDG PET-CT SCAN IN DETECTING LYMPH NODE METASTASIS IN OPERABLE PERIAMPULLARY TUMOURS IN CORRELATION WITH THE FINAL HISTOPATHOLOGY AFTER CURATIVE SURGERY.

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Abstract: Background: 18F-Fluorodeoxyglucose-positron emission tomography/computerised tomography (FDG-PET/CT) has been investigated in use for evaluation of periampullary tumours and other gastrointestinal neoplasms. The aim of this study was to evaluate the utility of FDG-PET/CT for detection of lymph node metastasis in periampullary tumours by comparing the preoperative FDG-PET/CT scan finding with postoperative histopathology of lymph nodes. Methods: Study was done on 24 patients with diagnosis of periampullary carcinoma either proven or suspected on conventional radiology. Standard uptake value (SUV) values were measured for lymph node areas with uptake in FDG-PET/CT and compared with histopathological lymph node status. Results: For detection of lymph node metastasis FDG-PET/CT with cut off value SUVmax \geq 2.0 had a sensitivity of 71.4 % and specificity of 77.8 % and that for SUVmax \geq 2.5 and 2.8 were 57.1 %, 42.9 % and 77.8 %, 77.8 % respectively. The sensitivity and specificity of FDG-PET/CT at each lymph node groups were 72 % and 89 % in peripancreatic area, 100 % and 93 % in hepatoduodenal area and 100 % and 100 % in aortocaval area at SUV max \geq 2.0 respectively. At SUVmax \geq 2.5 the values were 57 % and 89 % in peripancreatic area, 100 % and 93 % in hepatoduodenal area and 100 % and 93 % in aortocaval area. Conclusion: FDG-PET/CT has a definite role in detection of lymph node metastasis detection in periampullary carcinomas and could be used as a guide for lymphadenectomy intra operatively and for prognostic purpose.

TITLE - TUMOR ANGIOGENESIS AND PROGNOSIS: CO-RELATION IN CARCINOMA BREAST

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Abstract: Angiogenesis is of key importance in the process of tumor progression in a number of tumor types including breast cancer. In my study I have used anti CD34 antibody to assess intratumoral microvessel density (MVD) in 96 cases to estimate neo-angiogenesis and compared it in various prognostic groups. OBJECTIVES OF STUDY: To study MVD

in malignant breast lumps by immunohistochemistry with CD34 antibody. To compare MVD in different tumor stage, grade and age group. MATERIAL AND METHODS: Part of malignant breast lump removed for tissue biopsy or by mastectomy was used for detection of MVD using antibody against CD34. Counting the number and estimating the density of blood vessels has been used as a measure of angiogenesis. Tumor grading was done as per Nottingham histologic grade and staging was done according to AJCC sixth edition. RESULTS: Distribution of Mean MVD in stage I, II, III, IV was 20.92, 22.37, 26.82, 29.50 respectively. Distribution of MVD in Nottingham histologic grade I, II, III was 20.80, 24.00, 26.71 respectively. Distribution of M.V.D. in pre and postmenopausal group was 27.51 and 21.71 respectively. CONCLUSION: It may be concluded from this study that higher M.V.D. obtained by immunohistochemistry using anti CD34 antibody, are associated with higher tumor stage and grade and indirectly predict poor prognosis. However larger studies with bigger sample size are required to decide cutoff values between different tumor stages and grades.

A RARE CASE OF LACRIMAL ADENOID CYSTIC CARCINOMA WITH LARGE HEPATIC AND BILATERAL PULMONARY METASTASES

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Abstract: Adenoid cystic carcinoma of the lacrimal gland is a highly invasive disease with high recurrence rates and late metastases. It generally occurs in middle aged females. Metastasis to the liver is extremely rare though lung metastases are known. AIMS AND OBJECTIVES The main aim is to emphasize that adenoid cystic carcinoma of the lacrimal gland can give rise to pulmonary and also large hepatic metastases even after seemingly adequate treatment of the primary. Our objective is to highlight that surgical management is the key. Methods A 42 year old healthy lady presented to us with vague abdominal pain. She was a known case of adenoid cystic carcinoma of the lacrimal gland that had been operated 4 years ago. She had received adjuvant chemoradiation. We detected her with a large 10x8x5 cm lesion in segment VI and another lesion in segment IVB of liver about 4x3x3 cm that on FNAC confirmed metastasis along with bilateral pulmonary lesions. Results The SUV of the liver lesions was much higher, therefore we performed a classical right hepatectomy with excision of segment IVB (R0 resection). After six months, the pulmonary lesions had increased in size. Since her pulmonary functions were relatively poor we embarked on a staged metastatectomy. Bilateral muscle sparing thoracotomies were done a month apart when 9 nodules and 8 nodules were removed from the right and left sides respectively. Thus a staged, radical yet conservative surgical management proved highly beneficial. Presently, the patient is doing well. Conclusion This case is reported to highlight the possibility of metastasis to the liver apart from the lungs. Since adjuvant therapy has no confirmed benefit, any metastatic disease should be dealt with aggressive surgical management.

