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CASE REPORT

# TWO CLINICAL CASES OF MODERN POSTOPERATIVE TREATMENT OF A 3RD DEGREE SKIN BURN WITH THERESIENÖL

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## Abstract

**Introduction.** Skin burns are one of the most common traumatic injuries in human society. Most of them are small in area and not life-threatening, due to which people hardly look for specialized medical care for their treatment. This is not the case with large burns, which even of a low grade may result in serious complications and even death. According to the injury depth the burns are divided into 1st, 2nd, 3rd and 4th degree, while the most frequently used method to define their area relative to the total body surface is that of the nines. The treatment of burns is a difficult and slow process and is directly depending on their depth, area and injuring agent. Surgical and non-surgical method are used, their goal being the following: pain reduction, prevention of infection, removal of avital tissues, preventing the formation of coarse scars, keloids and contractures of the joints or if the patient has them, they to be as minimal as possible and finally overcoming the consequences.

## Résumé

**Deux cas cliniques de traitement post-opératoire moderne des brûlures de la peau de troisième degré avec du Thérésienöl**

**Introduction.** Les brûlures de la peau sont l'une des lésions traumatiques les plus courantes dans la société humaine. La plupart d'entre elles sont de petite taille et ne mettent pas la vie en danger, de sorte que les gens ne recherchent guère de soins médicaux spécialisés pour leur traitement. Ce n'est pas le cas des grandes brûlures qui, même de faible intensité, peuvent entraîner des complications graves, voire la mort. En fonction de la profondeur de la blessure, les brûlures sont divisées en degrés I, II, III et IV. La méthode la plus fréquemment utilisée pour définir leur surface par rapport à la surface totale du corps est celle des neuf. Le traitement des brûlures est un processus lent et difficile qui dépend directement de la profondeur, de la zone et de l'agent blessant. Des méthodes chirurgicales et

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**Cases presentation.** We present here two clinical cases of 3rd degree limited burns, initially treated with necrectomy and antiseptic silver dressings, and subsequently alternatively with Theresienöl.
**Conclusions.** Theresienöl is a good alternative to the free skin graft plastics, when it refers to 3rd degree, small size burns.

**Keywords:** Theresienöl, skin burn, 3rd degree skin burn.

**Rapport du cas.** Nous présentons ici deux cas cliniques de brûlures limitées au IIIe degré, initialement traitées par une nécrectomie et des pansements antiseptiques à l'argent et par la suite avec Theresienöl.
**Conclusions.** Theresienöl est une bonne alternative aux plastiques greffés à peau libre, lorsqu'il s'agit de brûlures de petite taille de IIIe degré.

**Mots-clés:** Theresienöl, brûlures cutanées, brûlures cutanées de IIIe degré.

## Introduction

Skin burns are one of the most common traumatic injuries in humans. Most of them are small in area and not life-threatening, due to which people hardly look for specialized medical care for their treatment. This is not the case with large burns, which even of a low grade may result in serious complications and even death[1]. According to their aetiology, the burns are divided into: scalding (result from hot fluids), flame-type (resulting from fire), contact (resulting from contact with hot objects), electrical (result from electric current), radiational (resulting from impact of radiational substances), chemical (resulting from the impact of chemical substances)[1-6].

According to the injury depth, the burns are classified into:

- 1st degree – the epidermis is intact, the skin is tender, red, dry and with no blisters;
- 2nd degree – partial damage of skin layers:
  - 2 A – superficial partial damage: here the epidermis is destroyed; there are skin blisters, while the underlying derma is wet, pink and very tender and painful. When compressed, it gets pale and after that the capillary filling is immediate.
  - 2 B – deep partial damage: the epidermis and the superficial derma are destroyed and the deep derma is observed. The diagnosis of this type is difficult, because the damaged area may look like 2 A or 3rd degree, but in all cases after compression the capillary filling is either lacking or very slow.
- 3rd degree – total destruction of the epidermis and the derma, there is no pain, due to killing the nerve endings, while the skin is white to dark brown, depending on the damaging agent. When touched, it is dry and feels like processed clothes leather;
- 4th degree – in this case, the underlying tissues (hypodermal fat, muscles, etc) are also destroyed[1].

Apart of the depth of the burn, its surface area is also a very important prognostic factor. The most frequently used method for its assessment relative to the total body surface is that of the nines[7]. The body areas are divided in 9% or multiple by 9%: head 9%, front side of the body 2×9%, back side of the body 2×9%, left lower extremity 2×9%, right lower extremity 2×9%, left upper extremity 9%, right upper extremity 9%, perineum and genitals 1%.

The treatment of burns is a difficult and slow process and directly depends on their depth, area and injuring agent. Surgical and non-surgical methods are used, their goal being the following: pain reduction, prevention of infection, removal of avital tissues, preventing the formation of coarse scars, keloids and contractures of the joints or if the patient has them, they to be as minimal as possible and finally overcoming the consequences[1].

We present here two clinical cases of 3rd degree limited burns, initially treated by necrectomy and antiseptic silver dressings, and after that alternatively with Theresienöl.

## Cases presentation

### First clinical case

A 36-year-old man was hospitalized with a diagnosis of 3rd degree electric burn, with a surface under 1%, at the base of right hand, first finger. The patient underwent necrectomies of the site to healthy tissues, immediately after his hospital admission.

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Original research article

# Postoperative management of postpartum perineal tears

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ARTICLE INFO

*Keywords:*
Birth trauma
Theresienol
Herbal oil

ABSTRACT

*Background:* Postoperative care for women with perineal trauma after post birth per vias naturaeles vaginal delivery, is needed. We studied the effect of Theresienol - an natural product based on natural fats and pure herbal extracts on some of the short-term complications in cases of postpartum perineal tear. Theresienol is an all natural revolutionary skin care serum that works naturally with your body. It is a multi-purpose natural Skin Protectant serum for all skin types, all ages and all stages.

*Methods:* In a prospective, single-centre, cohort study conducted on 20 women with per vias naturales birth, with perineal trauma, we studied the effect of topical application of Theresienol surgically recovered tear. Patients were divided into two groups, Group A and Group B; Group A included birth mothers using Theresienol postnatally for treatment of surgically recovered wounds, Group B included patients not using the oil. The visual analogue scale (VAS) for pain was used on Group A, third and fifth day after birth. The primary outcome was reducing severity or lacking of some short-term complications, defined as lack of wound dehiscence and hematoma and reducing pain, swelling and redness in this area. The secondary outcome was the additional need of nonsteroidal anti-inflammatory drugs for analgesia in the early postpartum period.

*Results:* In Group A, using Theresienol natural oil, there was a reduction in pain symptoms in comparison to Group B, not using the oil. In the study group using herbal oil, Group A, no additional nonsteroidal anti- inflammatory drugs were needed compared to the group B, not using the oil.

*Conclusions:* Local therapy with Theresienol - an natural product based on natural fats and pure herbal extracts in the postoperative management of postpartum perineal tears significantly reduces the severity of clinical symptoms, and further monitoring and inclusion of new patients will show whether the risk of objective short-term and long-term complications is reduced.

## 1. Introduction

Perineal trauma is any injury to the genitals during childbirth which occurs spontaneously or intentionally through a surgical incision (episiotomy). Anterior perineal trauma includes injury to the labia, anterior vaginal wall, urethra and clitoris, and is usually associated with milder morbidity rate. Posterior perineal trauma includes injury to the posterior vaginal wall, perineal muscles and anal sphincter [1].

More than 85% of women giving a normal birth experience perineal trauma [2] - spontaneous perineal tear, episiotomy or both. The incidence of spontaneous and iatrogenic tears decreases in subsequent births, from 90.4% of first-birth women to 68.8% for multipara giving normal birth [7].

Perineal trauma occurs during spontaneous or assisted vaginal birth and is usually bigger in first vaginal birth [3]. Other associated risk factors may be divided into three groups - maternal, fetal and intrapartum risk factors [4].

Perineal trauma may lead to long-term physical, physiological, social and psychological problems immediately after birth and in the long term. The complications depend on the severity of the trauma and the effectiveness of its treatment.

Treatment of short-term complications includes identification of the injury, good surgical treatment and recovery, application of analgesics in the early postpartum period and care for the perineum. We present our experience with a new natural product based on natural fats and pure herbal extracts (Theresienol) that we used in 10 women. We compared the effect of its topical application with a group of 10 women who did not use the oil. Suturing in all women in both groups was carried out with resorbable sutures as we tried to determine the effect of medication on the symptoms and the recovery in the early postpartum period.

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CASE SERIES

# TREATMENT OF VULVAR LEUKOPLAKIA WITH THERESIENOL – A NEW OPPORTUNITY

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## Abstract

**Introduction.** The vulvar leukoplakia includes several diseases. The most common are vulvar lichen sclerosus and squamous cell hyperplasia of the vulva. These two conditions have many common features, but also have significant differences. Both of them have a risk of malignancy, and a risk of relapse after therapy.

**Cases presentations.** We present four patients with clinically diagnosed vulvar leukoplakia. The therapy for all of them continued between two and three months, and subsequent one-year follow-up was carried out. The vulvar lichen sclerosus and squamous cell hyperplasia of the vulva have similar etiology, and clinical signs and symptoms, but different histopathological features, which also necessitate different therapeutic methods – conservative or surgical. All conservative therapeutic options have their side effects, while the surgical ones do not result in definite healing – the possibility of relapse of disease is present. In our cases, we observed rapid and stable response on the part of the clinical signs and symptoms with no complications.

## Résumé

**Le traitement de la leucoplasie vulvaire à l'huile de Thérèse – une nouvelle perspective**

**Introduction.** La leucoplasie vulvaire n'est pas un diagnostic histologique et comprend plusieurs conditions. Les plus communes d'entre elles sont le lichen scléreux vulvaire et l'hyperplasie squameuse de la vulve. Ces deux conditions présentent de nombreuses caractéristiques en commun, mais également de grandes différences. Dans les deux cas il y a le risque de malignité ou de rechute de la maladie après un traitement avisé curatif.

**Rapport du cas.** Nous présentons quatre patients avec un diagnostic clinique de leucoplasie vulvaire, traités à l'huile de Thérèse. Tous les patients avaient leur traitement durant deux à trois mois et ils étaient en suivi pendant un an après. Le lichen scléreux et l'hyperplasie squameuse vulvaire ont d'étiologie similaire, ainsi que des signes et symptômes cliniques. Ils ont aussi des particularités histopathologiques qui nécessitent également de traitements différents – conservatif ou par chirurgie. Toutes les options thérapeutiques

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**Conclusions.** Due to disturbance of the quality of life upon manifested clinical presentation, the vulvar leukoplakia requires treatment. The therapy with TheresienOl is effective about the clinical symptoms, but only further follow-up and inclusion of new patients will show whether the risk of occurrence of vulvar cancer decreases.

**Keywords:** vulvar leukoplakia, lichen sclerosus, squamous cell hyperplasia, TheresienOl.

**Abbreviations:**
VLS = vulvar lichen sclerosus
SCHV = squamous cell hyperplasia of the vulva
LS = lichen sclerosus

conservatoires ont des effets secondaires. De l'autre part, la chirurgie n'entraîne toujours pas de guérison définitive à risque de récidive de la maladie toujours présente et non-négligeable. Dans nos cas, nous avons traité nos patients avec de l'huile de Thérèse et nous avons observé une réponse rapide et stable de tous les signes et symptômes cliniques sans complications ou malignité.

**Conclusion.** Concernant la perturbation de la qualité de la vie lors de la présentation clinique, la leucoplasie vulvaire nécessite d'être traitée. Le traitement à l'huile de Thérèse est efficace en regard de symptômes cliniques, mais seulement un suivi complet et prolongé ainsi que le traitement d'autres patients peuvent montrer si le risque de malignité de la condition soit en diminution.

**Mots-clés:** leucoplasie vulvaire, lichen scléreux, hyperplasie squameuse vulvaire, l'huile de Thérèse.

## Introduction

There are two diseases of the vulva, which are combined under the name of non-neoplastic epithelial disorders of the vulva: vulvar lichen sclerosus (VLS) and squamous cell hyperplasia of the vulva (SCHV). They have different pathological features and similar clinical behaviour. They are also called white lesions of the vulva because the vulvar skin and mucous membrane of the patient might appear white[1]. The frequency of non-neoplastic epithelial disorder of the vulva is 1 out of 300 to 1 000[2].

VLS is a chronic dermatosis with a predilection for keratinized vulvar skin. It has two diagnostic histopathological features: a lichenoid tissue reaction and dermal collagen homogenization, and it is mainly characterized by atrophy and thinning of the skin of the vulva and/or crissum. On the opposite, the skin is growing too thick in the case of SCHV.

The diagnosis of these diseases can be made clinically, but it is often confirmed by histological examination[3]. Symptoms may include: pruritus, burning, or stinging of the vulva, pain when having sex, a white or gray patch of thickened or thin skin on vulva, sometimes with scaling. Both conditions have also malignant potential: 3 to 6% for VLS, and 2 to 4% for SCHV[1].

The treatment of this disease includes different local preparations with corticosteroids, estrogens or testosterone, and also different destructive techniques as laser, alcohol denervation and – and in the last resort – surgical removal. We offer our experience with new herbal oil (TheresienOl), that we used in four women. The diagnosis was made based on the clinical signs and symptoms, and it was not confirmed histologically, while our objective was to find the effect of the medication on the symptoms and the duration of its activity.

## Cases presentations

First clinical case: This is a 36-year-old patient with complaints of severely pronounced itchiness in the area of the vulva, which exacerbated at night-time. There were no previous operations or diseases. Patient had given birth to two children. No changes were found by the gynecological examination except for subtle leukoplakia in the area of labia majora. The patient had undergone antimycotic therapy with no response. Patient initiated treatment with TheresienOl twice daily, with complete fading of the symptoms on Day 7; there were no traces from changes on the part of the skin on Day 60 as well (Fig. 1). There were no complaints at the follow-up examination one year after the onset of treatment.

Second clinical case: This is a 65-year-old patient with severely pronounced itchiness at night-time, who had undergone skinning vulvectomy due to VLS ten years before, and who was operated and underwent radiotherapy due to endometrial carcinoma two years ago. The patient had been in the status of amenorrhea for 16 years, had given birth to two children, and has arterial hypertension. Leukoplakia of the vulva was found by a gynecological examination. Patient initiated therapy with TheresienOl twice daily, with complaints that disappeared on Day 25 (Fig. 2). The treatment continued for two months, and there were no complaints one year after its onset.

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CASE REPORT

# Chirurgia 2020 August;33(4):223-6

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## Alternative, conservative treatment of postoperative scar on left facial half due to previous re-excision of temporal malignant skin melanoma with Theresienöl

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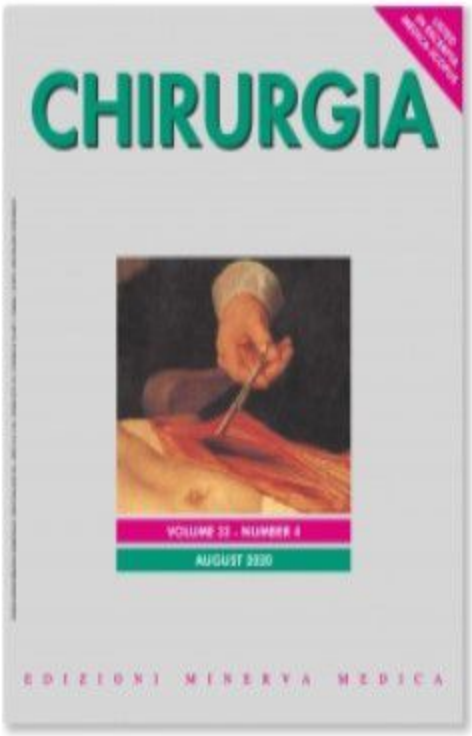
One of the basic stages in the treatment of skin malignant melanoma is performing re-excision of the affected site, which should be implemented within 4-6 weeks following the biopsy-based diagnosis. Normally the surgical incision is within the margins of 2 cm in all directions. An exception from this rule is allowed in thin lesions and such located on face area, where the margins are around 1-1.5 cm. Most of the cases after re-excision need closure of the skin defects using different various of plastic surgical recovery, which on its hand results in formation of cicatrices, varying is shape, size and location. Nowadays more and more attention is paid to local, conservative treatment of scars of different nature, the key alternatives for it being: silicon gels and dressings, pressure garments, transforming growth factor (TGF-β3) and UV-protection creams, factor >50. All of them influence upon different mechanisms in the formation of cicatrices with the sole objective the latter to be as tiny and invisible as possible. Herein we present a clinical case of alternative local treatment with Theresienöl of a scar on the left side of the face of an 82-years old woman, due to surgical treatment of nodular malignant skin melanoma, located temporally in the left.

