

A Case of pregnancy With Ewing's Sarcoma

S. Adhikary, S.K. Saha, K.C. Dey,
Eden Hospital, MCH, Calcutta.

Mrs. X, 19 years, primigravida, was admitted to Eden Hospital on 14.2.97 as a case of pregnancy with Ewing's Sarcoma of Lt 8th rib treated with radiotherapy. Her EDD was 4.3.98. A healthy male baby was delivered by L.S.C.S on 17.2.98.

Patient had a history of exposure to telecobalt therapy for Ewing sarcoma during antenatal period on 13.2.98.

In 2nd month of her pregnancy, she developed a small lump (1cm x 1cm) in the back of 8th rib and high fever and severe pain in the lump site. She was treated with analgesic and antibiotics from outside. The lump gradually attained a size of 5cm x 3cm, firm, non-fluctuant and fixed to underlying bone.

She was referred to R.T. Deptt. A biopsy of the lump revealed Ewing's sarcoma.

X-ray chest showed a huge radio-opaque shadow covering Lt 7th to 9th rib space in between midclavicular and midaxillary line.

She was advised telecobalt therapy on 13.2.98 by tumour board. She received the 1st dose on that day. She was urgently referred to Eden Hospital for termination of pregnancy by L.S.C.S.

L.S.C.S done – On 17.2.98 – male healthy baby delivered. She was again referred back to RT and received 9 courses of teletherapy and discharged on 6.3.98 with advise to attend R.T. Dept for follow up.

An Unusual Case Of Simultaneous Utero –Vaginal And Rectal Prolapse.

Madhu Nagpal, Sujata Sharma,
Dept of obstetrics and Gynaecology, Government Medical College, Amritsar.

Mrs. Vidya Wanti, a 75 years old woman, reported in the gynae. O.P.D. of Govt. Medical College Hosp., Amritsar with complaint of something coming out per vagina and per rectum since 7 years. But now since 8 days, the swelling had increased and the patient was not able to reduce it herself. It had become painful and she also complained of foul smelling discharge. She had great difficulty in walking and sitting.

The patient was menopausal since 30 years. She had seven children, LCB being 40 years. On G.P.E. -nothing abnormal was detected except that patient was too old and frail. Local exam. revealed third degree utero-vaginal prolapse with cystocoele +++ along with rectal prolapse (Fig. 1). Rectal mucosa was oedematous,



ulcerated, necrotic and foul smelling. The posterior vaginal wall was fixed in the middle one third. Both the prolapses were irreducible at that time.

The patient was referred to the surgery department for rectal biopsy and management of rectal prolapse & UV prolapse by simultaneous reduction under G.A. However, the patient & her attendants refused admission for any such procedures.

It is a very rare phenomenon to see both the prolapses simultaneously. Whenever, such a problem is encountered, the rectal prolapse is given priority over UV prolapse for proper management. However, we lost the

track of the patient but are reporting it as it is a rare occurrence.