SPECTRUM OF SURGERY IN PRIMARY HYPER PARATHYROIDISM IN RELATION TO PARATHYROID NEOPLASM-AN APPRAISAL

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Abstract: Primary Hyperparathyroidism is now considered to be the third most common endocrine disorder, after diabetes mellitus and thyroid disease. Aims and objectives-To know the spectrum of clinical presentation of hyperparathyroidism To know efficacy of various modalities in its diagnosis. To know its treatment profile. To know the incidence of hungry bone syndrome Methodology-All patients diagnosed to be having

hyperparathyroidism included. \bar{i} — Full clinical assessment done. \bar{i} — Blood & urinary calcium level seen. \bar{i} — Level of parathyroid hormone seen. \bar{i} — MIBI scan & USG of neck done for all patients. Results- Period 2001-2011: Total 25 patients were studied Parathyroid adenoma =21 cases(85 %) parathyroid hyperplasia = 2 cases(13 %) Parathyroid carcinoma =2 case(1 %) Most of the patients presented in advanced state of hyperparathyroidism. Palpable tumors found in 15 of the cases. \bar{i} — IPGMER experience-Hypercalcaemia 24/25 patients \bar{i} — Normocalcaemic PTH 1 case \bar{i} — Raised PTH in all 25 cases \bar{i} — Associated disease-One patient had M.E.N.1 \bar{i} — One pt had Hyperparathyroidism-jaw tumor syndrome (HPT-JT) Localization: our experience-MIBI 25/25 cases 100 % USG 24/25 cases 96 % Clinical localization 15/25 cases 60 % CT scan done in 7 cases (no extra advantage except mediastinal one) Operative procedure- \bar{i} — Focused neck exploration: Over suprasternal area \bar{i} — Parathyroid tumour located beneath the strap muscles \bar{i} — Tumour excised without breaching the capsule after careful dissection INCIDENCE OF HUNGRY BONE SYNDROME-Total no. of patients=25 no. of patients developing HBS=13,Incidence=52 % (approx.) ASSOCIATION OF DURATION OF DISEASE WITH HBS duration Total no Post op Hbs 2 years 8 8 Conclusion-Delayed presentation is the rule \bar{i} — Non specific symptoms and bone changes is the commonest mode of presentation. \bar{i} — Raised PTH is the hallmark of diagnosis. \bar{i} — High incidence of palpable nodules (60 %) USG is a good tool for localization except mediastinal location \bar{i} — Focused parathyroidectomy is the procedure of choice after the initial learning curve in parathyroid adenoma. \bar{i} — Post surgery observation for 3–5 days is mandatory. \bar{i} — Hungry bone syndrome is a medical emergency. \bar{i} — In our country(study), pt present late in course of disease and hence the duration of initial pathology is longer compare to west where its incidence is 0.2 %–0.5 %

PROGNOSTIC SIGNIFICANCE OF “CATENINE IN BREAST CANCER

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Abstract: \bar{i}^2 -Catenin is considered an oncogene and its dysregulation or mutational activation can lead to cancer. It plays an important role in breast cancer. The role of \bar{i}^2 -Catenin in breast cancer and its prognostic value is controversial. AIMS/OBJECTIVES Usefulness of \bar{i}^2 -Catenin as a prognostic marker in breast cancer. To study the relation between the parameters such as age, tumor size, grade, nodal status, ER, PR, HER-2/neu status of patients diagnosed to have breast cancer. METHODS- After Surgery we measured the expression of \bar{i}^2 -Catenin in human breast carcinomas using Western Blot and investigated whether the expression levels were associated with known tumor variables such as tumor size, grade, and nodal status in pathological laboratory and also measured ER, PR and HER-2/neu by IHC techniques. RESULTS- 52 of the 63 patients had expressed \bar{i}^2 -Catenin in breast cancer. Higher NPI (poor prognosis) was associated with over expression of the \bar{i}^2 -Catenin. CONCLUSION \bar{i}^2 -Catenin is associated with high grade,ER ve, PR-Ve,HER2neu + ve tumor poor prognostic marker in breast cancer.

