A Rare Cause of Post-menopausal Bleeding: Vaginal Metastasis from Renal Cell Carcinoma

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ABSTRACT

Objectives: Primary neoplasm of the vagina is rare and thus, vaginal malignancies are commonly metastatic lesions. Common primaries are from cervix, endometrium, breast and colon and less frequently, from the kidney. **Methods:** A patient presented with post-menopausal bleeding was identified and managed. **Results:** A 63-year-old post-menopausal woman, known case of left renal cell carcinoma with nephrectomy done, presented with bleeding vaginal polyp. Histopathological examination (HPE) of the polyp was consistent with metastatic renal cell carcinoma (RCC). **Conclusion:** We report a rare case of renal cell carcinoma with vaginal metastasis. Metastatic vaginal lesion must be considered in patients with background history of renal cell carcinoma.

Is the Blastomere Symmetry at the 4-cell Stage Related to Ploidy? – A Pilot Study

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ABSTRACT

Objectives: Current evidence suggests that IVF implantation and aneuploidy rates are co-related with asymmetry, multinucleation and fragmentation in the cleavage stage embryo. However, most studies were performed before the availability of Time-lapse Imaging (TL). A pilot study was carried out to evaluate the relationship between blastomere symmetry at the 4-cell stage with ploidy. **Methods:** A total of 202 blastocysts which underwent both TL and Pre-implantation Genetic Screening in 2017 were retrospectively analysed. Using the Embryoscope® (Vitrolife), symmetry was graded at the first sign of a clear 4-cell division on Day 2. The diameter of each blastomere was measured by tabulating the mean of 2 lines drawn perpendicularly. A diameter difference of < 25% was considered symmetrical (n=163) and ≥25%, asymmetrical (n=39). Following extended culture to blastocyst stage, trophectoderm biopsy was performed followed by chromosomal evaluation using Next Generation Sequencing (VeriSeq Protocol, Illumina). **Results:** The euploid, mosaic and aneuploid rate for symmetrical and asymmetrical embryos were 43.6% vs 38.5%, 20.2% vs 10.3% and 36.2% vs 51.3% respectively. Using chi-square test, there was no significant difference between the 2 groups (p=0.15). **Conclusions:** In this study cohort, there is a trend towards higher euploid and mosaic rate in embryos with symmetrical blastomeres. Conversely there is a higher aneuploid rate with asymmetrical blastomeres with percentage difference of 15.1%. However, this is not statistically significant possibly due to the small sample size. The assessment of symmetry of blastomeres at the 4-cell stage embryo using TL can potentially be an indicator of ploidy and mosacism.