KEY WORDS: Cicatrix; Conservative treatment; Postoperative period

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CASE REPORT

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## Two clinical cases of alternative treatment with Theresienöl in surgical site superficial infections

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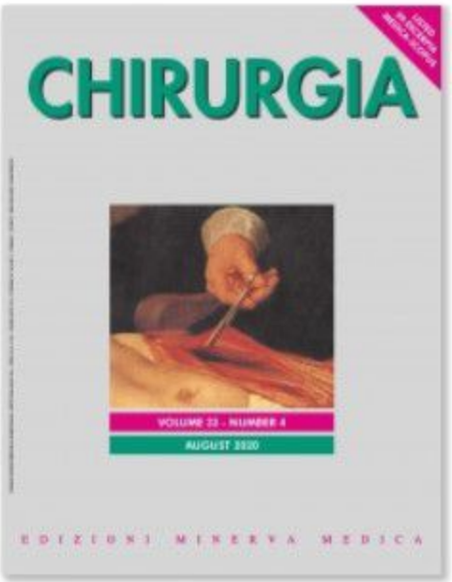
The surgical site infection is a dangerous complication, occurring in surgical patients, which results in aggravation of the postoperative period. It occurs within 30 days from the surgical intervention at the surgical site or the same body area. The most common reason is bacterial contamination from the skin, genital or digestive systems, its main cause being S. aureus. This type of infection is classified as: superficial - affecting the skin and hypoderm; deep - when affecting the fascia and the muscles and organ-based - when affecting body cavities and organs therein. The signs for superficial infection of the surgical site are: presence of necrotic edges of the surgical wound, suppuration running out of it, reddening, swelling, pain and warming of the site. In the treatment of surgical site superficial infections, the following methods are being used: systemic antibiotic therapy, taking out the skin stitches, pus drainage, surgical and non-surgical necrotomy, local vacuum therapy, local application of antiseptic dressings, hyper-bar oxygenation, local administration of products, facilitating granulation and epithelization. We present here two clinical cases of alternative treatment with Theresienöl of surgical site superficial infection.

KEY WORDS: Surgical wound infection; Administration, topical; Therapeutics

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# Austrian natural ointment (Theresienöl®) with a high potential in wound healing – A European review

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ARTICLE INFO

*Keywords:*
Theresienöl
Scars
Acute wounds
Infected wounds
Skin burns

ABSTRACT

*Background:* The use of Theresienöl® (T.O.) a traditional Austrian natural product has been traced back to1350. Medical wound care has always been a major concern and problem for people, especially in the Middle Ages. Even the smallest injuries or open wounds to become fatal due to poor hygienic conditions. Access to natural fats and vegetable ingredients made it possible to create a unique ointment named Theresienöl® which successfully treated multiple skin injuries including wounds, burns and scars.

*Methods:* 1,354 patients suffering of therapy-refractory skin injuries treated with T.O. within 38 centers between 2004–2020 in a cohort study. These were used for this review. Patients were divided by clinical criteria based on application duration and daily rate of reapplication strictly individualized depending on the degree of damage and efficiency results depending on the duration of the problem and the presence of chronic concomitant diseases. With a simplified application process a fine film of 2 drops/1 cm of the product (Depending on the vehicle of choice) over the wound or the affected areas, with a waiting time until partial absorption takes place followed by the dressing. It can be applied directly over the wound or over sterile bandages. The Primary endpoints were pain reduction, patient satisfaction both physically and aesthetically. Additionally we performed dermatological testing for irritation and allergy potential and rule out further side effects.

*Results:* After further evaluation of the 1.354 cases, statistically it showed an averaged of 89 % improvement rate in inflammation, an 88 % reduction rate in pruritus, 87 % of improved epithelisation, 93 % in patient benefit, and 91 % show improvement in wound closure. The Visual Analogue Scale of pain started at 8,29 a marked reduction was noted in the first 24 h with an average of 2,41. followed by a stable slow reduction of 1,73 on the 7th day.

*Conclusion:* Treatment of Therapy-Refractory skin injuries including burns, scars, acute in addition to chronic wounds with T.O., which is nearly 700 years old has shown for the first time exceptional results in an outpatient setting and was successful in alleviating inflammation, pain, itching and discomfort associated with wound care, thus providing an optimal opportunity for the wound to heal sufficiently and quickly without reported side effects.

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# Amelanotic melanoma of the skin – detailed review of the problem

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## RESEARCH

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## ABSTRACT

**Background**
Malignant melanoma (MM) of the skin accounts for about one per cent of all malignancies in humans. Amelanotic melanoma is a rare tumour, diagnosed in eight per cent of all melanomas.

**Aims**
The study aimed to analyse our clinical experience with amelanotic MM of the skin and the statistical data from a retrospective five year analysis of pigmented and amelanotic types of skin melanoma. Furthermore, we compare our results to those from other teams' studies. To reach the corresponding in-depth conclusions.

**Methods**
The study included 151 patients with malignant melanoma of the skin, diagnosed and treated at Dr. Georgi Stranski University in Pleven, Bulgaria, between 2012 and 2016. All the patients signed informed consent forms.

**Results**
Of the 151 patients we studied, 14 (9.3 per cent) were diagnosed with amelanotic melanoma. The average Breslow thickness in patients with amelanotic MM was 4.2mm, while in pigmented MM patients it 2.1mm. Local recurrence rates (35.7 per cent) were higher in patients with amelanotic melanoma. Distant metastases were found in 39 of all tested patients with melanoma. Of the 14 patients with amelanotic MM, eight had such metastases.

**Conclusion**
Amelanotic melanoma was diagnosed too late. Local recurrences were six times as many as the ones diagnosed in pigment melanoma. Distant metastases were twice as many, and mortality rates were three times higher.

**Key Words**
Amelanotic melanoma, malignant melanoma, pigment melanoma

## What this study adds:

**1. What is known about this subject?**
Amelanotic melanoma is a rare tumour, diagnosed in eight per cent of all melanomas and its progression is more malignant as compared to that of pigmented MM.

**2. What new information is offered in this study?**
Amelanotic melanoma has more often local recurrences, distant metastases and the mortality rate is three times as high as pigmented melanoma.

**3. What are the implications for research, policy, or practice?**
Amelanotic melanoma has to be treated more aggressively and monitored more actively than pigmented melanoma.

## Background

Malignant melanoma (MM) of the skin accounts for around

AMJ Australasian Medical Journal [AMJ 2018;11(12):538-541]

# Modern surgical treatment of malignant skin melanoma: A brief literature overview

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## REVIEW

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## ABSTRACT

**Background**
Malignant melanoma (MM) of the skin is a rare, highly malignant tumour, affecting younger age. Its incidence rate has been rising as compared to all malignant neoplasms – 5 per cent of all newly diagnosed cancers in men, and 6 per cent of those in women.

**Aims**
The aim of the literature review is to present the contemporary tendencies in the surgical treatment and monitoring of patients with malignant melanoma of the skin.

**Methods**
Systematic Literature Review Made By Google and Science Direct.com Search Engines. Publications and guidelines in English, including the newest aspects in the overall care of patients with malignant melanoma of the skin. Information for the indications and contraindications of performing a sentinel biopsy.

**Results**
The study established that the most modern surgical treatment of a malignant melanoma of the skin includes: primary tumour biopsy, sentinel biopsy of the regional lymph nodes with wide re-excision of the affected area, usually with a radius of 2cm, and the removal of local recurrences, lymph and distant organ metastases. When it comes to monitoring, it has to be done according to the contemporary worldwide guidelines.

**Conclusion**
Successful treatment of skin MM is in direct correlation to keeping up with the most modern tendencies.

**Key Words**
Malignant melanoma, surgical treatment, sentinel lymph node biopsy

## What this review adds:

**1. What is known about this subject?**
Malignant melanoma (MM) of the skin is a rare, highly malignant tumour, affecting younger age. Its incidence rate has been rising as compared to all malignant neoplasms.

**2. What new information is offered in this review?**
This review explores modern management of malignant melanoma.

**3. What are the implications for research, policy, or practice?**
Improvements in the management of malignant melanoma.

## Introduction

Malignant skin melanoma (MM) is a rare and highly malignant tumour, affecting younger age. Its incidence rate is growing faster than that of other malignant neoplasms. If compared to other newly diagnosed malignancies, it accounts for 5 per cent of these in men and 6 per cent in women.[1]

AMJ Australasian Medical Journal [AMJ 2018;11(2):78-82]

# Definitive treatment of a basal cell carcinoma on the upper lip through the oral administration of Vismodegib

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## CASE STUDY

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## ABSTRACT

Basal cell carcinoma is the most common malignant neoplasm of the skin of the face in old, caucasian humans. The tumour growth slow and rarely has metastases. The clinical presentation is different. The main method for treating is radical surgical excision, but if the tumour is very big or there are metastases, there is a very effective target therapy with the peroral capsules Vismodegib 150mg. In this case we introduce a patient whit cancer of upper lip of preoperative target therapy whit Vismodegib 150mg, which destroy the tumour cells and help us to make cosmetic surgical excision.

**Key Words**
Basal cell carcinoma, vismodegib, target therapy, erivedge

## Implications for Practice:

**1. What is known about this subject?**
The main method for treating basal cell carcinoma is surgical excision with a healthy safety margins.

**2. What new information is offered in this case study?**
The treatment with Vismodegib can be used as preoperative therapy for advanced, primarily difficult to remove basal cell carcinoma.

**3. What are the implications for research, policy, or practice?**
The treatment with Vismodegib allows surgeons to perform radical excisions in smaller volume with better cosmetic result.

## Background

Basal cell carcinoma is the most common, malignant, neoplastic disease on the skin and in the organism in general.[1] It accounts for 70 per cent of the keratinocyte cancers.[1,2] Its frequency is around two per cent of the general population, depending on the latitude and the population age. Most affected are areas of the body, exposed to direct sunlight. The tumour has very slow growth and rarely metastasis.[3,4]

Its clinical presentation varies from a nodular formation to a slowly healing ulcer. The main treatment method is a radical surgical excision of the carcinoma. Other surgical and nonsurgical methods are also used.

Here we will present our clinical case of a patient with advanced, primarily difficult to remove basal cell carcinoma on the upper lip, treated with peroral intake of Vismodegib 150mg, followed by a surgical excision.

AMJ Australasian Medical Journal [AMJ 2019;12(11):299-302]

# Primary cutaneous adenoid-cystic carcinoma of thigh found accidentally and presenting with the clinical picture of small pigmented (dark brown) cutaneous fibroma: A clinical case

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## CASE STUDY

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## ABSTRACT

The primary cutaneous adenoid-cystic carcinoma represents a very rare neoplasm - less than 100 similar cases are reported in the literature until now. It affects persons of middle age or elder the female is involved a little more often the local relapses are observed in about half of the cases and it metastasizes most frequently in the regional lymph nodes and lungs.

We present a case of a 31-year-old woman with primary adenoid-cystic carcinoma of skin which was treated for a pigmented cutaneous fibroma. This required reoperating the patient.

The clinical manifestation of primary cutaneous adenoid-cystic carcinoma may imitate benign pigmented cutaneous fibroma. The final diagnosis of this disease is made by a pathologist based on the pathomorphological exam and immunohistochemistry. The basic method for treatment in these cases is the extensive local excision in a radius of 2cm from the lesion to avoid the risk of local relapse.

**Key Words**
Primary cutaneous adenoid-cystic carcinoma, cutaneous fibroma, skin cancer

## Implications for Practice:

**1. What is known about this subject?**
The Primary Cutaneous Adenoid-Cystic Carcinoma is a very rare malignant tumour.

**2. What new information is offered in this case study?**
We present a case of a 31-year-old woman with primary adenoid-cystic carcinoma of skin which looks like small pigmented cutaneous fibroma.

**3. What are the implications for research, policy, or practice?**
The adenoid-cystic carcinoma very rare can originates from the eccrine sweat glands of the skin.

# ЛЕЧЕНИЕ НА МАЛИГНЕН МЕЛАНОМ НА КОЖАТА

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# THE TREATMENT OF MALIGNANT MELANOMA OF THE SKIN

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***Резюме.*** *Малигненият меланом (ММ) на кожата е рядък изключително злокачествен тумор, засягащ по-младата възраст, като при него темпът на покачване на заболяемостта е най-висок спрямо останалите злокачествени неоплазми – 5% от новодиагностицираните онкологични заболявания при мъжете и 6% при жените. Хирургичното му лечение включва биопсия на тумора, сентинелна биопсия на регионалните лимфни възли, радикална ексцизия на туморното ложе, евентуална последваща лимфна дисекция и оперативно отстраняване на далечните метастази.*

***Ключови думи:*** *малигнен меланом на кожата, хирургично лечение, сентинелна биопсия*

***Abstract.*** *Malignant melanoma (MM) of the skin is a rare and very malignant tumor, affecting younger age; its rate of incidence increase is highest compared to the other malignant neoplasms – 5% of all newly diagnosed oncological diseases in men and 6% in women. Its surgical treatment includes biopsy of the tumor, sentinel biopsy of the regional lymph nodes, radical excision of the tumor bed, possible following lymph dissection and surgical removal of distant metastases.*

***Key words:*** *malignant melanoma of the skin, contemporary surgical treatment, sentinel lymph biopsy*

## Въведение

Малигненият меланом (ММ) на кожата е рядък много злокачествен тумор, засягащ по-младата възраст, като темпът на покачване на заболяемостта при него е най-висок спрямо останалите злокачествени неоплазми – 5% от новодиагностицираните онкологични заболявания при мъжете и 6% при жените [1].

Съвременното му хирургично лечение включва биопсия на тумора, сентинелна биопсия на регионалните лимфни възли, радикална ексцизия на туморното ложе, евентуална последваща лимфна дисекция и оперативно отстраняване на далечните метастази.

Сентинелната биопсия на регионалния лимфен басейн е особено важна част от комплексното лечение, което определя до голяма степен и прогнозата на заболяването.

### *Биопсия на ММ с последващо патологоанатомично изследване*

– Инцизионна биопсия – взема се само част от по-голяма туморна маса

– Ексцизионна биопсия – меланомът се отстранява заедно с 1 до 3 mm околна, видимо здрава кожа [2]. Не се пристъпва направо към радикална ексцизия на тумора, за да не се прекъсват лимфните пътища, директно дренiращи засегнатото място, което би опорочило последващата сентинелна биопсия на регионалните лимфни възли.

– Патологоанатомично изследване на ММ **–** дава се описание на дебелината на меланома по Breslow и на инвазията в дълбочина по Clark [3].