CHANGING TRENDS IN WELL DIFFERENTIATED THYROID CANCERS

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Abstract: Thyroid cancer is the commonest endocrine cancer. Recently there has been an increase in the incidence of incident-talomas and micro carcinomas all over the world. Nearly 10 % of solitary nodules and 5 % of multiple nodules are found to be malignant. Well differentiated thyroid cancers(WTC) accounts for

80 % of thyroid cancers and their management has been a matter of debate. Classically total thyroidectomy has been practiced all over because of the multicentricity of the disease. Recent data from leading high volume centres like MSKCC has classified thyroid cancers into low risk and high risk categories and suggested lobectomy as a safe alternative for low risk group in good hands with proper post op follow up. The patient is spared from lifelong thyroxin therapy. The so called recurrence rate in conservative surgery is less than 10 % and the over all survival of such patients do not differ from those with radical surgery. There were lots of controversy as to the extent of lymphadenectomy in WTC. Radical neck dissection or selected removal of lymph nodes as berry picking are not ideal. The American Thyroid association in 2006 suggested a routine central compartment dissection (Level 6) in all thyroid cancers after which the incidence of parathyroid injuries and injury of recurrent laryngeal nerve rose. Recently this has been found unnecessary in all cases and only indicated in high risk cancers where total thyroidectomy is necessary. The routine practice of radioactive iodine is also lost importance after the availability of estimation of serum thyroglobulin which can indicate recurrence. Routine radioactive iodine will clearly be an over treatment in many cases. Treatment in thyroid cancer has undergone a clear shift of paradigm in their management.

ADULT HEAD AND NECK SARCOMAS- A 5 YEAR RETROSPECTIVE STUDY WITH REVIEW OF LITERATURE

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Abstract: TOPIC Adult Head and Neck Sarcomas- A 5 year retrospective study with review of literature. Authors Name- R.A. Tankshali, J.V. Goswami, Shailesh Patel, Sanjay Sen Author's affiliation - Department of oncosurgery, Gujarat Cancer and Research Institute, Ahmedabad Objectives- We have retrospectively analyzed age and sex distribution, site of disease, histological variants, grade and size of tumours, postoperative margin status and factors affecting local recurrence and survival in patients with head and neck sarcomas. METHODOLOGY USED- Data was collected from patient registers over the period of 5 years from 2007 to 2011. The extent of the disease and hence operability was determined on the basis of CT scan reports. Accordingly patients were either treated with upfront surgery, Chemotherapy or Chemoradiation. The patients were followed up initially monthly for 3 months and then 3 monthly subsequently. DFS was calculated from the time of completion of treatment till local/or recurrence, distal metastases. Survival was calculated from the time of diagnosis till death or till the last follow up. The results were plotted in Tables for statistical analysis. RESULTS 48 patients were analyzed of whom 31 were males and 19 were females. The median age of the patients was 45 years. The most common location was the paranasal sinus (29.1 %) and the commonest histological subtype was carcinosarcoma (25 %). The most common symptom was that of a painless lump (70 %). 35 patients had high grade sarcomas, 5 had intermediate and 8 had low grade sarcomas. 27 patients underwent upfront surgery. 19 patients were subjected to Chemotherapy or Chemoradiation. 1 patient refused treatment and 1 patient was put on palliative care. Local recurrence after surgery occurred in 22.9 % ($n=11$) at a median time of 7 months following initial treatment of whom 36.3 % were margin positive. Among the 11 patients, 81.8 % had high or intermediate-grade sarcomas and 20 % had low-grade sarcomas. They were subjected to either reexcision or palliative care and median survival was 24 months. 6.25 % of the patients developed metastatic disease at a median time of 5 months and died at a median time of 7 months. Disease free survival at the last follow-

up was 39.6 %. **CONCLUSION-** In contrast to western literature, most common site of sarcomas in our series was in the paranasal sinuses while the most common pathology was carcinosarcoma. Also in contrast, a smaller percentage of patients underwent upfront surgery in our series. This is probably because patients in our Indian setting present with more advanced disease. In accordance with most studies smaller size, lower grade and R0 resection was associated with lower incidence of recurrence and distal metastases and longer survival.

