Pregnancy Following Conservative Surgery of Ovarian Malignancy-Case Report

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Mrs. A.B. 26 years, Hindu, Female, married for one & a half years, was diagnosed as Ovarian Cyst on 4.6.1996 with Ultra sonographic report of a mass of 10.1 x 4.6 x 7.5cm, on Laparotomy on 17.6.'96 in a Nursing Home in South Calcutta a Semi- solid mass from left ovary 12cm. in diameter with breaking of the capsule in one area for 3cm. with adhesion with bowel. Separating the adhesion, Left Ovariotomy was done along with removal of part of the greater omentum. Post operative period was uneventful. Biopsy report stated as serous papillary tumour of intermediate or border-line malignancy (Tumours of low malignant potential) with implants in omentum. 5 doses of Endoxan & 5. Fluorouracil 500mg. each were given intravenously on 21/6, 28/6, 5/7, 12/7 and 19th July, 1996. Subsequently she was followed up with Endoxan Tab 100mg. in a day orally for next 2 months with the advice to defer the pregnancy for next one year.

She consulted in April 1997 with history of amenorrhoea (L.M.P. 16.12.1996). She continued pregnancy uneventfully. She had breech presentation at term and elective Caesarean Section was performed on 10th September, 1997 with a female baby weighing 3400gms. Post operative period was uneventful. CA 125 estimated in 10.11.1997 is less than 35 I.U/Litre. It is an unusual case of Carcinoma of ovary where conservative surgery was done. End result was satisfactory so far. (Photograph- Mother & Baby).

Impacted Ring Pessary (A Case Report)

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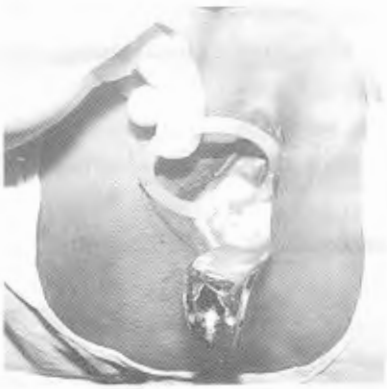
Mrs. P.B.J., 65 years old, $G_2P_2A_0$ residing in a rural area came to our OPD on 10-4-97 with chief complaints of leucorrhoea since 15 days and postmenopausal bleeding per vaginum since 3 days. Past history :- She had complaints of genital prolapse three years back and was admitted in this hospital for vaginal hysterectomy. But the patient had severe hypertension (B.P. was 220/160mm of Hg) with ischaemic heart disease (confirmed by ECG). The risks of anaesthesia vis-à-vis ring pessary were explained to the patient. She chose ring pessary insertion as a treatment. King pessary insertion was done as a temporary measure with an advice for regular follow-up. However neither did the patient come for follow-up later nor did she give history of expulsion of the pessary either spontaneously or removal under medical supervision.



On perpeculum examination, the ring pessary was found fixed in the vagina due to adhesions between anterolateral and posterolateral walls of vagina. Bi-manual examination showed :- Uterus. retroverted, small and atrophic. Fornices – clear. Pelvic USG by abdominal scan showed atrophic uterus and cervix and endometrial thickness of 1.5mm. Adnexae were normal.

Removal of ring pessary was done under GA on 12-4-97 after preoperative vaginal douching. The adherent walls were incised (Photograph 1). The raw area was covered by mobilizing the healthy vaginal walls and suturing it.

Pap's smear and fractional curettage were advised later after subsidence of any local inflammation and blood discharge. However, the patient was again lost to follow-up.