*Journal of Pakistan Association of Dermatologists*. 2018; **28 (2)**: 245-249

**Surgical Commentary**

# Medical form for a patient with malignant melanoma of the skin, made in accordance to the most recent guidelines for diagnosing, treating and monitoring the disease

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## Background

The malignant melanoma (MM) of the skin is a fairly rare, too malignant tumor, originating from the epidermal melanocytes. In Bulgaria the average morbidity is 6.5/100000. The tumor affects the younger age and often metastasizes in the early stages of the disease. MM of the skin is also the tumor with the highest rate of increase of morbidity – 5% of newly diagnosed oncologic diseases in men and 6% in women.[1,2] All of this imposes the usage of an unified tactic for diagnosing, treating and monitoring patients with that disease, aiming to achieve maximized beneficial effect for them, and said tactic to be marked in a fitting, simplified, but understandable, medical form. With this reasoning our team intended to present a project of ours, compliant with our conditions and with the newest guidelines from Western Europe; The USA; Australia and New Zealand. Our aim was to ease our colleagues, who wish to benefit their patients, suffering from malignant melanoma of the skin.[3,4,5,6,7,8] Of course, we do not wish to be blamed for presenting a dogma; we realize that we live in a free world, in which every medical doctor is entitled to his opinion and decision to benefit his patients.

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Generally, this medical form consists of 3 main parts. First part includes personal information, height, weight, body surface area (BSA), exact diagnosis, TNM classification, staging, accompanying diseases, diagnostic biopsy data, re-excision, sentinel lymph nodes biopsy, data about performed lymph dissections after positive sentinel or clinical lymph nodes, and data for surgically removed local recurrences, metastases and clinical monitoring **(Appendix 1)**.

The second part **(Appendix 2)** includes the data from the patients' monitoring, which is in accordance with the stages, pointed out in the end of **Appendix 1.**

The third part consists of the application of different treatments. The type of treatment, the methods and drugs used, the date of performing the treatment and the doses in accordance to the body surface area (in $m^2$) are written. The

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# Contemporary Tendencies in Surgical Treatment and Biopsy of Sentinel Lymph Nodes in Malignant Melanoma of the Skin

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**Abstract**

The malignant melanoma is a fairly rare, but very malignant tumor, emanative from epidermal melanocytes, that affects the skin in above 95% of cases. Unlike other tumors, it is encountered in younger age and can metastasize in early stages of the disease. This tumor is with highest rate of morbidity increase - 5% of newly diagnosed oncological conditions in men and 6% in women. The surgical treatment includes biopsy of the primary lesion, sentinel biopsy of regional lymph nodes with possible following lymph disection, wide radical excision of the primary site and surgical removal of distant methastases in the advanced stages of the disease

**Keywords:** Malignant melanoma of the skin; Contemporary surgical treatment; Sentinel lymph biopsy

## Introduction

The malignant melanoma (MM) is a fairly rare, but very malignant tumor, originating from the epidermal melanocytes. Its highest incidence is in the caucasian population of Australia and New Zealand, where the morbidity is above 40/100 000 people per year. In the USA its 10/100000, in Western Europe's women it's 12/100 000, while for men it's 7/100000. For Bulgaria the morbidity is 3.0-3.5/100 000. Unlike other tumors, it affects younger age and can metastasize in early stages of the disease. MM is the tumor with highest rate of morbidity increase - 5% of newly diagnosed oncological conditions in men and 6% in women [1,2].

Contemporary surgical treatment of MM of the skin, including sentinel biopsy of regional lymph nodes, is very important and is a main part of the complex treatment, generally defining the outcome of the disease. The main components of the complex treatment are:

a) biopsy of the primary lesion (incisional or excisional)

b) pathological examination of the biopsy material with description of the thickness of the tumor based on Breslow and the invasion depth, based on Clark

c) radical reexcision of the tumor bed

d) performing sentinel biopsy of the regional lymph nodes if indicated

e) lymph disection of regional lymph nodes if indicated

f) histopathological serial immunohistochemical analysis of sentinel lymph nodes and/or usual one for the rest of the lymph nodes [3-5]

g) staging the disease with the TNM classification

h) undertaking adjuvant non-surgical treatment, if needed

i) observation

j) Exposition

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# A rare clinical case of synchronous colorectal cancer, affecting the transverse colon

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## CASE STUDY

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## ABSTRACT

Synchronous colorectal cancer is a rare condition, which presents with the simultaneous development of more than one primary carcinoma and affects different segments of the colon and rectum. The incidence of this disease is about 3.5 per cent of all carcinomas of the colon and rectum and more often affected men. Adenocarcinoma is the most common histological type for synchronous colorectal cancer.

We present a rare clinical case of a 62-year-old woman with synchronous colorectal carcinoma, located in the transverse and sigmoid colon and verified histologically by colonoscopy.

**Key Words**
Colorectal cancer, synchronous colorectal cancer, colorectal adenocarcinoma

## Implications for Practice:

**1. What is known about this subject?**
Synchronous colorectal cancer is a rare condition. Its incidence is about 3.5 per cent of all carcinomas that involve the colon and rectum.

**2. What new information is offered in this case study?**
The two synchronous colon carcinomas are of the same histology but with different malignant potential.

**3. What are the implications for research, policy, or practice?**
It complements the knowledge about synchronous colorectal carcinoma.

## Background

Synchronous colorectal cancer is a relatively rare condition, which presents with the simultaneous development of more than one primary carcinoma and affects different segments of the colon and rectum. Its incidence is about 3.5 per cent of all carcinomas that involve the colon and rectum.[1] The gender distribution of this disease in females and males is respectively 1:1.8,[2-6] mean age 63.[7-11] Adenocarcinoma is the most common histological type for synchronous colorectal cancer.[12]

We present a rare clinical case of a 62-year-old woman with synchronous colorectal carcinoma, located in the transverse and sigmoid colon and verified histologically by colonoscopy.

## Case details

We present a 62-year-old woman with comorbidities of arterial hypertension, chronic bronchitis and pulmonary emphysema. She was initially admitted to the Clinic of Gastroenterology and Hepatology in Dr. Georgi Stranski University Hospital in Pleven, Bulgaria. The patient presented with persistent constipation, continuing for years

AMJ Australasian Medical Journal [AMJ 2019;12(4):119-122]

# Vaginal myoma – A rare type of vaginal tumour

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## CASE STUDY

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## ABSTRACT

Vaginal myoma is an extremely rare benign tumour. Its clinical picture is multiform, core being the presence of pain symptom. This diagnosis is not that easy and malignant tumour should always be considered.

We present three clinical cases, where the formations differ in their dimensions, localizations and clinical pictures. We used one and the same method in their surgery and there was no recurrence during the follow up period.

We cannot rely on clinical symptoms or gynaecological examination to diagnose vaginal leiomyoma. The ultrasonography is only of orientational character. Therefore, each formation originating vaginally should be treated as malignant – it should be removed intact, without disrupting its entirety.

**Key Words**
Vaginal myoma, diagnosis, treatment

## Implications for Practice:

**1. What is known about this subject?**
Vaginal myoma is a very rare type of vaginal tumour.

**2. What new information is offered in this case study?**
There are no diagnostic tools that can diagnosticate the vaginal myoma with absolute sure.

**3. What are the implications for research, policy, or practice?**
When treating vaginal mass, we must bear in mind that malignant tumour may be present in this vaginal mass.

## Background

Vaginal leiomyoma is a very rare type of smooth muscle tumour and until nowadays less than 400 cases have been reported in publications worldwide. Bennett and Ehrlich found only nine cases in 50,000 surgical specimens and only one case in 15,000 autopsies reviewed at Johns Hopkins Hospital.[1] Usually they are small, originating from the anterior vaginal wall and are asymptomatic,[2] yet depending on their size and localization they may be accompanied by low abdominal pain, back pain, vaginal bleeding, dyspareunia and various urinary symptoms as voiding frequence or difficulty.[3] Sometimes the diagnosis is not easy and the differential diagnostic plan includes also cystocele, urethrocele, skene duct abscess, gartner duct cysts, urethral diverticulum, vaginal cysts, bartholin gland cysts, and vaginal malignancies.[1]

We present here three cases of vaginal myomas of different clinical manifestations and localization.

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# Lymph node involvement and the role of lymphadenectomy in patients with advanced ovarian cancer

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## RESEARCH

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## ABSTRACT

**Background**
Ovarian carcinoma (OC) is one of the most common types of cancer diagnosed in women and its clinical significance is reflected in the leading place it holds in the morbidity and mortality rates among women diagnosed with cancer. The evaluation of lymph node involvement by the oncosurgeons is a pivotal step towards proper disease staging and adjuvant therapeutic choices, towards optimal treatment outcomes.

**Aims**
The aim of this study was to investigate the lymph node metastases and patient characteristics in women with advanced OC (FIGO II-IV).

**Methods**
The study includes 58 patients with advanced OC (FIGO II-IV) operate in our clinic for the period 2004-2012. The patients were analysed with respect to age, FIGO stage, histological type and tumour grading, type of surgical verification of lymph nodes (biopsy, pelvic and/or para-aortic lymphadenectomy), results from histopathological reports describing the extent of lymphatic involvement, localization of lymph node metastases, and presence of ascites.

**Results**
Lymph node metastases were found in 56.7 per cent of the patients. 24.1 per cent of the patients had micrometastases in lymph nodes that were not initially detected on both pre-operative diagnostic imaging and intraoperative inspection.

**Conclusion**
The only reliable method for initial/early detection of lymphatic metastases in patients with OC is the surgical, through lymphadenectomy, with subsequent histological evaluation.

**Key Words**
Ovarian cancer, lymph node metastasis, surgery

## What this study adds:

**1. What is known about this subject?**
The only reliable method for early initial detection of lymphatic metastases is surgical with subsequent histological examination.

AMJ Australasian Medical Journal [AMJ 2019;12(8):234-238]

# Isthmocele: An important sequelae of caesarean section - report of three cases and mini review

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## CASE STUDY

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## ABSTRACT

An isthmocele appears as a fluid-filled pouch-like defect in the anterior uterine wall at the site of a prior caesarean section, and ranges in prevalence from 19 per cent to 84 per cent, a direct relation to the increase in caesarean sections performed worldwide. It is the result of incomplete healing of the isthmic myometrium after a low transverse uterine incision performed for caesarean section. Although mostly asymptomatic, it may cause menstrual abnormalities, chronic pelvic pain, and secondary infertility. Scar tissue dehiscence, scar pregnancy, and abnormally adherent placenta are some of the obstetric complications associated with this defect. Diagnosis of the defects can be made with transvaginal ultrasound (TVUS), saline infused sonohysterogram (SIS), hysterosalpingogram, hysteroscopy, and magnetic resonance imaging (MRI). Surgical treatment of an isthmocele is still a controversial issue but it should be offered to symptomatic women or asymptomatic patient who desires future pregnancy. When surgery is the treatment choice, laparoscopy guided by hysteroscopy, or hysteroscopy alone are the best options depending on the isthmocele's characteristics and surgeon expertise.

We would like to present a mini-review of the topic with contribution of three cases.

**Key Words**
Isthmocele, fluid-filled pouch, caesarean section

## Implications for Practice:

**1. What is known about this subject?**
Isthmocele is a late complication of caesarean section.

**2. What new information is offered in this case study?**
It is very important to be diagnosed because it can lead to sterility.

**3. What are the implications for research, policy, or practice?**
All symptomatic cases with isthmocele have to be treated by laparoscopy or hysteroscopy and the same applies to all asymptomatic patients with desire for pregnancy.

## Background

The incidence of birth after caesarean section (CS) increases on a global scale.[1,2] This is due to decrease of the rate of operative vaginal deliveries, vaginal delivery of twin gestation, breech deliveries, and vaginal birth after caesarean section.[3] On the other hand the World Health Organization accepts, that only incidence of caesarean

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*Case Report*

# First Case of Chylous Ascites after Laparoscopic Myomectomy: A Case Report with a Literature Review

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**Abstract:** *Introduction*: Chylous ascites is a rare form of ascites characterized by milk-like peritoneal fluid, rich in triglycerides. Clinical signs and symptoms include abdominal distention, pain, nausea, and vomiting. In gynecology, the most common cause for its occurrence is lymph dissection leading to impairment of major lymphatic vessels. There are only a few reported cases of chylous ascites arising after operations for benign diseases. *Case report*: We report a case of a 46-year-old female patient, who underwent laparoscopy for a myomatous node with chylous ascites occurring on post-surgery Day 2. The ascites was conservatively managed. The exact cause of the chyloperitonitis could not be determined. *Conclusion*: Although extremely rarely, chylous ascites may also occur in operative interventions for benign diseases in gynecological surgery.

**Keywords:** chylous ascites; myomectomy; benign disease; surgery

## 1. Introduction

Chylous ascites (CA) is a rare form of ascites, which represents milk-like peritoneal fluid, rich in triglycerides [1,2]. The incidence of chylous ascites is approximately 1 in 20,000 patients [3,4]. Chylous ascites after surgery appears due to injury to the thoracic duct, cistern chill, or its intestinal tributaries. Chyloperitonitis can be an early complication a few days after surgery or can occur several months later [5,6]. Clinical symptoms and signs are often nonspecific [3]. There is controversy regarding the cut-off value of triglyceride confirming the diagnosis. Many studies have reported elevated ascitic fluid triglyceride (TG) levels as the best parameter for detecting chylous ascites. Staat suggested a cut-off value of 110 mg/dL, whereas a recent study reported a single-point triglyceride cut-off of 187 mg/dL (2.13 mmol/L) or alternatively an equivocal range of 148–246 mg/dL (1.69–2.80 mmol/L) to establish CA and observed a sensitivity and specificity of up to 95%. Chi-Hang Hsiao reported a cut-off >2 for the ratio of ascites TG/serum TG. The current consensus utilizes levels of triglycerides from the milky fluid above 200 mg/dL as the criterium for diagnosis of CA [5,7–10]. It is an uncommon complication in oncogynecological surgery, which occurs when pelvic and paraaortic lymph dissections are performed, as a result of impairment of the major lymph vessels. Although exceptionally rare, chylous ascites may occur as a complication in gynecological operations for benign diseases [1,2].

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# Two relatives female patients with primary malignant phyllodes sarcoma and primary stromal sarcoma of breast - A clinical case

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## CASE STUDY

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## ABSTRACT

The primary sarcoma of breast is a rare malignant tumour, which develops from the mesenchymal tissue of the mammary gland. It represents less than 1 per cent of all malignant diseases of the breast. The incidence is about 17 new cases per 1 000 000 women. The aetiology of that disease is unknown. The main method of treatment is the surgical excision with which includes the "safety-margin" of healthy-looking tissues.

We present a 57-year-old woman with probably familial, primary, malignant malignant phyllodes sarcoma. Her niece was diagnosed with periductal stromal sarcoma of the left breast five years ago. This evoked in us the idea that there is probably a familial connection between the two diseases.

After radical surgery the patient was undergone to radiotherapy and she is without any signs of recurrence till now.

**Key Words**
Malignant phyllodes sarcoma, stromal sarcoma of breast, sarcoma of the breast

## Implications for Practice:

**1. What is known about this subject?**
The primary sarcoma of breast is a rare malignant tumour.

**2. What new information is offered in this case study?**
We present a woman with probably familial, primary, malignant phyllodes sarcoma.

**3. What are the implications for research, policy, or practice?**
There probably exists genetical predisposition in certain families connected with the development of sarcoma of breast.

## Background

The primary sarcoma of breast is a rare malignant tumour, which develops from the mesenchymal tissue of the mammary gland.[1-3] It represents less than 1 per cent of all malignant diseases of breast.[4] The incidence is about 17 new cases per 1 000 000 women.[5] The aetiology of that disease is unknown.[6] The main method of treatment is the surgical excision with includes "safety-margin" of healthy-looking tissues, while in principle the axillary dissection is

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ORIGINAL PAPER

# IMMUNOHISTOCHEMICAL STUDY OF HUMAN PAPILLOMA VIRUS AND EPSTEIN–BARR VIRUS IN PATIENTS WITH LYMPHOEPITHELIOMA-LIKE CARCINOMA OF THE UTERINE CERVIX

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## Abstract

**Introduction.** Lymphoepithelioma-like carcinoma (LELC) of the uterine cervix is a rare type of squamous cell carcinoma (SSC). It differs from the usual SSC of the cervix in its morphology and clinical behavior and shows a better prognosis than the more common SSC of the cervix. It is considered that LELC is associated with Epstein–Barr virus (EBV) infection in Asian and with human papilloma virus (HPV) or no infection in Caucasian patients.