TUMOR ANGIOGENESIS AND PROGNOSIS: CORELATION IN CARCINOMA BREAST

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Abstract: Angiogenesis is of key importance in the process of tumor progression in a number of tumor types including breast cancer. In my study I have used anti CD34 antibody to assess intratumoral microvessel density (MVD) in 96 cases to estimate neo-angiogenesis and compared it in various prognostic groups. **OBJECTIVES OF STUDY:** To study MVD in malignant breast lumps by immunohistochemistry with CD34 antibody. To compare MVD in different tumor stage, grade and age group. **MATERIAL AND METHODS:** Part of malignant breast lump removed for tissue biopsy or by mastectomy was used for detection of MVD using antibody against CD34. Counting the number and estimating the density of blood vessels has been used as a measure of angiogenesis. Tumor grading was done as per Nottingham histologic grade and staging was done according to AJCC sixth edition. **RESULTS:** Distribution of Mean MVD in stage I,II,III,IV was 20.92,22.37,26.82,29.50 respectively. Distribution of MVD in Nottingham histologic grade I,II,III was 20.80, 24.00, 26.71 respectively. Distribution of M.V.D. in pre and postmenopausal group was 27.51 and 21.71 respectively. **CONCLUSION:** It may be concluded from this study that higher M.V.D. obtained by immunohistochemistry using anti CD34 antibody, are associated with higher tumor stage and grade and indirectly predict poor prognosis. However larger studies with bigger sample size are required to decide cutoff values between different tumor stages and grades.

SMALL GUT TUMOURS SKIMS EXPERIENCE

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Abstract: Small bowel tumours are rare. Small intestine being the site of only 2–3 % of bowel cancers, represents 0.5 % of all cancers diagnosed. Low occurrence is due to many factors. Causes are unknown although risk factors like Crohn's disease, Celiac disease, Intestinal polyposis and AIDS have been incriminated. Tumours show slight male preponderance. Tumours can be primary, secondary or metastatic. Primary are further of benign and malignant variety. Diagnosis is difficult. Management depends on type and presentation. **AIMS/OBJECTIVES** To study small bowel tumours with regard to 1) Clinical profile; 2) Pathological classification; 3) Detection of tumours, 4) Surgical outcome, 5) Prognostic factor evaluation, and 6) follow up. **STUDY DESIGN:** Prospective and retrospective, hospital based. **METHODS** A total of 40 small bowel tumours were analyzed during study period (from 1995 to 2006 onwards) prospective/retrospective analysis. Retrospective records were collected and studied from Department of Medical Records, SKIMS. **RESULTS** Out of 40 small bowel tumours, males were 62.5 %; overall mean age was 45.2 years. Most common presentation was abdominal pain (75 %) followed by malena. Examination revealed abdominal mass (42.5 %) as the commonest finding. Investigations carried out included CECT abdomen (60 % sensitivity), CT enteroclysis (100 % sensitivity), USG

abdomen, EGD, barium follow and X-ray abdomen. Most of the tumours were malignant (82.5 %); only 17.5 % tumours were benign. Most common malignant tumour was adenocarcinoma (57.5 %) whereas most common benign tumour was leiomyoma (5/7, 71 %). Most common site was ileum (50 %), for benign as well as malignant tumours. Metastasis and curative resection were prognostic factors. Mean survival was 51 months; overall survival rate was 55 % and overall censored rate was 45 %. **CONCLUSION** Small bowel tumours are rare. Incidence is 0.2 % of all gastrointestinal tumours; 0.1 % of all surgical malignancies. Metastasis, surgical resection and type of tumour are prognostic factors.

PALLIATIVE SURGERY AND QUALITY OF LIFE

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Abstract: Advances in oncology have prolonged survival rates of most cancers. Paradoxically, this has also increased the number of patients requiring palliative therapy. Surgical palliation has an increasing scope given the potentially durable palliation it can provide. This study evaluates the role of surgical palliation in improving the quality of life of patients with metastatic cancers. The physical and mental quality of life, measured using a validated SF-12 questionnaire are compared before and after surgical intervention. Fifty eight patients underwent palliative surgical procedures at a large oncology center. The quality of life scores improved significantly in the more symptomatic patients. However asymptomatic or minimally symptomatic patients showed insignificant improvement or even a decrement in their quality of life scores. The study opens up vistas for reassessing the timing and indication of palliative surgical procedures. **Keywords:** Palliation, Quality of life, SF-12 Words 133 [1] Surgical Oncologist; INHS Asvini, Mumbai [2] Consultant (Surgery & Oncosurgery) HOD Surgery, Oncosurgery & Oncology Centre Command Hospital (CC) Lucknow

