ISP-9-10  Need of the surgical treatment in endometriotic cyst based on preoperative image views
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[Objective] Operative treatment in endometriosis is not useful in some cases, and conservative treatment may be chosen from the viewpoint of ovarian functional preservation. In addition, it is known that the endometriotic cysts sometimes result in explosion and abscess, leading to a long term hospitalization and surgical management. In the present study, we evaluated MRI images to identify the critical findings to indicate the operation. [Methods] Women who had endometriotic cyst and underwent laparoscopic surgery in our hospital from 2012 through 2013 were subjected. MRI findings in patients who needed urgent hospital admission (case, n=8) were compared to patients underwent scheduled operation (control, n=153). [Results] The frequencies of MRI findings such as bilateral (p=0.004), shading (p=0.003), fluid–fluid level (p=0.001), and wall thickening (p=0.004) in cases were significantly higher than control. Tumor diameter, ascites, multilocular, irregularity, enhancement part, and hydrosalpinx were not different in both groups. [Conclusion] It is indicated the MRI findings of shading, a wall thickening, fluid–fluid level are associated with urgent hospital admission. It is suggested that surgical operation may be better management in patients with these MRI findings.

ISP-10-1 Three cases of gynecological malignant tumor that resulted in thrombocytopenia during an anticoagulant therapy
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[Background] Heparin–induced thrombocytopenia (HIT) is critical complication in anticoagulant therapy. It is difficult to diagnose HIT because malignant patients have variable situation causing thrombocytopenia. We report 3 gynecological malignancy cases resulted in thrombocytopenia during heparin therapy. [Case presentation] (1) 54 y.o. woman with recurrence of cervical cancer treated by CDDP/CPT11 was diagnosed as DVT and PE. Heparin was started, but platelet had been decreased to 39(10^4/μl). After heparin was stopped, platelet had improved. HIT antibody was positive. She was diagnosed HIT, and the use of argatroban made it possible to continue chemotherapy. (2) 54 y.o. woman was suspected Trousseau syndrome and DIC, caused by serous adenocarcinoma without detectable primary lesion. Heparin was started, but platelet had been decreased to 59. Thrombocytopenia and DIC was controlled by PTX/CBDCA for carcinoma. (3) 66 y.o. woman with cerebral infarction was suspected Trousseau syndrome caused by uterine sarcoma. After pazopanib was stared while using heparin, platelet had been decreased to 11.5. Stopping pazopanib and heparin made platelet–level better. HIT antibody was negative. It was concluded that pazopanib caused thrombocytopenia. [Conclusion] It is important to distinguish HIT or other reason for thrombocytopenia during the use of heparin, especially malignant patients.

ISP-10-2 Advanced microvasive staging surgery in vaginal melanoma : A rare case report and literature review
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[Objective] Vaginal melanoma are rare. FIGO stage was not correlated with outcome. This is a first report treated by advanced robotic microvasive staging surgery in vaginal melanoma. [Case presentations] This is a 60-year-old woman, G3P3, diagnosed with vaginal melanoma, who had vaginal bloody discharge with itching sensation for 2 months. Colposcopy showed an indurated lesion with 2cm in size and contact bleeding on the right middle anterior vaginal wall. Urethral orifice, cervix and anus were not invaded. Biopsy reported malignant melanoma. MRI showed no parametrical invasion and no lymph node enlargement. VIKY–Robotic laparoscopic radical vaginectomy, total hysterectomy, bilateral salpingo–oophorectomy, and bilateral pelvic lymph node sampling were performed. Final pathology was malignant melanoma, nodular type, pT4bN0, stage IIc (AJCC 7th edition (2010) cutaneous melanoma staging). No B-RAF gene mutation was detected. IHC resulted S-100 and HMB-45 positive. After operation and oncologic tumor board discussion, she has received adjuvant immunotherapy with peginterferon alfa-2b and Imatinib. Unfortunately 3 months later, abdominal CT showed recurrence with bilateral pelvic lymph nodes and lung metastasis. Recently, she is under concurrent chemo-radiation with 3–weekly Dacarbazine and local pelvic radiotherapy. [Results and Conclusion] An updated cohort was presented at the Annual Society of Gynecologic Oncology meeting in March 2013 that included 75 vulvar and 43 vaginal melanomas over a 17-year period. The median survival were 22, 3, 23, and 6 months for patients with FIGO stage I, II, III and IV respectively. In locally advanced cases, an exenterative procedure is potentially required: however, radiation with or without concurrent immunotherapy is another choice. The role of adjuvant therapy remains unclear. Salvage surgery or radiation can be considered in recurrent disease. Systemic chemotherapy can only achieve limited response. Novel immunotherapeutic and targeted agents have been reported to improve survival and able to be used in vulvovaginal melanoma. We presented a case underwent aggressive laparoscopic surgery and immunotherapy: however, she still experienced recurrent disease, unfortunately.