**The aim of the study** was to confirm whether or not LELC is more common in Caucasian patients with EBV/HPV infection or whether there is no correlation to the previous viral exposure.

**Material and methods.** A retrospective research has been done on 775 female patients for a period of 8 years, who have been operated for cervical cancer

## Résumé

**Étude immunohistochimique des Papilloma virus et Epstein-Barr virus chez les patientes avec carcinome de type lympho-épithélioma du col utérin**

**Introduction.** Le carcinome de type lympho-épithélioma (LELC) du col utérin est un type rare de carcinome à cellules squameuses (SSC). Il diffère du SSC habituel du col de l'utérus par sa morphologie et son comportement clinique et présente un meilleur pronostic que le SSC plus commun du col de l'utérus. On considère que la LELC est associée à l'infection par le virus Epstein-Barr (EBV) chez les asiatiques et au virus du papillome humain (VPH) ou à l'absence d'infection chez les patients de race blanche.

**L'objectif de l'étude** est de confirmer si la LELC est plus fréquente chez les patients de race blanche

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in the Onco-gynecological Department of UMHAT „Doctor Georgi Stranski"-Pleven, Bulgaria. A group of 16 women with LELC has been identified by clinical data. Morphologically, 13 of them have been examined by routine histological and immunohistochemical tests, for assessment of the viral status, with monoclonal antibodies against EBV/HPV by DAKO protocol.
**Results.** Two of the women have been proven to have EBV, tree-HPV infection and two – both viruses. In the other six cases no viral infections have been identified.
**Conclusion.** Our results show a stronger correlation between LELC in Caucasian women and a previous HPV infection or no viral infection, rather than association with EBV infection.
**Keywords:** Lymphoepithelioma-like carcinoma, Human papilloma virus, Epstein–Barr virus, Immunohistochemistry.

**List of abbreviations:**
LELC – Lymphoepithelioma-like carcinoma
SSC – squamous cell carcinoma
EBV – Epstein–Barr virus
HPV – Human Papilloma virus

infectés par le virus EBV / HPV ou s'il n'y a pas de corrélation avec l'exposition virale antérieure.
**Méthodes.** Une recherche rétrospective a été menée sur 775 patientes pendant une période de 8 ans qui avaient été opérées pour un cancer du col utérin dans le département d'oncologie-gynécologie de l'UMHAT «Docteur Georgi Stranski» –Pleven. Un groupe de 16 femmes avec LELC a été identifié par les données cliniques. Sur le plan morphologique, 13 d'entre elles ont été examinées de manière histologique et immunohistochimique de routine, afin d'évaluer le statut viral, avec des anticorps monoclonaux anti-EBV / HPV selon le protocole DAKO.
**Résultats.** Il a été prouvé que deux des femmes avaient le virus EBV, une infection par le HPV des arbres, et deux – les deux virus. Dans les six autres cas, aucune infection virale n'a été identifiée.
**Conclusions.** Nos résultats montrent une corrélation plus forte entre le LELC chez les femmes de race blanche et une infection à HPV antérieure ou l'absence d'infection virale, plutôt qu'une association avec une infection à EBV.

**Mots-clés:** carcinome de type lympho-épithélioma, virus du papillome humain, Epstein-Barr virus, immunohistochimie.

## Introduction

Lymphoepithelioma is described for the first time as a neoplasm of the nasopharynx. The histological features of this tumor are a syncytial growth pattern of undifferentiated malignant cells with prominent lymphoplasmacytic stromal infiltration[1]. Later the similar tumors have been described in salivary gland[2], lung[3], stomach[4] and thymus[5] and have been called lymhoepithelioma-like carcinoma (LELC). In the uterine cervix, it was reported for the first time by Hamazaki et al in 1968[6]. Although it is a very rare tumor, it is necessary to be differentiated from the squamous cell carcinoma because of its better prognosis. It is considered that LELC is associated with Epstein–Barr virus (EBV) infection in Asian women and with Human Papilloma virus (HPV) or no infection in Caucasian patients.

**The objective of the study** was to confirm whether or not LELC is more commonly associated with HPV infection rather than with EBV infection in Caucasian patients or whether there is no correlation to the previous viral exposure.

## Material and methods

A retrospective research has been done on 775 female patients for a period of 8 years (2008- 2015), who have been operated due to cervical cancer in the Onco-gynecological Department of UMHAT „Doctor Georgi Stranski"- Pleven, Bulgaria. A group of 16 Caucasian women with LELC has been identified by clinical data. Only 13 of them were included in the trial because the paraffin blocks of the last 3 women had not been found, making thus impossible their examination. The patients have been examined by routine histological and immunohistochemical tests for assessment of the viral status, with monoclonal antibodies against EBV/HPV by DAKO protocol.

## Results

The frequency of LELC in our group was 2.06%. The conventional immunohistochemical stain proves viral presence (HPV/EBV) in seven cases, but generally the staining intensity and distribution were very weak and limited. Immunohistochemistry proves the presence of only HPV in three (23.07%) (Fig. 1) and only EBV in two cases (15.38%) (Fig. 2).

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*Article*

# Single-Center Study of Lymphoepithelioma-Like Carcinoma of Uterine Cervix over a 10-Year Period

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**Abstract:** *Background and objectives:* Lymphoepithelioma-like carcinoma (LELC) is a histological type of malignant tumor arising from the uncontrolled mitosis of transformed cells originating in epithelial tissue. It is a rare subtype of squamous cell carcinoma of the uterine cervix. There are significant differences in frequency, mean age, viral status, and outcomes in Asian or Caucasian patients. *Materials and Methods:* A retrospective study of all cases of lymphoepithelioma-like carcinoma of the cervix at the Clinic of Oncogynecology, University Hospital, Pleven, Bulgaria between 1 January 2007 and 31 December 2016 was performed. All patients were followed-up till March 2019. We analyzed some clinical characteristics of the patients, calculated the frequency of lymphoepithelioma-like carcinoma of the cervix from all patients with stage I cervical cancer, and looked at the overall survival rate, the 5-year survival rate, and the correlation between overall survival, lymph node status, and the size of the tumor. *Results:* The frequency of lymphoepithelioma-like carcinoma was 3.3% for all cases with cervical carcinoma at stage I. The mean age of the patients with LELC was 49.6 years (range 32–67). Fourteen patients (82.4%) were in the FIGO IB1 stage, three patients (17.6%) were in the FIGO IB2 stage. Lymph nodes were metastatic in three patients (17.6%), non-metastatic in 13 patients (76.5%), and unknown in one patient. The overall survival rate was 76.47% for the study period and the 5-year survival rate of the patients that were followed-up until the 5th year (14 patients) was 69.23%. *Conclusions:* Lymphoepithelioma-like carcinoma is a rare SCC subtype, but it could be more frequent among western patients than previously thought. Our results do not confirm the data showing low risk of lymph metastasis and good prognosis of LELC, which is why we think that the treatment in these cases has to be more aggressive than is reported in the literature.

**Keywords:** lymphoepithelioma-like cervical cancer; overall survival rate; lymph node involvement; prognosis; follow-up

## 1. Introduction

Lymphoepithelioma-like carcinoma (LELC) is a histological type of malignant tumor arising from the uncontrolled mitosis of transformed cells originating in epithelial tissue. It is a common type

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# Basaloid squamous cell carcinoma of uterine cervix in a young adult - A case report

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## CASE STUDY

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## ABSTRACT

Basaloid squamous cell carcinoma of the uterine cervix is an extremely rare and aggressive malignancy. It has poorer clinical outcomes than squamous cell carcinoma of the uterine cervix. The tumour has specific microscopic features, and usually affects patients in their late 60s and 70s. We present a very rare case of a 30-year-old woman, who was diagnosed on a prophylactic examination and was treated with radical hysterectomy and pelvic lymph node dissection. The follow-up of the patient is ongoing.

**Key Words**
Cervical cancer, basaloid squamous cell carcinoma, basaloid cells squamous cell carcinoma, young adult

## Implications for Practice:

**1. What is known about this subject?**
This rare and aggressive tumour affects mostly patients in their late 60s and 70s.

**2. What new information is offered in this case study?**
It is possible to occur in very young adults.

**3. What are the implications for research, policy, or practice?**
It is important to be differentiated from other tumours of cervix because of its different clinical behaviour and Prognosis.

## Background

The term basaloid squamous cell carcinoma (BSCC) was used for the first time by Wain et al. in 1986.[1] The authors described with it "a highly malignant variant of squamous cell carcinoma with a basaloid pattern" that had developed over the tongue, laryngopharynx, and larynx. A great number of cases of tumours with such morphology have been described until the present day since then. The tumour derives most often from the larynx, laryngopharynx, tonsils, and base of the tongue, and more rarely from the nose, paranasal sinuses, external ear, submandibular region, oesophagus, lung, uterine cervix, vulva, vagina, and anus.[2,3] One of the rarest locations of that disease is the uterine cervix.[4] It is thought that the tumour has a more aggressive course than the classical cervical squamous cell carcinoma (SCC), higher metastatic potential, and poorer prognosis.[5]

We present a case of a young woman with an asymptomatic course of BSCC, diagnosed on a prophylactic examination, which underwent radical surgical treatment performed

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CASE REPORT

# An Extremely Rare Case of Asymptomatic Choriocarcinoma, Originating from the Interstitial Part of the Fallopian Tube

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**Keywords** Choriocarcinoma · Ectopic pregnancies · β-hCG · Organ-conserving surgical intervention

## Introduction

Choriocarcinoma is a trophoblastic, extremely rare malignant formation with incidence of 0.133 per 100,000 woman years [1]. It is most common as a result of a malignant transformation of a molar pregnancy and significantly less frequent after an abortion, normal birth or an ectopic pregnancy [2]. The incidence is considered to be 1 per 5333 ectopic pregnancies and 1 per 1.6 million normal intrauterine pregnancies [2]. According to medical literature, there are three cases of a choriocarcinoma originating from the intramural part of the fallopian tube [3–5].

## Case Report

It is about a 31 year old patient, pregnant, with one previous birth, hospitalized because of ultrasound information about a formation in the right uterine horn and β-hCG levels above 10,000 mIU/ml.

Medical history as follows: Patient gave normal birth on October 2, 2016. Two months later, she restored her menstrual cycle and up until her hospital admission she was breastfeeding. In the end of February 2017, patient had genital bleeding. Month and a half later, on April 5, 2017, because of a lack of menstrual bleeding, patient did a pregnancy test, which was positive. The ultrasound examination showed no gestational sac in the uterine cavity, and the uterus and uterine appendages were normal. β-hCG was tested three times, 2 days between tests, and the results were between 180 and 200 mIU/ml with no tendency for increase. Around 10 days later, on April 22, 2017, patient started bleeding and β-hCG was again 200 mIU/ml. The decided diagnosis was spontaneous abortion. In the end of May, patient had light genital bleeding. An ultrasound examination was performed on June 7, 2017. It showed a formation with heterogeneous echo texture in the right uterine horn (31/35 mm, Fig. 1), looking like a "snowstorm." There was also an intramural nodule (2/2 cm) on the posterior uterine wall. The patient's β-hCG was above 10,000 mIU/ml, and she had no subjective complaints so far.

On July 9, 2017, when the patient was admitted to the clinic, her β-hCG was 25 387 mIU/ml. The chosen diagnosis, a gestational trophoblastic neoplasm, was based on the β-hCG dynamics, the ultrasound result and the patient's medical history. The patient's blood tests, ultrasound examination of abdominal organs and chest X-ray were all normal. Because of the patient's hemodynamic stability and her strong desire to keep her reproductive functions, an organ-conserving surgical intervention was selected. We performed a laparoscopy, which visualized a formation in the right uterine horn, sized 4/4 cm, bleeding when extirpation was tried; right ovary and left appendage were normal. A laparotomy was performed, and said formation was removed, together with the right fallopian tube and the myoma node (Fig. 2).

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CASE REPORT

# Delayed Inguinal Site Metastasis in Early-Stage Endometrial Cancer: A Case Report

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© Association of Gynecologic Oncologists of India 2018

**Keywords** Endometrial cancer · Inguinal lymph node metastasis · Frequency · Treatment

## Introduction

Endometrial cancer is the fourth most common malignancy in women, with more than 60,000 newly diagnosed cases in the USA in 2016 [1]. According to the Bulgarian national cancer registry, endometrial cancer is the second most common cancer in females with share of 8.6% (34.7 cases per 100,000 women) in Bulgaria for [2]. The most common lymph metastatic sites of the endometrial cancer are internal, external and common iliac lymph nodes [3]. The inguinal area is an unexpected primary metastatic or recurrence site for early-stage endometrial cancer.

## Case report

In May 1993, a 65-year-old Caucasian female patient was diagnosed with well-differentiated (G1) endometrial carcinoma after dilatation and curettage (D&C). X-ray and ultrasound of the abdomen were performed with no signs of dissemination of the disease. At this time in Bulgaria, CT was not routinely performed even in early-stage endometrial cancer. The patient was put on a waiting list for surgery, and a month later, she underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH and BSO), without lymph node dissection (LND). According to the European guidelines in 1993, a patient with clinical assessment of early-stage endometrial cancer did not undergo LND. Histopathology revealed moderately differentiated (G2) endometrioid adenocarcinoma invading less than 50% of myometrium. Lymph-vascular space invasion (LVSI) and cervical stomal invasion (CSI) were not noted, and immunohistochemistry was not performed since it was not routine at that time. She was staged according to the International Federation of Gynecology and Obstetrics (FIGO) staging system as FIGO IB in 1993 (according to FIGO 2009 used nowadays—FIGO IA). She underwent pelvic radiation therapy of 54 Gy. Follow-up was done at 6, 12, 18, 36 months, and 3–5 years subsequently using clinical examination, blood tests and abdominal ultrasound with no signs of progression of the disease. Then, the patient was lost from follow-up. In January 2015, at the age of 86, 23 years after the surgery, she was admitted in the Clinic of Oncogynecology, UMHAT "Dr. Georgi Stranski," Pleven, Bulgaria, with the history of left groin lump for 1 month. On physical examination, a mobile, soft, painless mass of size 40/50 mm in the left inguinal region was found as well as clinical data for left leg deep venous thrombosis (DVT). The rest of examination was unremarkable. PET–CT was not performed due to the patient's age. After consulting with vascular surgeon, the DVT was treated conservatively. Then, a left inguinal superficial lymph node dissection was performed and histopathology showed lymph node with diffuse metastasis of endometrioid endometrial adenocarcinoma with focal squamous differentiation (Fig. 1). Immunohistochemistry was not performed since there was no result to compare from 1993. Thereafter, a left inguinal region postoperative radiation therapy of 30 Gy was executed. In April 2015, an abdominal and pelvic CT was

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# Rapidly growing vaginal mass: Benign or malignant?

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## CASE STUDY

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## ABSTRACT

Vaginal leiomyoma is a rare condition. Approximately 300 cases have been reported in the literature so far. We present a case of 47 years old patient with a rapidly growing vaginal myoma which was diagnosed three months after a supravaginal hysterectomy due to uterine myoma and was suspicious for malignancy.

**Key Words**
Vaginal leiomyoma, uterine myoma, malignancy

## Implications for Practice:

**1. What is known about this subject?**
Vaginal leiomyoma is very rare and only a little above 300 cases were reported in the literature.

**2. What new information is offered in this case study?**
The differentiation between leiomyoma and leiomyosarcoma prior to surgical removal of the vaginal tumour is very difficult.

**3. What are the implications for research, policy, or practice?**
The rapidly growing tumours in the vagina do not have to be malignant but they have to be treated as malignant.