ESOPHAGECTOMY “A SINGLE INSTITUTION EXPERIENCE

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Abstract: Esophageal cancer has been treated with various modalities and the optimum modality of treatment is still controversial. Esophagectomy still has a pivotal role in middle and lower third of esophageal cancer. **AIMS AND OBJECTIVES** This study is designed to evaluate the profile of esophageal cancer in Indian population. Safety of esophageal surgery is also determined in terms of immediate postoperative morbidity and mortality. Various techniques used for the surgery and their effect on the postoperative outcomes are also evaluated. **METHODS** 112 patients have undergone esophagectomy for esophageal carcinoma between January 2010 to December 2011. Their pre operative features, intra-operative techniques used and 30 day post-operative morbidity and mortality are retrospectively analysed. **RESULTS** 92 cases underwent Transhiatal esophagectomy and 20 cases underwent Thoracoscopic esophagectomy. Squamous cell carcinoma was the predominant histology followed by adenocarcinoma. Most of the cases presented with T4 disease and the percentage of margin negative resection was inversely proportional to the T stage of the disease. Stomach conduit with cervical anastomosis was done in all the cases with minimal leak rate(3.5 %). Respiratory complications (28.5 %) were the leading cause of morbidity. Two cases died in the immediate postoperative period. **CONCLUSION** The profile of esophageal cancer in Indian population differs from that of the west. Esophagectomy has acceptable rates of mortality and morbidity in high volume centres. Pre op respiratory exercises

reduces the pulmonary complications. Cervical anastomosis carries minimal complication rate and is very safe to use.

BREAST ONCOPLASTIC TECHNIQUES, INSTITUTIONAL EXPERIENCE

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Abstract: Breast Oncoplastic Techniques, Institutional Experience Introduction Surgical treatment of carcinoma breast has undergone a revolution. Radical surgeries have given way for breast conservation procedures. With the advent of oncoplastic techniques in reconstruction we are able to concentrate more on the cosmetic results of surgery while maintaining equivalent oncological outcome. Objectives To study the clinicopathologic features, morbidity and type of reconstruction and morbidity of breast conservation therapy performed in a tertiary cancer centre of northern Kerala. Materials and Method Between 2009 June to 2012 June, 51 patients with breast cancer were treated with breast conservation therapy in our institute. Retrospective analysis of all patients who have undergone breast conservation therapy exclusively in our institute was done to study the clinicopathological features, morbidity, types of reconstruction and early oncological outcome of those who had undergone oncoplastic procedures. Results The parameters studied included tumor size, site of the tumor in the breast, relative size of the breast against the tumor, type of reconstruction, morbidity, histopathological parameters, hospital stay and early oncological outcome. Pathologically margin negative resection was achieved in 49 cases. Average margins, longest was 3.1 cm and shortest was 0.96 cm. Median follow up is 20 months. Conclusion Appropriate use of oncoplastic techniques help in adequate surgical clearance of breast cancer while maintaining an acceptable cosmesis in the conserved breast.

FACTORS ASSOCIATED WITH QUALITY OF LIFE OF OUT PATIENTS WITH BREAST, OVARIAN AND CERVICAL CANCERS AND THEIR FAMILY CAREGIVERS

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Abstract: Background Quality of life (QOL) issues are of interest in cancer because effective methods of treatment and detection have led to an increase in the number of long-term survivors. Aim To assess the subjective QOL of stable women cancer outpatients and their family caregivers, using the WHO 26-item QOL Instrument; compare with matched non cancer population groups, examine patient-caregiver concordance in ratings; and assess the variables associated with their QOL, with a view to identifying factors that can enhance quality of care. Methods A 1 year cross sectional study carried out at Oncology Department of a teaching hospital. WHO 26-item QOL Instrument was administered to oncology outpatients with breast cancer (98), cervical cancer (46) and ovarian cancer (32) (aged 49.6, SD 11.5) were compared with those of their family caregivers and matched non cancer population groups. Data were analyzed by univariate and multivariate statistics. Results The cancer groups had similar QOL domain scores, which were significantly lower than those of their caregivers, but higher than the control group. Patients who were married, with higher education, better employment, and with longer duration of illness had higher QOL. Patients on radiotherapy and their caregivers had higher QOL scores. Correlations between patient's ratings and caregiver impression of patient's QOL were high. Caregiver impression was a significant predictor of patient's and caregiver's QOL. Conclusion Cancer patients in stable condition and with psychosocial support can hope to enjoy

good QOL with treatment. The findings constitute an evidence base for the country's cancer care program, to boost national health education about prognosis in cancer. Families living with women cancer patients are vulnerable and need support if the patient is recently diagnosed, less educated, single, not formally employed; and the caregiver is female, parent, younger, less educated and unemployed. Clinicians need to invest in the education and support of family caregivers. The patient-caregiver dyad should be regarded as a unit for treatment in cancer care.

