

Colpocleisis: Is it still a Viable Option?

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ABSTRACT

Introduction: LeFort colpocleisis is a well-established surgical procedure for treatment of advanced pelvic organ prolapse (POP), particularly for those who are frail and do not wish to conserve their sexual function. Over the recent years, LeFort colpocleisis may have lost its popularity with the development of novel techniques such as transvaginal placement of mesh and laparoscopic sacrocolpopexy. The aim of these case studies are to demonstrate that LeFort colpocleisis remains a viable surgical option in a carefully selected group of women. **Case Studies:** Case A, a 63-year-old Para 4 with previous vaginal hysterectomy for prolapse, presented with stage 4 vault prolapse. Case B, a 67 years old Para 4, presented with stage 4 POP involving all 3 compartments. Ring pessaries had failed to reduce these POP and these women subsequently developed decubitus ulcers. Attempts to reduce the oedematous POP failed despite vaginal packing as inpatients. Biopsies were taken to exclude malignancy as the decubitus ulcers were slow healing. Of note, both cases had underlying hypertension with poorly controlled diabetes and did not wish to conserve vaginal sexual function, hence LeFort colpocleisis was performed. Both surgeries were uncomplicated intra- and post-operatively. Both patients were asymptomatic of POP when reviewed at 6 weeks postoperatively. **Discussion:** These case studies demonstrate that LeFort colpocleisis remain a good option for treatment of advanced POP in women with and without uterus. However, for those with uterus, uterine and cervical pathology must be excluded prior to surgery. Both cases were huge procidentias involving all 3 compartments which implied failure of all three levels of pelvic floor support. Failure to retain ring pessary and vaginal packing resulted from downward pressure of grossly oedematous tissue in the presence of a widened genital hiatus. A trial of oestrogen-soaked vaginal packing was to facilitate healing of decubitus ulcer. However, when ulcers of the genital tract do not heal, it is essential to exclude malignancy. LeFort colpocleisis has been shown to have high success rate and minimal complications in many studies in treating similarly advanced POP. Thorough counselling regarding the nature of the surgery and its implications particularly with regard to loss of sexual function is paramount. Decision not to perform a concurrent vaginal hysterectomy in Case B was to reduce the risk of ureteric injury and blood loss once endometrial pathology was excluded.

GY 46

Ovarian Tumour Metastasized from Pulmonary Blastoma: An Extremely Rare Entity

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ABSTRACT

Objective: To report the extremely rare case of ovarian tumour metastasized from Pulmonary Blastoma. **Case Report:** Miss YCL, 22 years old, single, Chinese lady, was referred to Respiratory unit of University Malaya Medical Centre (UMMC) in March 2017 for further management of large lobulated right pleural effusion. She presented with right sided chest pain, chronic cough for 3 months associated with haemoptysis for 3 weeks. CT thorax showed a well circumscribed mass at right lower lobe. CT guided biopsy showed features suggestive of pulmonary blastoma. PET scan for staging on 19th April 2017 reported a mass at right lower lobe with no lymphadenopathy, no skeletal, liver, pancreas and spleen metastasis. The uterus was normal and no mass noted in pelvis. She underwent right lobectomy on 27th April 2017. HPE showed biphasic pulmonary blastoma with clear margins. She was planned for chemotherapy. However, just two weeks after lobectomy, she presented to UMMC with abdominal distension, suprapubic pain and vomiting for one week. The pelvic mass was palpable about 16 weeks size. Urine pregnancy test was negative. Tumour markers were normal. CT scan showed a complex, heterogeneous pelvic mass 9.0x9.2x8.5 cm compressing the uterus and bladder. The sigmoid colon was displaced to the right. Right lung showed post resection with residual tumour, right pleural effusion and right pleural base nodule. In Gynae ward, she experienced shoulder tip pain with lowering her haemoglobin level. She underwent midline laparotomy on 18th May 2017. Intraoperatively, haemorrhagic left ovarian tumour measuring 8x10 cm and haemoperitoneum about 500 mls was found. Tumour adhered to POD and omentum. Uterus, right ovary and both tubes were appeared normal. Left salpingo-oophorectomy, omentectomy, right ovarian biopsy and left pelvic lymph node dissection were performed. Histology reported as metastatic pulmonary blastoma of left ovary and omentum. Biopsy from right ovary and left pelvic lymph node showed no malignancy. She was referred back to primary team for further management. **Discussion:** Pulmonary blastoma is a rare and very aggressive lung cancer. This is an extremely rare case of ovary metastasized from Pulmonary blastoma. To our knowledge, this is the second case report of ovarian metastasis from Pulmonary blastoma after Lin Yu et al from China in 2009. Previous PET scan showed no pelvic metastasis but with in short duration she developed symptomatic ovarian metastasis. Histopathological evaluation is of great value in differentiating primary ovarian tumour from metastatic tumour for successful further management of the primary disease.