## Background

Leiomyomas are smooth muscle benign tumours developing from monoclonal expansion of a single muscle cell, responsive to steroid hormones.[1] Almost 70 per cent to 80 per cent of all women will have fibroids by age 50. It is most common in women between the ages of 35 and 50. Usually it is located in the uterus, but sometimes it can be found in other locations- for example as a primary vaginal leiomyoma. Leiomyoma of the vagina is a very rare entity: approximately 300 cases have been reported in the literature so far.[2] The benign fibromyoma usually arise from the anterior vaginal wall and the differential diagnosis in these cases must be done with benign neoplasms such as bladder leiomyoma, rhabdomyoma and benign mixed tumour, endometriosis, malignant primary neoplasms such as squamous cell carcinoma, verrucous and clear cell carcinoma, embryonal rhabdomyosarcoma, melanoma, leiomyosarcoma and mixed tumours, secondary neoplasms, cervical fibroid and uterine prolapse.[3] Usually the vaginal myoma is a unifocal, small and slow growing mass.

However, these lesions are usually oestrogen dependent and can grow rapidly during pregnancy or regress after menopause. They can be asymptomatic or present with symptoms related to the size and location of the lesion.[4] Depending on the size and location, vaginal leiomyomas may cause varied clinical presentations, such as dyspareunia, pain, or dysuria.[5]

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# Primary, nodal, marginal zone lymphoma of a woman's left breast imitated fibroadenoma: A case report

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## CASE STUDY

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## ABSTRACT

**Background**
Primary breast lymphoma is a rare malignant neoplastic disease, accounting for around 0.5 per cent of all malignant diseases of that organ, and also 2.2 per cent of extranodal lymphomas. The most common histopathological types are: diffuse large B-cell lymphoma, extranodal B-cell marginal zone lymphoma and MALT lymphoma. The primary affected group is with median age between 55 and 62 years. The clinical manifestation is usually of a tumour process in the affected breast.

**Case presentation**
Here we present an extremely rare case of a 68 years old woman with primary, nodal, B-cell, marginal zone lymphoma of the left breast, presenting itself under the mask of a benign tumour process, found accidentally following a histopathological examination of excisional samples.

**Conclusions**
Primary, nodal, marginal zone, B-cell lymphoma of the breast is extremely rare. Its clinical and mammographic presentation completely overlaps with those of fibroadenoma, which makes diagnosing it preoperatively practically impossible. Main treatment method here is not surgical, but radiological and chemotherapeutic.

**Key Words**
Primary breast lymphoma, extranodal lymphoma, nodal marginal zone lymphoma

## Implications for Practice:

**1. What is known about this subject?**
Primary breast lymphoma is a rare malignant neoplastic disease, accounting for around 0.5 per cent of all malignant diseases of that organ, and also 2.2 per cent of extranodal lymphomas.

**2. What new information is offered in this case study?**
The clinical presentation of this type of lymphoma when it affects the breast is atypical and most often consists of a palpable non-painful formation.

**3. What are the implications for research, policy, or practice?**
The clinical and mammographic presentation of this lymphoma of the breast is completely overlapped with those of fibroadenoma, which makes diagnosing it preoperatively practically impossible.

## Background

Primary breast lymphoma is a rare malignant neoplastic disease, accounting for around 0.5 per cent of all malignant diseases of that organ, and also 2.2 per cent of extranodal lymphomas.[1-3] 95 per cent of cases are women, while for men the frequency is less than 5 per cent.[4,5] The most

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# Contemporary challenges of warty carcinoma of cervix - Our experience and review of literature

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## RESEARCH

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## ABSTRACT

**Background**
Warty carcinoma of the cervix is a rare subtype of squamous cell carcinoma. In general, it is not as aggressive as the other subtypes, and has a better prognosis.

**Aims**
The aim of this study was to investigate overall and recurrence-free survival rate in patients with Warty carcinoma of the cervix.

**Methods**
During the ten year period (2008–2017) in the Clinic of Gynaecologic oncology at the UMHAT - Pleven, Bulgaria were operated 714 cases with cervical cancer, 14 of which were histologically confirmed as a Warty carcinoma. Patients were investigated by retro- and prospective analysis for overall and recurrence-free survival rate.

**Results**
Warty carcinoma accounts for 1.94 per cent of all cervical carcinomas, operated in the clinic. The mean age of the patients was 48 years, ranging from 29–72 years. According to the FIGO staging systems for cervix, patients were staged as follows: in stage IB1 – 43 per cent and in stage IB2 – 57 per cent. Despite the high percentage of locally advanced process, only in one case out of all the patients there was local spreading of the lesion towards the uterine cavity and in one case there were metastases in the pelvic lymph nodes. Lymphovascular space invasion was not seen in any patient, and neither were perineural or perivascular invasion.

**Conclusion**
This report highlights a favourable course and good prognosis of Warty carcinoma of the cervix. It is necessary to reconsider the aggressive surgical treatment and subsequent chemotherapy in women with Warty carcinoma of the cervix.

**Key Words**
Warty carcinoma of the cervix, survival rate, treatment

## Implications for Practice:

**1. What is known about this subject?**
Warty carcinoma is one of the rare forms of squamous cell carcinoma of the uterine cervix and has better prognosis than usual SCC.

**2. What new information is offered in this case study?**
Despite the high percentage of locally advanced process

*medicina*

MDPI

*Article*

# Mucoepidermoid Carcinoma of the Uterine Cervix—Single-Center Study Over a 10-Year Period

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**Abstract:** *Background and objectives:* Adenosquamous cancer of the uterine cervix is a rare type of cervical cancer with both malignant squamous and glandular components. A very rare subtype is mucoepidermoid carcinoma (MEC), which was first described as a salivary gland tumor. It has been described as having the appearance of a squamous cell carcinoma without glandular formation and contains intracellular mucin. The postoperative evolution of this tumor and the potentially poorer prognosis may indicate an intensification of the follow-up. The objective of our study was to analyze the frequency of mucoepidermoid carcinoma in hospitalized women with cervical cancer, clinical characteristics and prognosis. *Material and Methods:* A retrospective study of all cases of mucoepidermoid carcinoma of the cervix at Department of Gynecologic Oncology, University Hospital—Pleven, Pleven Bulgaria between 1 January 2007 and 31 December 2016 was performed. All patients were followed-up till December 2019. We analyzed certain clinical characteristics of the patients; calculated the frequency of mucoepidermoid carcinoma of the cervix from all patients with stage I cervical cancer; and looked at the overall survival rate, correlation between overall survival, lymph node status and the size of the tumor. *Results:* The frequency of MEC was 1.12% of all patients with stage I cervical cancer in this study. The median age of the patients with MEC was 46.7 years (range 38–62). Four patients (57.1%) were staged as FIGO IB1, and three patients (42.8%) were FIGO IB2. The size of the primary tumor was <2 cm in 2 patients (28.57%), 2–4 cm in 2 patients (28.57%) and >4 cm in 3 patients (42.8%). Metastatic lymph nodes were found in two patients (28.57%), and nonmetastatic lymph nodes were found in five patients (71.43%). There were two (28.57%) disease-related deaths during the study period. The five-year observed survival in the MEC group was 85.7% and in the other subtypes of adenosquamous cancer group was 78.3%. *Conclusions:* MEC of the uterine cervix is a rare entity diagnosis. As a mucin-producing tumor, it is frequently regarded as a subtype with worse clinical behavior and patients' outcomes. Nevertheless, our data did not confirm this prognosis. New molecular markers and better stratification are needed for better selection of patients with CC, which may benefit more from additional treatment and new target therapies.

**Keywords:** mucoepidermoid cervical carcinoma; adenosquamous carcinoma; survival rate; lymph node involvment

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REVIEW PAPER

# Aetiology, diagnosis, and clinical management of vulvodynia

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## Abstract

Chronic vulvar pain or discomfort for which no obvious aetiology can be found, i.e. vulvodynia, can affect up to 16% of women, and it may be found in girls and women across all age groups and ethnicities. Most patients describe it as burning, stinging, irritation, or rawness. The symptoms may spread to the whole vulva (generalised vulvodynia) or only to part of it, such as the clitoris (clitorodynia) or the vestibule of the vagina (vestibulodynia). This condition is often underreported and underrecognised by health care providers. Vulvodynia is a significant burden to society, the health care system, the affected women, and their intimate partners. It has a negative impact on quality of life. Vulvodynia is a diagnosis of exclusion with unknown aetiology. The gynaecologist plays a key role in excluding other causes of vulvar pain, and collaborating with other health care providers to manage the patient's pain. Although many therapeutic options are available, such as vulvar care measures, psychological approaches, local treatment, oral medications, surgical procedures, electrical nerve stimulation, and laser therapy, there is no single treatment effective for all patients. That is why individualised management is needed. An individualised, holistic, and often multidisciplinary approach is needed to effectively manage the patient's pain and pain-related distress.

**Key words**: vulvodynia, aetiology, diagnosis, treatment.

## Introduction

Many women feel vulvar pain or discomfort, which affects their quality of life. The vulvar pain may be caused by a specific disease or may be idiopathic. Idiopathic vulvar pain is classified as vulvodynia. Vulvodynia is defined as chronic pain or discomfort in the region of the vulva for more than three months, with no aetiological cause found [1]. If there is a present cause for the condition (lichen sclerosis, inflammation, etc.), this is not a case of vulvodynia. The symptoms may be described as itching, burning, stinging, irritation, stabbing, and/or rawness. The classification of vulvodynia is based on the description of the pain itself. The symptoms may involve the whole vulva (generalised vulvodynia) or may be localised in certain portions of the genitalia such as the clitoris (clitorodynia) or the vestibule of the vagina (vestibulodynia). Likewise, depending on whether there is a provoking aspect or not, the vulvodynia may be provoked vulvodynia (caused by placement of a swab, sexual intercourse), unprovoked vulvodynia (if there is no provoking aspect), or mixed. It is divided into primary and secondary depending on its occurrence. It also may be divided into intermittent, persistent, constant, immediate, or delayed [1].

Vulvodynia affects women of every age, reproductive period, and ethnicity. The lifetime prevalence of this condition has been estimated at 8%, and this prevalence remains constant across all decades up to the age of 70 years. The average age of the onset of this condition is approximately 30 years, while it varies extensively in the range from 6 to 70 years of age [2]. Women presenting with vulvodynia are typically in stable, long-term relationships, they have had the pain for several years, and have been examined several times by multiple physicians before receiving the diagnosis [3].

Women with vulvodynia usually search for medical aid from different health care providers – family doctors, gynaecologists, urologists, dermatologists, and others, and, as is frequently the case, they are not familiar with the condition. This results in a delay of making a diagnosis and providing treatment. Even when the diagnosis is made, a major proportion of specialists face the challenge of the condition's therapy [4]. Vulvodynia has a significantly negative influence on the psycho-sexual condition of women and their quality of life. The chronic vulvar pain may result in frustration, chronic stress, and depression in women [5, 6]. Many women with vulvodynia feel pain with sexual inter-

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*Case Report*

# Discordance for Potter's Syndrome in a Dichorionic Diamniotic Twin Pregnancy—An Unusual Case Report

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**Abstract:** Introduction: Potter's syndrome, also known as Potter's sequence, is an uncommon and fatal disorder. Potter's sequence in a multiple pregnancy is uncommon, and its frequency remains unknown. Worldwide in a diamniotic twin pregnancy, there are only a few cases described. Case report: We present an unusual case discordance for Potter's syndrome in a dichorionic diamniotic twin pregnancy. Twin A had the typical physical and histological Potter's findings. Twin B had normal respiratory function and normal physical examination findings. There are many controversies about this condition in diamniotic twin pregnancy. One case report concluded that that the presence of a normal co-twin in diamniotic pregnancy prevented the cutaneous features seen in Potter's syndrome and ameliorated the pulmonary complications, whereas two other case studies reported that the affected twin had extrarenal features typical of the syndrome. Conclusion: We performed an autopsy and calculated lung weight/body weight ratio to diagnose pulmonary hypoplasia. Histopathologic examination of lungs and kidneys was performed. We concluded that the appearance of extrarenal features in the affected twin depends on the amniocity.

**Keywords:** potter's sequence; dichorionic; oligohydramnios; extrarenal features; pulmonary hypoplasia

## 1. Introduction

Potter's syndrome (PS) is an uncommon fatal disorder with an incidence of 1 in 4000 singleton pregnancies. Edith Potter first described it in 1946. The sequence is associated with bilateral renal agenesis, oligohydramnios, and pulmonary hypoplasia (PH). Renal abnormalities, which can include bilateral renal agenesis, severe hypoplasia, dysplasia, polycystic kidney, or obstructive uropathy, are the primary defect [1–3]. The incidence of PS in multiple pregnancies remains unknown. We report a case of PS in one of a twin pair in a dichorionic diamniotic twin pregnancy. Case studies suggest that in monoamniotic pregnancy, the affected twin has no extrarenal features of this syndrome, whereas, in diamniotic pregnancy, there are controversial reports. There are very few previous cases describing this condition in dichorionic twin pregnancy.

# An unusual case of fulminant generalized peritonitis secondary to purulent salpingitis caused by *Prevotella bivia* – case report with literature review

*Stoyan Kostov[1], Stanislav Slavchev[2], Deyan Dzhenkov[3], Strahil Strashilov[4], Angel Yordanov[5,*]*


## Abstract

**Introduction** ***Prevotella*** **bacilli are prevalent in the body as members of the normal flora and in some cases they can be involved in infections throughout the body.** ***Prevotella bivia*** **is a member of a nonpigment group found in the resident flora of the female genital tract and it is occasionally seen in the oral cavity.**

**Case report We describe the very rare case of a 39-year-old woman with fulminant generalized peritonitis secondary to purulent salpingitis caused by** ***Prevotella bivia*****.**

**Discussion In most cases described in the literature,** ***Prevotella bivia*** **was mixed with aerobes and caused bacterial vaginosis and pelvic inflammatory disease, whereas in our case study** ***Prevotella bivia*** **was the only microbe that was isolated. The infection was fulminant and caused generalized peritonitis. Rapid and systemic infections typically occur in immunocompromised hosts, however our patient was in good health condition and immunocompetent.**

**Conclusions** ***Prevotella bivia*** **may cause rapid and systemic infections, even in immunocompetent hosts. Multidisciplinary team management is mandatory in order to estimate the optimal treatment regimen.**


**Keywords** ***Prevotella bivia*****, fulminant generalized peritonitis, surgery**

## Introduction

The genus *Prevotella* includes both pigmented and nonpigmented bacilli that were previously classified as genus *Bacteroides*.[1] *Prevotella* bacilli are prevalent in the body as members of the normal flora. However, in some cases they can be involved in infections throughout the body.[2] *Prevotella bivia* is a member of a nonpigment group found in the resident flora of the female genital tract and it is occasionally seen in the oral cavity.[3,4] *P. bivia* is associated with infections in the female urogenital tract. The growth of *P. bivia* increases during the follicular phase of the menstrual cycle due to the increased levels of estrogen.[3,5-7] *P. bivia* can be associated with infections in rare locations of the body such as chest wall, intervertebral discs, paronychium and knee joint.[5,7,8] We describe a very rare case of a 39-year-old woman with fulminant generalized peritonitis secondary to purulent salpingitis caused by *P. bivia*.

## Case report

A 39-year-old woman presented to our emergency department complaining of two days of abdominal pain, vaginal discharge, fever of 38.5°C and diarrhea. At the onset of pain, she took nonsteroidal anti-inflammatory drugs for temperature and pain relief. The patient had had two deliveries through caesarean section – four

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ORIGINAL PAPER

# Uterine smooth muscle tumours of uncertain malignant potential: single-centre experience and review of the literature

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## Abstract

**Introduction**: Uterine smooth muscle tumours of uncertain malignant potential (STUMPs) are a rare histologically heterogeneous group of uterine smooth muscle tumours (SMTs). Their malignant potential and clinical differentiation between leiomyoma and leiomyosarcoma remain uncertain prior to surgical removal.