MULTIMODALITY TREATMENT OF HEPATOBLASTOMA A SINGLE CENTRE EXPERIENCE

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Abstract: INTRODUCTION:- Hepatoblastoma is the most common liver tumour in children and comprise of 79 % of all liver tumour in children. Its incidence is 1.5 per million and it constitutes 1 % of all paediatric malignancies. Surgical techniques and adjuvant chemotherapy have markedly improved the prognosis of children with Hepatoblastoma. Significant data now support a role for preoperative neoadjuvant chemotherapy if the tumour is inoperable or if the tumour is unlikely to achieve gross total resection at initial diagnosis. Liver is playing an increasing role in cases in which the tumour is deemed unresectable after chemotherapy is administered or in "rescue" transplantation when initial surgery and chemotherapy are not successful. MATERIALS AND METHOD:- This is a retrospective Study of 30 patients of hepatoblastoma at our centre in last 10 years from 2001–2011. Their presentation, prevalence, treatment offered - surgical and medical, complications and follow up were analysed. Median age of presentation in our study was 38.3 month with M: F ratio of 1.72: 1. Neoadjuvant chemotherapy was given in 26 out of 30 patients in the form of Cisplatin + Adriamycin & reassessment was done after 1–3 cycles. In case of inadequate response maximum of 6 cycles were given. Each Patient was assigned PRETEXT stage I–IV. Almost every patient received chemotherapy pre operatively &/or post operatively. After 3 cycles if the tumour was found inoperable a few more cycles are given maximum upto 6 cycles and the patient was reviewed again. Follow up is completed up to feb 2012 and results were analysed by Kaplan-Meier method. RESULTS -: Follow up varied from 6 months to 108 months with a mean follow up is 25.63 month. Survival at 2 year is 96.7 %. CONCLUSION:- Our study concluded that multidisciplinary approach to hepatoblastoma is justified as it decreases the resection margin, increase tolerance to surgery, decrease morbidity and improves the outcome of patient.

VIDEO

PEDICLED BUCCAL PAD FAT FLAP FOR RECONSTRUCTION OF EARLY ORAL CANCER TUMOURS

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Abstract: Introduction: Buccal mucosa and Retromolar trigone (RMT) are common sites of oral cancer. Due to excision of tumour with wide margins, even small tumour requires some form of reconstruction. The common reconstruction modes for small to moderate size defects are SSG, radial artery forearm free flap and nasolabial flap. All these lead to donor site morbidity and delayed healing. The buccal pad fat (BPF) is a very useful reconstruction option after excision of T1 and early T2 RMT and posterior buccal lesions without any donor site defects. . Here presenting the video of BPF flap for reconstruction of defect after excision of buccal tumour. Methods: Fort 2 years male with 3×3 cm left buccal tumour, staged T2N0M0, planned for excision of tumour,

BPF flap reconstruction and SOHND. Results: Patient underwent transoral excision of tumour with reconstruction of defect with BPF flap and SOHND to stage the neck. Post operative course uneventful. Conclusion: Buccal pad fat flap is a useful reconstruction options in management of small to moderate size oral tumours with no donor site morbidity.

LAPAROSCOPIC LOW ANTERIOR RESECTION

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Abstract: In this crisply recorded and edited video the key steps of laparoscopic low anterior resection will be presented. The video has been shot using 3chip HD Karl Storz telescope. The key anatomical structures have been labelled and will be useful both for trainees keen to learn this technique and also for mature surgeons who are want to learn an additional trick or two

DAVINCI ROBOT ASSISTED VIDEO ENDOSCOPIC INGUINAL LYMPHADENCTOMY (R-VEIL)

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Abstract: INTRODUCTION: Radical inguinal lymphadenectomy is a well-established therapeutic option for patients with invasive penile squamous cell carcinoma who are at risk of regional metastases. We report the use of endoscopic robotic-assisted Video Endoscopic Inguinal Lymphadenectomy in a patient with palpable inguinal nodes despite oral antibiotics. TECHNIQUE: A 2-cm mid-thigh incision was made to develop a plane just deep to Camper's (fatty) fascia by using finger dissection. Once a sufficient working space was created to place 3 robotic ports and 1 assistant port, subcutaneous gas was instilled, and the robotic device (Da Vinci Si, Intuitive Surgical) was docked and used to perform the dissection. The surgical approach replicated the principles of open techniques such that the contents of the femoral canal were dissected to the inguinal ligament superiorly, the sartorius muscle laterally, and the adductor longus muscle medially to include both superficial and deep lymph nodes in the dissection template. The steps are illustrated in the video RESULTS: The total operative time was 100 min; the estimated blood loss was 20 ml. The frozen section reported 14 nodes negative for malignancy. The patient was discharged after 3 days. There was no flap necrosis but had prolonged lymphorrhea CONCLUSIONS: Radical lymphadenectomy improves survival in penile cancer patients, but the morbidity of the classic open procedure exceeds 50 %. A minimally invasive approach circumventing the need for thick skin flaps, the improved flexibility afforded by robotic instruments, and the improved magnification could decrease the morbidity associated with inguinal lymphadenectomy while maintaining oncologic principles.

