

a little abrasion of fourchette which started oozing and responded to pressure. Examination under anaesthesia revealed antverted normal size uterus with no palpable pathology in adnexa.

Cervix was dilated to no 8.5 Hegars dilator and 26 French Resectoscope was introduced and a polyp measuring 5 x 4 x 3 mm was removed and was sent for histopathological examination.

The endometrium was ablated with electrocautery upto internal os using cylinder at 80-100 watts. Patient withstood surgery well and intraoperative blood loss was less than 10 ml out of which 6-7 ml was from bleeding from abrasion in the fourchette. This also shows her severe bleeding tendency despite a planned atraumatic procedure. The whole procedure took 26 minutes and no blood transfusion or platelet extracts was required. Post operatively she had little bleeding from vagina which subsided spontaneously. On the 3rd post operative day her haemoglobin was 9.7 gm%. Danazol 200mg once a day was prescribed for one month to improve the results.

She was discharged on post operative day 4. Histopathology of the endometrial polyp showed hyperplasia with no evidence of malignancy or atypia. Since more than one year after the endometrial ablation, she has not needed any blood transfusion or platelet concentrates till today. She is amenorrhoeic with insignificant intermittent spotting. Further follow up will be required to see whether endometrial ablation is the answer for such intractable menorrhagia in bleeding disorders. As such primary coagulation disorder is found in almost 20% of severe adolescent menorrhagias.

It's interesting to know that her sister also has Glanzman's Thromboasthenia. She is 24 years of age with one normal delivery needing twenty bottles of blood transfusion to control bleeding after delivery. She also had significant menorrhagia and endometrial ablation was done for her on similar guideline and workup. Now again since more than 4 months she also is relieved of menorrhagia so far. Thus endometrial ablation could be an efficient treatment for excessive menstrual bleeding due to coagulation disorders.

Lung Cancer in Follow up Patient of Carcinoma of Uterine Cervix.

D K Parida, D N Sharma, G K Rath, S Chander

Dept. of Radiation Oncology, All India Institute of Medical Sciences, New Delhi – 110029.

The tendency for multiple primary neoplasms (MPN) to develop in the same or contiguous epithelial surface or in bilaterally paired organs has been thoroughly documented for many years. There is no convincing evidence of predisposition for MPN to develop in unrelated tissues or organs. Metachronous occurrence of MPN in unrelated tissues is a curiosity as it can be important for two reasons. Firstly, it provides opportunity to the clinicians to study the common etiological agents and it alerts them to detect the associated cancer. We present an interesting case of a 62 year old woman who had carcinoma of uterine cervix and lung.

Case Report

A 51 year old lady was diagnosed to be a case of carcinoma of the uterine cervix, stage IIB in the year 1987 at our department. Histopathologically she had a large cell nonkeratinising cell carcinoma. Subsequently she was managed by radiation therapy with a curative intent. A

total dose of 50 Gy was administered to the whole pelvis with midline shielding by a tele Cobalt unit. Following the external beam radiation, the patient was evaluated for intracavitary irradiation. A dose of 30 Gy was administered to the point A by remote afterloading equipment. She had an excellent regression of the cervical as well as parametrial disease following radiation therapy. The patient was on regular follow up at the combined gynaecology cancer clinic at our center since then. Eleven years later (1988) she presented with the chief complaints of pain over right chest, productive cough and hemoptysis. X-ray of chest showed a large homogeneous mass over the upper and middle lobe of the right side lung. Bronchoscopy biopsy revealed a poorly differentiated carcinoma. CT scan of the abdomen and pelvis showed no disease. Taking the clinical and histopathological features into consideration a second primary of the lung was diagnosed. In view of the large volume disease the patient is being treated with external beam radiation therapy with a palliative intent.