**Aim of the study**: To investigate the patients and tumour characteristics of patients with STUMPs and to propose algorithms for optimal diagnosis, treatment, and follow-up management.

**Material and methods**: This was a single-centre retrospective cohort study of all patients who underwent surgery for a preoperative diagnosis of uterine myoma at the University Hospital "Dr. Georgi Stranski", Pleven, Bulgaria during a period of 33 months (from January 2013 until October 2015). Data were obtained from the medical history records. We performed descriptive analysis to characterise the patient population (e.g. demographics, age, contraceptive use, and complaints that led to the diagnosis) and the tumour characteristics. Last data were obtained prior May 2019.

**Results**: A total of 320 medical records were retrospectively evaluated. The preoperative diagnosis of myoma was confirmed in 279 of the cases (89.4%). In 27 (8.3%) cases the final histological result was completely different. In 14 (2.3%) a histological postoperative diagnosis of STUMP was identified. All 14 STUMP lesions were intramural with a median size of 7.5 cm (range 3.5 to 15 cm). The median age at diagnosis of STUMP was 45.4 years (range 36 to 52 years), and 92.9% ($n$ = 13) of the patients were premenopausal. Ultrasound data of a rapidly growing myoma were a reason for diagnosis in only three patients (25%), whereas 92.9% of the patients ($n$ = 13) presented with heavy menstrual bleeding with or without anaemia. After surgery, none of the patients with STUMP experienced a relapse of the disease within the median follow-up time of 48 months ($R$ = 40-78).

**Conclusions**: STUMP tumours are rare tumours, predominantly diagnosed in premenopausal women. They define a group of patients with very good long-term prognosis. Therefore, longer follow-up is needed to allow for conclusions on recurrence rate and survival.

**Key words**: myoma, smooth muscle tumours with uncertain malignant potential, leiomyosarcoma, operative treatment.

## Introduction

Uterine smooth muscle tumours are divided into benign (leiomyoma) or malignant (leiomyosarcoma). This differentiation is based on histological criteria such as the presence of tumour cell necrosis, cytological atypia, and mitotic activity of the tumour cells [1]. The term uterine smooth muscle tumours of uncertain malignant potential (STUMP) was used for the first time in 1973 by Kempson [2]. It relates to an intermediate group of tumours, which cannot be histologically diagnosed as unequivocally benign or malignant [1]. No particular risk factors or prognostic features have been identified yet, and their aetiology is not fully understood. STUMPs are rare and most frequently affect women in their mid-forties. Their diagnosis is most often histological

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CASE REPORT

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## Unconventional myomectomy for large nascent myoma

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Leiomyomas are the most common benign gynaecological tumors and are one of the most frequent reasons for hysterectomy worldwide. We present a 36-year-old nulliparous Caucasian woman, with complaints of severe and painful menstrual bleeding, dyspareunia for 6 months. A pelvic formation, measuring 5/28 cm was diagnosed. Because of the potential malignancy risk, the tumor size and the location non-standard combined double abdomino-vaginal surgical approach was used. There are many operative techniques described in the literature depending on size, location and number of the myomas as well as on patient's preferences; there are still clinical situations that remain challenging to choose the best surgical approach. In cases, when the standard methods for myomectomy are not considered appropriate, the option for an individual non-standard approach has to be discussed.

KEY WORDS: Myoma; Surgical procedures, operative; Uterine myomectomy


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Gazzetta Medica Italiana - Archivio per le Scienze Mediche 2020 mese;178(0):000–000
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CASE REPORT

# A fatal case of classic Potter's Syndrome

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ABSTRACT

Potter's sequence is a rare and fatal disease. There are four types of Potter's Syndrome. Neonates with classical Potter's sequence are with oligohydramnios and bilateral renal agenesis. They die shortly after birth because of severe respiratory distress due to pulmonary hypoplasia. Babies have typical physical features — Potter's face, absence of kidneys and skeletal malformations. We report a fatal case of Potter's sequence with a typical physical appearance. We performed an autopsy after the delivery.

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KEY WORDS: Hereditary renal agenesis; Oligohydramnios; Body physical appearance.

The syndrome was first described by Edith Potter in 1946, an American pathologist.[1, 2] It is also known as Potter's sequence or oligohydramnios sequence. That is because the sequence of events that leads to the development of this condition is the same.[3] Male babies are affected more than female. The main defect is renal failure, which is accompanied by oligohydramnios and bilateral pulmonary hypoplasia.[2, 4] Renal defects could be bilateral renal agenesis, severe hypoplasia, dysplasia, polycystic kidney, and obstructive uropathy.[3] Other physical findings include premature birth, breech presentation, a typical facial appearance (Potter's facies), and limb malformations.[2, 4]

## Case report

A 17-year-old woman, primi gravida, delivered 35-week-old female fetus with Potter sequence, born through normal delivery with fetal presentation. The neonate was put on ventilation because of severe respiratory distress. Neonatal resuscitation was performed, but the baby neonate died due to respiratory failure 20 minutes after birth. Apgar score 1-1.5 min -1.[5] The baby weighed 2055 g. Placenta was with normal fetal surfaces and calcification on the maternal surfaces. The woman had no history of any obstetric pathologies – hypertension, diabetes, infection, thyroid. She did not take any teratogenic drugs. The pregnancy was unfollowed. Ultrasound examination before the delivery showed oligohydramnios, no kidneys and posterior placenta grade 3. The body was with equinovarus deformity of lower limbs (Figure 1). The facial features of baby were flattened face and nose, recessed chin and low set ears (Figure 2). An autopsy of the fetus was performed the findings were: hypoplastic lungs and no kidneys (Figure 3, 4).

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CASE REPORT

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## Synchronous primary cervical carcinoma and ovarian fibroma: challenge in surgery

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The cancer of uterine cervix is one of the most common carcinomas in women. This morbid entity can frequently take its course synchronously with other benign and malignant diseases of the female reproductive system. We present a case of 57-year-old woman with cancer of uterine cervix, in whom a formation in the lesser pelvis was diagnosed by accident - it was preoperatively accepted as a large myoma, but, subsequently, it was found to be fibroma of the ovary. These concomitant diseases can result in difficulties when performing of the volume of surgery for the main diseases and intraoperative complications.

KEY WORDS: Uterine cervical neoplasms; Fibroma; Surgery


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CASE REPORT

# EXAGGERATED PLACENTAL SITE REACTION MIMICKING A TROPHOBLASTIC TUMOR: A CASE REPORT

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## Abstract

**Introduction.** Exaggerated placental site reaction is a rare benign non-neoplastic lesion and presents with infiltration of the endometrium and myometrium by intermediate trophoblastic cells at the implantation site. This reaction may occur following healthy or ectopic pregnancy, aborts, or molar pregnancy. The diagnosis is only histopathological.
**Case report.** We present a 44-year-old woman with prolonged menstrual bleeding, high levels of beta-hCG and ultrasound finding mimicking submucosal fibroid. Hysterectomy was performed because of the tumoral mass in the uterine cavity. The diagnosis made was exaggerated placental site reaction.
**Conclusions.** Exaggerated placental site reaction is a benign condition, but this lesion has to be differentiated from placental site nodule, placental site trophoblastic tumor and choriocarcinoma because the latter require aggressive treatment.

**Keywords:** exaggerated placental site reaction, intermediate trophoblast, submucosal fibroid.

## Résumé

**Réaction de site placentaire exagérée imitant la tumeur trophoblastique : rapport du cas**

**Introduction.** La réaction exagérée du site placentaire est une lésion bénigne non néoplasique rare et présente une infiltration de l'endomètre et du myomètre par des cellules trophoblastiques intermédiaires au site d'implantation. Cette réaction peut survenir après une grossesse en santé ou extra-utérine, un avortement ou une grossesse molaire. Le diagnostic est seul histopathologique.
**Rapport du cas.** Nous présentons le cas d'une femme de 44 ans avec des saignements menstruels prolongés, des taux élevés de bêta-hCG et une échographie simulant un fibrome sous-muqueux. L'hystérectomie a été réalisée en raison de la masse tumorale dans la cavité utérine. Le diagnostic posé était une réaction exagérée du site placentaire
**Conclusions.** La réaction exagérée du site placentaire est une affection bénigne, mais cette lésion doit être différenciée du nodule du site placentaire, de la

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**Abbreviations:**
EPSR – Exaggerated placental site reaction
IIT – intermediate trophoblasts
beta-hCG – human chorionic gonadotropin
hPL – human placental lactogen
PSN – placental site nodules
PSTT – placental site trophoblastic tumor
ETT – epithelioid trophoblastic tumor
IHM – invasive hydatidiform mole
ChCa – choriocarcinoma

tumeur trophoblastique du site placentaire et du choriocarcinome, ces derniers nécessitant un traitement agressif.

**Mots-clés:** réaction exagérée du site placentaire, trophoblaste intermédiaire, fibrome sous-muqueux.

## Introduction

Exaggerated placental site reaction (EPSR) is a benign non-neoplastic lesion, defined as exuberant infiltration of extra villous implantation site, intermediate implantation trophoblasts (IIT) in the endometrium, myometrium and blood vessel walls at the implantation site[1 - 3]. In the past, this finding was called syncytial endometritis, but now the World Health Organization uses the term exaggerated placental site because the lesion is non-inflammatory, not limited to the endometrium and the constituent cells are not syncytial[4]. This reaction may occur following healthy or ectopic pregnancy, abortion, or molar pregnancy[5], and its frequency is 1.6% in spontaneous and elective first-trimester abortions[6]. It is essential to differentiate this lesion from other trophoblastic lesions, because some of them necessitate aggressive treatment and follow up[5].

## Case report

We present a 44-year-old patient with a history of one pregnancy, one cesarean section in 2002, and no concomitant conditions. She sought medical attention for menstrual bleeding that lasted 10 days. After an examination in another clinic, she was diagnosed with a cyst in the left ovary, and cystectomy was suggested. The patient presented to our clinic for a second opinion.

During the last few months, the intervals between menstruation cycles were longer, and the last was 20 days late, after which heavy bleeding occurred that continued for 12 days on the day of examination. The gynecological findings were normal except for a slightly enlarged uterus. Ultrasound examination visualized a single echo-homogenous follicular cyst in the left ovary, sized 35/42 mm, without papilliform growths. The endometrium was echo-heterogeneous, 15 mm thick, and a round heterogeneous formation, measuring 32/24mm. The laboratory value from the investigation of human chorionic gonadotropin (beta-hCG) for suspected trophoblast disorder was 3326 mIu/ml, and an explorative curettage was performed. The histological analysis revealed a spontaneous miscarriage (hypersecretory endometrium, spongy decidua, and scattering, swollen fibrotic chorionic villi. The diagnosis made was of incomplete abortion. On the 10$^{th}$ day following the intervention, beta-hCG was 3114 mIu/mL. Two months later, it was 1130 mIu/mL, and after another month dropped to 429 mIu/mL. Another ultrasound was carried out, which revealed normal adnexa. A tumor was found, as described above (Fig. 1).

Based on the ultrasound findings, the diagnosis was submucosal fibroid formation. The patient reported two missed periods. After blood analysis, chest X-ray and abdominal ultrasound, laparoscopic hysterectomy was performed, sparing the adnexa. The tumor found in the uterus was round, soft, and submucosal, sized 3x3.5 cm (Fig. 2).

The histological examination of the specimen revealed that the uterine cavity was lined with secretory endometrium with involute changes. Amongst the myometrium, there was a well-defined nodule composed of blood cloth, cellular debris, and necrotic chorionic villi (Fig. 3). The adjacent myometrium was perivascular infiltrated with intermediate implantation trophoblasts (IIT) (Fig. 4). Immunohistochemical examination proved that the Ki67 labeling index was 0, and the human placental lactogen (hPL) was positive in the perivascular infiltrates that confirmed their nature: intermediate implantation trophoblasts (Fig. 5). The clinical data, surgical finding, and the histological and immunohistochemical investigations all led to the diagnosis we made, of persistent exaggerated placental site after abortion.

Recovery was uneventful, and the patient was discharged on the third postoperative day. Two weeks after the operation, the beta-hCG was 0.21 mIU/mL. three months after the operation, the patient had no complaints.

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CASE REPORT

# A CASE OF NON-PALPABLE, MULTIFOCAL, HETEROGENEOUS LEFT BREAST CARCINOMA WITH MAMMOGRAPHIC PRESENTATION OF CLUSTERED MULTIPLE MICROCALCIFICATIONS

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## Abstract

**Introduction.** In 2018, the number of newly diagnosed breast carcinomas in the 28 countries of the European Union was 404 920, with an estimated annual incidence of 144.9/100 000. Figures have increased since the introduction of mammography screening and continue to rise with population aging. Mammograms may convey clinically occult breast cancer, which is associated in some cases with the presence of clustered microcalcifications.
**Case presentation.** We present the case of a 64-year-old patient with multifocal invasive ductal left

## Résumé

**Un cas de carcinome du sein gauche hétérogène multifocal non palpable avec présentation mammographique de microcalcifications multiples agrégées**

**Introduction.** En 2018, le nombre de cancers du sein nouvellement diagnostiqués dans les 28 pays de l'Union européenne était de 404 920, avec une incidence annuelle estimée à 144,9/ 100 000. Les chiffres ont augmenté depuis l'introduction du dépistage par mammographie et continuent d'augmenter avec le vieillissement de la population. Les mammographies

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breast cancer and lobular carcinoma in situ, diagnosed after biopsy of a mammogram-marked area with clustered microcalcifications. The patient underwent subsequent radical surgical treatment.

**Conclusions.** Clustered microcalcifications on mammograms may indicate clinically occult breast cancer. These lesions cause clinical and diagnostic difficulties due to the inability of ultrasound visualisation and the option to perform punch biopsy, as recommended by European Society for Medical Oncology. Excision biopsy by mammography-guided wire marking and pathological-anatomical examination of the entire resectate can detect tumour heterogeneity, which is important for the subsequent therapeutic strategy and prognosis of the disease.

**Keywords:** clustered microcalcifications, mammography-guided metallic marker, heterogeneity of mammary gland tumour.

**List of abbreviations:**
LCNB – large-core needle biopsy
FNAB – fine needle aspiration biopsy
ESMO – European Society for Medical Oncology
LMG – left mammary gland
DCIS – intraductal carcinoma
LCIS – lobular carcinoma in situ

peuvent signaler un cancer du sein cliniquement occulte, associé dans certains cas à la présence de microcalcifications en grappes.

**Présentation du cas.** Nous présentons le cas d'une patiente de 64 ans atteinte d'un cancer du sein gauche canalaire invasif multifocal et d'un carcinome lobulaire diagnostiqué in situ après biopsie d'une zone marquée par mammographie avec des microcalcifications en grappes. Le patient a subi un traitement chirurgical radical ultérieur.

**Conclusion.** Les microcalcifications groupées sur les mammographies peuvent indiquer un cancer du sein cliniquement occulte. Ces lésions entraînent des difficultés cliniques et diagnostiques en raison de l'impossibilité de visualiser par les ultrasons et de l'option d'effectuer une biopsie par ponction selon la recommandation de la Société Européenne d'Oncologie Médicale. La biopsie d'excision par marquage au fil guidé par mammographie et l'examen anatomo-pathologique de la zone réséquée peuvent détecter une hétérogénéité tumorale qui est importante pour la stratégie thérapeutique et le pronostic de la maladie.

**Mots-clés:** microcalcifications groupées, marqueur métallique guidé par mammographie, hétérogénéité de la tumeur de la glande mammaire.