ROBOTIC ANTERIOR PELVIC EXENTERATION (RADICAL CYSTECTOMY) WITH PELVIC LYMPH NODE DISSECTION FOR MUSCLE INVASIVE BLADDER CANCER IN A FEMALE PATIENT: VIDEO DEMONSTRATION FELLOWSHIP

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Abstract: Objectives: Robotic technology using daVinci Surgical System (Intuitive Surgical, Inc., Sunnyvale, California, USA) is a promising tool in reduction of morbidity in radical anterior pelvic exenteration for invasive bladder cancer. We report our first experience with robotic-assisted radical anterior pelvic exenteration in a female in an attempt to evaluate the technique's feasibility as a video demonstration. Methods: Fifty 5 year old woman underwent robotic-assisted radical

anterior pelvic exenteration, bilateral pelvic lymphadenectomy, and urinary diversion for muscle invasive urothelial carcinoma in our institute. The steps of the procedure are illustrated in the video. Results: Extracorporeal Ileal conduit was done as urinary diversion. Median total operating time was 6 h with console time of 4 h. Blood loss was 200 ml and patient started walking on second day. Liquid diet was started after 2 days. Length of hospital stay was 8 days. Final histopathology showed pT2bN0 and negative margins. Conclusion: Robotic-assisted laparoscopic anterior pelvic exenteration appears to be a safe and favorable surgical option in select patients. More number of patients and more experience are required to comment on outcomes.

Fellowship

USE OF EGFR AND ENDOPHILIN EXPRESSION IN PROGNOSTICATION OF ORAL CANCER

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Abstract: Introduction: Epidermal growth factor receptor (EGFR) expression has been found to be a prognostic marker in head & neck squamous cancers. Endophilin-1 (END1) is hypothesized to be involved in degradation of EGFR. Aims & Objectives: To evaluate the role of EGFR and END1 expression in predicting outcomes of treatment in oral squamous cancers. Methods: This is a hospital based prospective study. Forty three cases oral cancer undergoing surgical treatment between 16th August 2007 and 30th November 2008 were enrolled. The selected subjects underwent surgery and irradiation with or without chemotherapy as per protocol. They were placed on follow-up. Results: The expression of EGFR and END1 had an inverse association with each other ($p=0.002$). Disease free survival was significantly affected by TNM staging ($p=0.002$), histological nodal metastasis (RR=2.03 CI=1.14, 3.59), grade of tumor differentiation (RR=1.48, CI=1.03, 2.19) and resected margin positivity (RR=1.95, CI=1.09, 3.47). Overall survival was affected by TNM staging ($p=0.005$), histological nodal metastasis (OR=11.98 CI=2.37, 75.09) and the adverse features other than resected margin (OR=9.55 CI=1.40, 88.99). High EGFR expression decreased mean disease free survival by 3.42 months ($p=0.544$) and overall survival by 2.08 months ($p=0.46$). Presence of endophilin expression was associated with an increase in mean disease free survival by 3.42 months ($p=0.503$) and overall survival by 3.55 months ($p=0.351$). Conclusion: Survival is influenced by TNM staging, histological nodal metastasis, histological grade of differentiation, microscopic positive resected margin and presence of any adverse histological feature. This study also found strong association between EGFR and END1, supporting the hypothesis that END1 is involved in endocytosis of EGFR. There is a trend towards decreased survival with increased expression of EGFR and decreased expression of END1. Development of molecules that would enhance END1 activity could provide a novel treatment modality in Oral Cancers.

ROLE OF EARLY SERUM CALCIUM LEVELS AS PREDICTOR OF HYPOCALCEMIA FOLLOWING TOTAL THYROIDECTOMY

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Abstract: Hypocalcemia is a serious complication after total/completion thyroidectomy. Usually serum calcium levels are performed postoperatively in order to detect hypocalcemia, often requiring at least 48 h of stay. The objective of this prospective study was to determine the role of measurement of early serum calcium level at (1 h and 6 h) as predictor of hypocalcemia. METHODS: This is a prospective study in which 43

patients underwent total/completion thyroidectomy, for which early post operative calcium levels (1 h and 6 h) were analyzed as a predictor of hypocalcemia. According to the change in the serum calcium at 1 h and 6 h post operatively, patients were divided into two groups: 1) Positive slope (Increasing) 2) Non positive slope (nonchanging/decreasing serum calcium levels) RESULTS: 32 female and 11 male patients were included. The mean age was 42 years (17–62 years). 33 patients underwent one-stage total thyroidectomy and 10 patients underwent completion thyroidectomy. Hypocalcemia was found in 10 out of 43 patients overall. All patients with a positive slope (20/20) did not develop hypocalcaemia. In the nonpositive slope group, 10 out of 23 patients developed significant hypocalcemia. When these patients were further divided based on the 6 h serum calcium values (Group 1 – ≥ 8 mg/dl and Group 2 –