## Introduction

In 2018, the number of newly diagnosed breast cancer cases in the 28 European Union (EU) countries was 404,920, with an estimated annual incidence of 144.9/100 000[1]. In Bulgaria, the incidence in 2018 was 98.8/100 000 or 26.9% of all newly registered women with cancer[1]. Incidence rates have increased since the introduction of mammography screening and continue to rise with population aging. In recent years, mortality has declined in most Western countries, due to improved treatment and earlier detection[2]. Large-core needle biopsy (LCNB), or, if not possible, fine needle aspiration biopsy (FNAB), are recommended by the European Society for Medical Oncology (ESMO) Clinical Practice Guidelines on Breast Cancer, for pathological diagnosis of breast cancer. Excision biopsy is an option when 'repeated' main biopsy methods (FNAB or punch) have failed to diagnose the tumour[3]. Ultrasound-guided biopsy is recommended if the lesion is non-palpable[4]. However, there is a small group of lesions difficult for ultrasound detection, causing clinical and diagnostic challenges.

## Case presentation

We present the case of a 64-year-old female patient, with an asymptomatic non-palpable left breast cancer. The patient has signed an informed consent prior to performing any diagnostic or treatment procedures.

In December 2018, a screening mammography was performed, which showed clustered microcalcifications in the upper lateral quadrant of the left mammary gland (Fig. 1). The patient did not undertake any further diagnostic procedures. Repeated mammogram was performed in September 2019, after clinical examination. Clusters of granular microcalcifications were described in the upper outer quadrant of the left mammary gland, increased in number and density, compared to the mammogram of December 2018 (Fig. 2). The finding was classified as BI-RADS 4c, highly suspected of malignancy > 50 to 95%. The patient was hospitalised in a surgical clinic for diagnostic clarification. Physical examination did not detect at palpation solid lesions or increased density in both mammary glands, nor pathologically enlarged axillary lymph nodes. Chest radiography showed no anomalies, and breast ultrasound did not visualize

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ORIGINAL PAPER

# Relation between type of hysterectomy and survival rate in patients with ovarian cancer – single-center study

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## Abstract

**Aim of the study:** To evaluate the survival rate of patients with advanced ovarian carcinoma in relation to the type of surgical intervention – total abdominal hysterectomy with bilateral adnexectomy and omentectomy as a minimal standard compared to extended hysterectomy with a retroperitoneal approach.

**Material and methods:** The study was implemented based on retrospectively obtained data from 104 patients operated on for advanced epithelial ovarian carcinoma (FIGO stages II-IV) in the period from 2004 to 2012. Total abdominal hysterectomy, bilateral adnexectomy, and omentectomy were performed on 23 patients. Extended hysterectomy with a retroperitoneal approach and varying degrees of peritonectomy, omentectomy, and appendectomy were performed on 74 patients. Seven patients were treated with adnexectomy or biopsy alone. We divided the patients into two groups according to the mode of surgery. The first one comprised the patients who underwent radical hysterectomy and the second one comprised total abdominal hysterectomy plus bilateral adnexectomy. The two groups were examined for their overall survival rate, relapse-free survival rate, and 5-year survival rate.

**Results:** Mean overall survival rate, relapse-free survival rate, and 5-year survival rate in the group with extended hysterectomy were higher compared to the group with total abdominal hysterectomy.

**Conclusions:** The extended hysterectomy with a retroperitoneal approach with or without systematic lymph node dissection seems to be more appropriate in the surgical treatment of advanced ovarian carcinoma. The procedure is related to the improvement of survival rate as a result of the inclusion of macroscopically invisible lesions in the surgical removal.

**Key words:** ovarian carcinoma, radical hysterectomy, overall survival, 5-year survival rate.

## Introduction

The EUROCARE-5 population study based on 107 oncological registers in 29 European countries for the period from 1999 to 2007 reported a 37.6% 5-year survival rate of ovarian cancer in all stages of the disease [1]. According to the CONCORD-2 program based on cancer registers in 61 countries, the 5-year survival rate for ovarian carcinoma in the advanced stage was 30%, and it was significantly lower compared to the disease limited to the pelvis, in which case the survival rate reached 80% [2]. Advanced ovarian carcinoma (AOC) remains a challenge for surgeons due to the need for complete surgical extirpation of the tumor with the purpose of extension of the period of survival. The standard surgical intervention, according to the guidelines, remains the total abdominal hysterectomy (TAH) with bilateral salpingo-oophorectomy and omentectomy [3]. Radical pelvic surgery, including hysterectomy, became necessary for a significant proportion of patients. A surgical technique was described in 1968 by Hudson and Chir, in which the retroperitoneal approach to the pelvic structures allows the complete removal of the neoplasm, without it being resected and without the persistence of residual tumor [4]. The procedure includes en bloc extirpation of the uterus with both adnexa, pelvic peritoneum with or without resection of the rectosigmoid colon and partial peritonectomy. The surgical technique for the retroperitoneal approach is similar to that for radical hysterectomy for cervical cancer. This type of hysterectomy can be termed extended hysterectomy (EH). Our study aims to assess the significance of EH for the overall and relapse-free survival rate.

## Material and methods

The data were collected retrospectively from the hospital records of 104 patients operated on in the

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**Menopause Rev 2020; 19(3): 135-139**

REVIEW PAPER

# Vulvar leukoplakia: therapeutic options

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## Abstract

Vulvar leukoplakia is not a histological diagnosis and involves several diseases. Most commonly, these are vulvar lichen sclerosus and squamous cell hyperplasia of the vulva. These two conditions have similar aetiology, clinical presentation and treatment but different histopathological changes. They both lead to significant impairment of quality of life, risk of malignancy, as well as recurrence after treatment.

Treatment of these conditions includes topical corticosteroids as a first-line therapy, but they have their side effects and not all patients are receptive to this therapy. This requires the use of alternative therapeutic options such as topical calcineurin inhibitors, topical and systemic retinoids, other steroid creams, various destructive techniques and, as a last resort, surgical removal of affected tissues. Surgical treatment should be avoided, despite the malignant potential, because of recurrence risk in both diseases

New therapeutic approaches are coming into effect in gynaecological practice due to potential risks of the above-mentioned methods. Platelet-rich plasma therapy, ablative and non-ablative laser treatment, and new topical medicines, are some of the new options applied to improve the efficacy of treatment avoiding the side effects of conventional medications. A number of them are still in their initial phase of application and time will tell their effectiveness.

**Key words**: vulvar leukoplakia, vulvar lichen sclerosus, squamous cell hyperplasia of the vulva, treatment.

## Introduction

The term vulvar leukoplakia is not a histological but a descriptive diagnosis meaning "white spot". It is used for non-inflammatory diseases characterized by pathological modification of external genitalia multilayered flat epithelium that is accompanied by skin and mucosa cornification [1]. It combines various atrophic and hypertrophic diseases of the vulva classified in the past as vulvar dystrophies [2]. This group includes lichen sclerosus (LS), squamous cell hyperplasia, condyloma acuminata, psoriasis, lichen planus, mixed LS and atrophicus. White colouration is caused by excessive keratin, at times deep pigmentation, and relative avascularity [3]. Two non-neoplastic epithelial disorders of the vulva – vulvar LS (VLS) and squamous cell hyperplasia of the vulva (SCHV) – are generally referred to as vulvar leukoplakia. They have different anatomical and pathological features, but similar clinical manifestations. The frequency is 1 in 300 to 1,000 [4]. Treatment involves different approaches such as topical medications, platelet-rich plasma (PRP) therapy, various destructive techniques, e.g. ablative and non-ablative laser treatments, alcohol-mediated denervation and, in the last instance, surgical removal of the affected tissues.

## Aetiology

The two major diseases leading to white skin coloration in the external genitalia are VLS and SCHV. These are chronic conditions and their occurrence is determined by many factors such as immunity, sexual hormones, injuries, environment, enzymes, free radicals, and apoptosis. It is assumed that VLS and SCHV are genetic immune diseases [5].

VLS is the most common chronic lesion of the vulva and mainly affects the anogenital area [4, 5], but may have extragenital location as well. In 20% of patients with anogenital involvement extragenital involvement is found too [6-9]; in 6-15% of LS cases disease manifestations have extragenital locations only [8, 9]. The classical

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Gazzetta Medica Italiana - Archivio per le Scienze Mediche
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# Unsuspected ovarian metastasis from well-differentiated, limited in endometrium endometrial cancer – case report

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# Unsuspected ovarian metastasis from well-differentiated, limited in endometrium endometrial cancer – case report

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**Abstract**:

**Introduction**: Endometrial cancer is more and more frequently diagnosed in women who have pregnancy plans at older age. After initial clinical staging, if endometrial cancer has been classified in stage I, detection of unsuspected metastasis (e.g. ovarian) is less than 5%.

**Case report**: We present a case report of a 38-year-old patient with well-differentiated endometroid endometrial cancer without invasion in the myometrium and synchronous metastasis in one of the ovaries.

**Discussion**: Ovarian preservation has become routine in younger patients with squamous cervical cancer or very early stage ovarian cancer. Until present, this is has not been confirmed as a standard in early endometrial cancer, regardless of the histology subtype.

**Conclusion**: Ovarian preservation should still not be routinely considered in early endometrial cancer, regardless of histology subtype, grading and degree of myometrium invasion.

Key words: endometrial cancer, ovarian metastasis, low risk

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Introduction:

Endometrial cancer occurs at increasing rates and in 2018 in the USA, 63230 new cases were reported (3.6% of all new diagnoses of malignant cancers) and 11,350 patients died with this diagnosis (1.9% of all cancer-related deaths) [1]. This is a disease that most frequently occurs in women in their menopause years, but about 14% of the patients are diagnosed in premenopausal age, including 4% of them before 40 years of age [2]. If endometrial cancer is localized in the uterus, the prognosis is better as compared to other malignant gynecology diseases [3].

Occult ovarian metastases in clinically determined stage I endometrial cancer is reported in about 5% [4 – 6]. Standard surgical management consists of total hysterectomy with bilateral annexectomy and pelvic paraaortic lymph node dissection in high-risk stages. Ovarian

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CASE REPORT

# An extremely rare form of spontaneous vulvar endometriosis: a case report and review of the literature

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## ABSTRACT

Endometriosis is a common benign condition in women of childbearing age and is most frequently diagnosed in the pelvis. Extrapelvic localization is rarer and may frequently be in addition to pelvic lesions. Typically, symptoms are non-specific and introduce a delay into the diagnosis. The multitude of localizations of the endometriosis lesions additionally prolongs the time to diagnosis. We present a case of a 50-year-old premenopausal woman with bilateral cystic lesions in the anterior part of the minor labia. They were considered as fibroids for over 25 years as they appeared after an open trauma. Diagnosis of endometriosis was obtained only after surgical excision for other benign gynecological condition. Although its frequency the etiology and pathogenesis of endometriosis remain unclear. There are several pathogenesis theories which cannot explain all forms of this disease. In this particular case is very difficult to realize the way of development of endometriosis. Despite its rarity, vulvar endometriosis may also occur as a spontaneous condition. Its etiology remains unclear.

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KEY WORDS: Surgery; Etiology; Endometriosis.

Endometriosis is the second most common benign gynecological disease in women of childbearing age.[1] This condition refers to presence of endometrial glands and stroma in a location outside the uterine cavity.[2] Its etiology and pathophysiology are still unclear.[3] Depending on the location of the endometrial tissue implantation, endometriosis can be classified as: 1) endopelvic - involves the ovaries, fallopian tubes, uterosacral ligament, pouch of Douglas, and rectovaginal septum; 2) extrapelvic - gastrointestinal tract, thoracic cage and lungs, diaphragm, nervous system, and mucocutaneous tissue.[2] About 20% of women with endometriosis it is extrapelvic and in most of them (about 78%) the extrapelvic co-exists with endopelvic one.[4] The most common site of extrapelvic endometriosis is the gastrointestinal tract (52%), followed by the urinary tract (35%).[4] Our case is a 50-year old premenopausal woman with vulvar endome-

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Original Research

# Synchronous Primary Carcinoma of Uterine Cervix and Endometrium - Single-center retrospective study

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**Summary**

*Background and objectives*: Synchronous malignant tumors of the uterine body and the cervix are extremely rare. The stage of both malignancies at diagnosis has prognostic significance and there are only occasional reports in the literature. *Materials and Methods*: We performed a retrospective study of all cases, where surgery for synchronous primary cervical and endometrial cancers was done at the Clinic of Oncogynaecology, University Hospital – Pleven, Bulgaria for an 8-year period. Patients were followed-up until December 2019. We analyzed some clinico-pathological characteristics of both malignant conditions as demographical data and menopausal status of the patients, as well as the histological type and TNM 8 stage of both cancers; we tried to correlate them with the rates of overall survival. *Results*: We explored 1460 patients' files and identified 6 cases of synchronous cervical and endometrial cancers. The mean age of the patients was 58 years (range 47-65). 5 of them (83.3%) were diagnosed in menopause. In 1 case (16.7 %) the size of the cervical cancer (CC) was $>$ 4 cm (locally advanced disease), in 3 cases (50%) it was below 2 cm, and in the remaining 2 cases (33.3%) the CC was only microinvasive. The CC histology was squamous cell carcinoma without keratinization in 5 women (83.3%) and in 1 case (16.7%) - adenosquamous. The histology of all endometrial cancers (EC) was endometroid adenocarcinoma and all of them were stage I. *Conclusions*: Co-existence of synchronous cancers of the uterine cervix and endometrium does not seem to worsen the prognosis of the patients and may even be beneficial: the symptoms of the EC may lead to earlier diagnosis of the synchronously existing malignant conditions.

*Key words*: Multiple primary malignancies; Synchronous multiple primary malignancies endometrial cancer; Cervical cancer; Treatment; Survival.

## Introduction

Multiple primary malignancies (MPM) have been first described in 1879 by Billroth [1]. MPM may originate from a single or from multiple anatomical organs [2]. As per North American Association of Central Cancer Registries (NAACCR) MPM could be subdivided into two categories: (1). Synchronous MPM, where cancers occur at the same time or maximum within 6 months the first primary cancer and (2). Metachronous MPM, where cancers follow in sequence, occurring more than six months apart [1]. As per IACR/IARC and many other classifications a primary tumor originates in a primary site or tissue and is neither an extension, nor a recurrence, nor a metastasis. Synchronous tumours are diagnosed in an interval of less than 6 months if arising in different sites [3].

It is frequently reported that synchronous diagnosis of different cancers introduces additional difficulties and sometimes a delay in the diagnosis. It may thus introduce a delay in the subsequent treatment of both tumor localizations. Cancers from different anatomical regions may necessitate different initial approaches, e.g. surgery, neoadjuvant systemic treatment or radiotherapy. It seemed interesting to assess whether the same would be valid for synchronous tumors in close anatomical or functional proximity (e.g. gynecological cancer). A second co-existing primary gynecological cancer, occurring in a patient with EC, may be earlier diagnosed due to early symptoms of the EC. Thus the co-existence of MPM within one organ or system may even be beneficial, leading to an earlier diagnosis of an otherwise diagnosed at a later stage and more aggressive tumor that is still asymptomatic.

Synchronous MPM are generally rare and their frequency is not well described in the literature. Synchronous MPM from the female reproductive system are even rarer and there are a few case reports published [4]. Occasional retrospective analyses report a rate of 0.7 % [5]. The most

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Original Research

# Lymphoepithelioma-like carcinoma of the uterine cervix: correlation with Epstein-Barr virus and human papillomavirus infection. A single-center experience

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**Summary**

*Background and objectives*: Lymphoepithelioma-like carcinoma of the uterine cervix (LELC) is a rare subtype of the squamous cell carcinoma with unclear viral carcinogenesis and prognosis. *Aim*: We aimed to investigate the status of HPV and EBV infection in a cohort of Caucasian women with LELC of the uterine cervix and to compare the results on prevalence, association with both viruses and methods of detection in this disease with the results of other studies. *Materials and methods:* We retrospectively evaluated all patients with LELC, diagnosed and treated at Department of Gynaecologic Oncology, Medical University Pleven, Bulgaria between 2008 and 2015. The status of infection with HPV and EBV was investigated on tumor tissue by polymerase chain reaction (PCR) and in situ hybridization (ISH). We compare the results with the results from a systematic search of the literature on this topic. *Results*: LELCs represented 3.03% (16 patients) of all stage I cervical carcinoma cases. Infection with HPV and EBV was investigated in 50% (8) of them. ISH and PCR testing detected HPV in 37.5% (3) and 50% (4) of the patients; EBV in 12.5% (1) and 75% (6). No cases of co-infection were found with ISH and 4 with PCR. In the literature are reported 98 cases of this disease and infection with EBV is found in 25.7% the tested patients. *Conclusion*: HPV and EBV strains and a co-infection of the two viruses are possible factors in genesis of LELC of the uterine cervix. Our data suggests that infection with EBV could be more common in Caucasians women with LELC, than previously reported.