KI-67 FROM CLINICALLY AND HISTOLOGICALLY "NORMAL" DISTANT MUCOSA AS PROGNOSTIC MARKER IN EARLY-STAGE (T1-T2N0) ORAL SQUAMOUS CELL CARCINOMA: A RETROSPECTIVE STUDY

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Abstract: Aim: The aggressive behavior and long-term prognosis of oral squamous cell carcinoma (OSCC) have recently been related to the mucosa surrounding the primary mass, consisting of genetically altered cells that might be responsible for cancer progression. Early-stage T1-T2N0 OSCCs have been associated with a good prognosis; however, a certain percentage of them can be complicated by locoregional metastases. The purpose of our study was to determine whether an abnormal proliferative status can be found in clinically and histologically "normal" mucosa situated in areas distant from the primary tumor. We also sought to determine whether this is associated with a poor prognosis in terms of local recurrence or lymph node metastasis. Patients And Methods: The retrospective study included 23 consecutive patients of early OSCC(T1-2, N0-1) who had developed recurrence, local or lymphnodes, following initial optimal management. Disease-free survival endpoints were defined as the duration between surgical resection and the diagnosis of recurrence, lymph node metastasis, or last follow-up visit. Proliferative status in distant areas (opposite cheek) was evaluated by Ki-67 expression. This was compared with 32 patients of similar staging, presentation and management who remained disease free. Results: The mean Ki-67 value (17.6% \pm 8.2%) in the distant mucosa of cases was significantly greater ($F=13.87$; $P<.01$) than that found in the controls (9.8 \pm 3.1). A high Ki67 score was more likely to be associated with lymph node metastases Kaplan-Meier analysis showed that Ki-67 in the distant mucosa was a significant independent prognostic factor for disease-free survival. Conclusions: A certain percentage of patients surgically treated for early T1-T2 OSCC will have an abnormal proliferative status in areas very distant from the primary tumor that seems to be related to a poor prognosis.

PHYLLODES TUMOR OF THE BREAST – EXPERIENCE FROM A TERTIARY CARE HOSPITAL IN SOUTH INDIA

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Abstract: Background: Phyllodes tumor of the breast represent uncommon fibroepithelial neoplasm and accounts for 0.5–1 % of breast carcinomas. These tumors occur mostly in the third and fourth decade of life. Preoperative diagnosis of these tumors are difficult. Very little data is available about the demographic profile, clinical and pathological features of these tumors in South Indian population Materials and Methods: Ours is a retrospective study. We gathered data on all patients with phyllodes tumor operated in our hospital from Jan 2001 to March 2012. Data pertaining to clinical presentation, diagnosis, treatment, pathological features and follow up collected and analysed. Results: Twenty nine female patients were treated in our hospital during this period. The mean age was 36.48 years(Range 16–65 years). Ten patients presented with recurrent lumps(34.5 %). Nineteen patients had right sided tumors, 8 patients had left sided tumors and in 2 patients, the tumor was bilateral. Thirteen patients out of 29(44.2 %) underwent FNAC. FNAC clinched the diagnosis in 1 patient out of 19 new patients(5.2 %) and in 2 patients out of 9 recurrent cases(22.2 %). Overall FNAC has a diagnostic accuracy of 23 %. Thirteen patients underwent Core needle biopsy for establishing diagnosis (44.82 %). In 11 out of these 13 patients, correct diagnosis could be established prior to surgery(84 %). Thirty one procedures were done in these patients on initial presentation. Only 9 patients underwent mastectomy, while the rest were breast conserving procedures. The mean tumor size was 9 cms(Range 2–20 cms). Sixty two percent of these tumors were benign, 20.7 % were borderline and 17 % were malignant phyllodes. The benign tumors were relatively smaller(Mean size-7.91 cm) compared to the borderline and malignant tumors(Mean size- 12.6 cm). The followup period ranges from 1–119 months (Mean 18.76 months). Six patients(20.66 %) developed recurrence(3-benign, 1-borderline, 2-malignant) during the followup period. We did simple mastectomy in 5 patients with recurrent disease. One patient had associated lung metastasis along with local recurrence. Four patients(23.5 %) had malignant phyllodes in our series (3 initial presentation, 1 recurrence) of which 2 patients received adjuvant radiotherapy after wide local excision. Conclusion: Majority of our patients were benign. FNAC was not reliable in establishing correct preoperative diagnosis. Wide local excision is the treatment of choice in all cases. Overall recurrence rate was 20.66 % in our series. For recurrent cases, Simple mastectomy is advised as salvage procedure.