*Key words*: Cervical cancer; Lymphoepithelioma-like carcinoma; Epstein-Barr virus; Human papillomavirus; In situ hybridization; Polymerase chain reaction.

## Introduction

Cervical carcinoma is the fourth most frequent cancer disease in women worldwide with over half a million new cases each year [1]. Human papillomavirus (HPV), human herpesvirus II, and cytomegalovirus are proven as factors in cancerogenesis of cervical carcinoma [2]. HPV is considered to be of greatest significance in the etiopathology of the disease [3]. This has opened a new pathway for cancer prevention [4]. Increasingly more researchers focus also on Epstein-Barr virus (EBV) as it may also have a potential role in the oncogenesis of this carcinoma [5, 6]. In the last few years two meta-analyses were published describing EBV as co-factor in the genesis and/or progression of cervical cancer [7, 8] but it's role is still unclear because more than 90% of people worldwide are affected [9]. The pooled prevalence of EBV in cervical cancer has been found to be to be 43.63%, which is two times higher compared to healthy controls (19%) [7].

Histologically, cervical carcinomas are subdivided into squamous cell carcinoma (SCC), adenocarcinomas and adenosquamous carcinomas, with SCC being the most fre-

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# ПЪРВИ СТАДИЙ СВЕТЛОКЛЕТЪЧЕН ЕНДОМЕТРИАЛЕН КАРЦИНОМ – МОЖЕ ЛИ ТОВА ДА НИ УСПОКОЯВА? КЛИНИЧЕН СЛУЧАЙ И ЛИТЕРАТУРЕН ОБЗОР

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**Абстракт:**

**Въведение:** *Ракът на маточното тяло заема 8,6% от всички онкологични заболявания при жената. . Най-честият хистологичен вариант на този карцином е ендометроидния в 75-80%, следван от папиларния серозен в 15-20%, докато светлоклетъчния е регистриран само в 1-6%(3),с обща преживяемост за първи и втори стадии, значително по-ниска от тази при останалите типове - 71%.*

**Клиничен случай:** *Представяме случай на 62 годишна пациентка оперирана по повод хистологично доказан светлоклетъчен ендометриален карцином. Въпреки проведеното радикално оперативно лечение по стандартите на Република България и последващата лъчетерапия се установява рецидив на основното заболяване 15 месеца по-късно в парааорталните лимфни възли.*

**Дискусия:** *Етиологията на СЕК не е добре изяснена, но се смята че е различна от тази на ЕЕК. Поради ниската честота на СЕК няма утвърдена стандартна терапевтична схема. Хирургичната интервенция е основно направление в лечението му. Дори когато няма миометрална инвазия,поради високия метастатичен потенциал има висок риск от екстрауетерино разпространение .*

**Заключение:** *Светлоклетъчният ендометриален карцином е по-агресивен и с по-лоша прогноза от ендометроидния. Ето защо би трябвало винаги да се извършва пълния хирургичен обем, след което да се провежда адювантна платина базирана химиотерапия. Поради високия риск от ранно рецидивиране и далечно метастазиране, пациентите трябва да се проследяват изключително внимателно с използването на съвременните методи на образна диагностика.*

**Ключови думи:** *светлоклетъчният ендометриален карцином; оперативно лечение; метастазиране; адювантна терапия*

## FIRST STAGE CLEAR-CELL ENDOMETRIAL CARCINOMA – CAN THIS BE A RELIEF? CLINICAL CASE AND LITERATURE REVIEW.

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**Abstract**

**Introduction:** *Carcinomas of the uterine corpus occur in 8.6% of all oncological diseases in women. The most common histological type of a such carcinoma is the endometrioid in 75-80%, followed by the papillary serous carcinoma in 15-20% of cases, while the clear-cell endometrial carcinoma is registered only in 1-6% of cases, with summed survivability for stage one and two significantly lower than survivability for all other types – 71%.*

**Clinical case:** *We present the case of a 62-year old patient, who underwent surgery due to histologically proven clear-cell endometrial carcinoma. Despite the radical surgical treatment, following the standarts of our country, Bulgaria and the following radiotherapy, there was recurrence of the main disease 15 months later in the paraaortic lymph nodes.*

**Discussion:** *The etiology of clear-cell endometrial carcinoma is not well studied, but it is assumed to be different from the endometrioid endometrial carcinoma. Due to the low incidence of clear-cell endometrial carcinoma, there are no standart treatment startegy. Surgical intervention is the main part of the treatment. Even when there is no myometrial invasion, due to the high metastatic potential, there is a risk of extrauterine spread.*

**Conclusion:** *Clear-cell endometrial carcinoma is more agressive and with worse prognosis than the endometrioid endometrial carcinoma. Therefore, the full surgical staging should be performed every time, followed by adjuvant, platinum-based chemotherapy. Due to the high risk of early recurrence and distant metastases, patients should be monitored extremely carefully, with the help of modern imaging diagnostic methods.*

**Key words:** *clear-cell endometrial carcinoma; surgical treatment; metastasis; adjuvant therapy*

**Въведение:**

Ендометриалният карцином (ЕК) е шестия по честота рак при жените в световен мащаб, а в развитите страни е на четвърто място (1). За 2012 г. в света ново регистрирани са 319600 случаи, като в Европа са регистрирани над 100 000 (2). Честотата на ЕК в България се повишава през последните години и по данни на Националния Раков Регистър за 2013 година е 8.6%. Новозаболелите са 1293, а около 300 жени умират всяка година. Най-честият хистологичен вариант е ендометроидния (ЕЕК) в 75-80%, следван от папиларния серозен в 15-20%, докато светлоклетъчния (СЕК) е регистриран само в 1-6%(3),с обща преживяемост за първи и втори стадии, значително по-ниска от тази при останалите типове - 71% (4).

**Клиничен случай:**

Касае се за 62 годишна пациентка, при която поради кървене в менопаузата е извършено пробно абразио с хистологичен резултат: светлоклетъчен ендометриален карцином. Постъпва в Клиника по Онкогинекология, УМБАЛ „д-р Г. Странски", Плевен за планово оперативно лечение. Анамнестичните данни разкриват придружаващи заболявания – артериална хипертония, захарен диабет тип II (които заедно с обезитета са рискови фактори за развитието на ЕК) и глаукома, няма предходни операции. Жената е със затлъстяване първа степен (ИТМ – 32.65). Съобщава за 2 нормални раждания, 1 спонтанен аборт. Пациентката е в аменорея от 12 години. При гинекологичен преглед се установи, че матката е уголемена колкото двумесечна бременност, не се откриват патологични изменения на влагалището, аднексите и параметралните лигаменти.. След проведена стандартна предоперативна подготовка, ултразвуково изследване на абдомен и малък таз и ренгенография на бял дроб, КАТ на малък таз и абдомен които не откриват измене

извърши тотална хистеректомия с аднексите, тазова лимфна дисекция и инфраколична оментектомия; перитонеален смив за цитологично изследване - без налични туморни клетки. От трайния хистологичен резултат: миометриум с вяло пролиферативен ендометриуми ендометриоза,интрамукозен и полипоиден светлоклетъчен карцином без инфилтрация в миометриума, цервикален канал и истмус – без карциномна инфилтрация; 14 броя лимфни възли (0/ без метастази; аднекси и оментум – без особености. Хистологичния стадий по FIGO е 1A, TNM pT1ApN0M0. Следоперативния период протече гладко, а след решение на онкологичен комитет беше извършена интравагинална брахитерапия до обща доза 20 Gy. Първата година след проведеното лечение при извършните на 3 месеца клиничен преглед, пълна кръвна картина, биохимични показатели, ултразвуково изследване на абдомен и малък таз и ренгенография на бял дроб не се установи рецидив на основното заболяване. Петнадесет месеца след оперативното лечение се диагностицира вентрална херния, беше извършен и КАТ на малък таз и абдомен при който се увеличен на лява обща илиачна артерия се визуализира увеличен лимфен възел с размери 19/13 мм (фиг.1). Находката беше потвърденаот PET/CT, но други нео лезии не бяха визуализирани. Поради налична солитарна лезия отсъствие на образни данни за дисеминация се взе решение за екстирпация на общи илиачни лимфни възли в ляво и извършване на херниопластика с поставяне на платно. Оперативната интервенция се извърши в планов порядък след съответната предоперативна подготовка. Бяха отстранени 6 броя общи илиачни лимфни възли (фиг. 2), в един от които серийно и имунохистохимично изследване се намери микрометастаза от светлоклетъчен ендометриоиден карцином. Протича без усложнения, и

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# ЛЪЧЕВОИНДУЦИРАН ЕНДОМЕТРИАЛЕН КАРЦИНОМ СЛЕД ПРОВЕДЕНА ДЕФИНИТИВНА ТЕЛЕГАМАТЕРАПИЯ ЗА РАК НА МАТОЧНАТА ШИЙКА – ПРЕДСТАВЯНЕ НА КЛИНИЧЕН СЛУЧАЙ С ЛИТЕРАТУРЕН ОБЗОР

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**Абстракт:**

**Въведение:** *Лъчетерапията отдавна се е наложила като основен метод за лечение на пациенти с карцином на маточната шийка във IIB-IVA стадий. С добавянето на химиотерапия преживяемоста на тези пациенти се увеличава. Това от своя страна води до повишаване риска за развитие на лъчеиндуциран ендометриален карцином.*

**Клиничен случай:** Представяме случай на 72 годишна пациентка оперирана в нашата клиника с диагноз ендометриален карцином, възникнал 3 години след проведена дефинитивна теле гама терапия по повод ра на маточната шийка.

**Дискусия:** Лъчеиндуцирания ендометриален карцином е с много ниската честота– 0.5-0.8%. Прогноза за тези пациенти не е добра. Пет годишната преживяемост се приема за 21%

Причините за тази лоша прогноза са: над 70% от случаите се диагностицират в напреднал стади обикновено е по-агресивен хистологичен вариант – нискодиферинциран ендометроиден ендометриален карциносарком, папиларен серозен или светлоклетъчен.

Времето за възникването му е около 14 години.

**Заключение:** Пациенти провели дефинитивна лъчетерапия заради инвазивен цервикален рак все още може да имат ендометриум, в който да настъпи неопластична дегенерация. Лъчевоиндуцирания ЕК има по-ниска преживяемост и по-лоша прогноза поради по-честото си късно откриване, лош хистологичен вариант и лоша диференциация. Ето защо тези пациенти трябва да се проследяват изключително внимателно.

**Ключови думи:** лъчевоиндуциран ендометриален карцином; карцином на маточната шийка; дефинитивна лъчетерапия; лечение

## DEVELOPMENT OF A RADIATION-INDUCED ENDOMETRIAL CARCINOMA FOLLOWING DEFINITIVE RADIOTHERAPY FOR CERVICAL CANCER- CASE REPORT AND LITERATURE REVIEW

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**Abstract**

**Introduction:** Radiotherapy has been long established as the main method of treatment for patients with cervical carcinoma in IIB – IVA stage. With the addition of chemotherapy, survivability of those patients has been increased. This by itself leads to an increased risk of developing radiation-induced endometrial carcinoma.

**Clinical case:** We present the case of a 72-year old patient, who underwent surgery in our clinic, diagnosed with endometrial carcinoma; the carcinoma occured 3 years after a definitive telegamma therapy, performed because of a cervical cancer.

**Discussion:** Radiation-induced endometrial carcinoma has a very low incidence – 0.5-0.8%. The outcome for these patients is not good. 5-year survival rate for those patients is 21%.

The reasons for this prognosis are: over 70% of cases are diagnosed in advanced stages, usually the histological type is more aggressive - poorly differentiated endometrioid endometrial carcinoma, carcinosarcoma, papillary serous or clear-cell carcinoma.

This carcinoma's time of development is usually around 14 years.

**Conclusion:** Patients, underwent definitive radiotherapy for an invasive cervical cancer can still have endometrium, where a neoplastic degeneration can occur. Radiation-induced endometrial carcinoma has lower survival rate and worse prognosis due to late diagnosing, worse histological type and bad differentiation. That is why those patients should be monitored extremely carefully.

**Key words:** radiation-induced endometrial carcinoma; cervical cancer; radiotherapy; treatment

**Въведение:**

Канцерогенният ефект на йонизиращата радиация е описан при оцелели след атомните бомбардировки в Япония, както и при пациенти с онкологични заболявания подложени на лъчетерапия (1).

Лъчетерапията отдавна се е наложила като основен метод за лечение на пациенти с карцином на маточната шийка във IIB-IVA стадий. Според повечето рандомизирани клинични проучвания преживяемостта се увеличава с добавяне на конкурентна химиотерапия и това доведе до превръщането на комбинираната лъче-химиотерапия в стандарт за лечение на локално авансирали тумори - IB2–IVA (2-6). Освен лечебен ефект, йонизиращите лъчения може да увредят нормалните тъкани, в това число и ендометриалната лигавица. В случаите при които се постигне траен положителен ефект по отношение на първичното заболяване, възможността за възникване de novo на малигнен процес не трябва да се подценява.

**Клиничен случай:**

Касае се за 72 годишна пациентка, постъпваща в [illegible] д-р Г. Странски"

# ИСТМОЦЕЛЕ – УСЛОЖНЕНИЕ НА ЦЕЗАРОВО СЕЧЕНИЕ. КЛИНИЧЕН СЛУЧАЙ С ЛИТЕРАТУРЕН ОБЗОР.

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**Резюме**:
*Честотата на раждане чрез Цезарово сечение нараства в световен мащаб поради намаляване броя на оперативните вагинални раждания, вагиналните раждания на близнаци, седалищни предлежания и след предходно Цезарово сечение. Това води до увеличаване на различни усложнения свързани с абдоминалното оперативното родоразрешение и едно от тях е истмоцеле. Въпреки че по-често е безсимптомно, то може да е свързано и с менструални смущения, болков синдром и вторичен стерилитет.*
*Представяме случай на пациент, който след две предходни цезарови сечения има неправилни менструални кръвотечения и ултразвуковото изследване постави диагноза истмоцеле.*
**Ключови думи:** *истмоцеле, усложнение, диагноза, лечение*

## ISTMOCELE – COMPLICATION OF CESAREAN SECTION. CASE REPORT WITH LITERATURE REVIEW

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**Abstract**:
*The frequency of cesarean section increases worldwide because of the decrease of the rate of operative vaginal deliveries, vaginal delivery of twin gestation, breech deliveries, and vaginal birth after cesarean section. This leads to higher rate of complications of abdominal operative birth and one of these complications is istmocele. It is more often asymptomatic, but it can cause menstrual abnormalities, chronic pelvic pain and secondary infertility.*
*We present a case of woman who had two previous cesarean sections and after that she is complaining of abnormal menstrual bleading. The ultrasound examination shows istmocele.*
**Key words:** *istmocele, complication, diagnosis, treatment*

**Въведение**:

Честотата на раждане чрез Цезарово сечение (ЦС) нараства в световен мащаб (1, 2). Това се дължи на намаляване честотата на оперативни вагинални раждания – с форцепс или вакуум екстрактор, вагиналните раждания при близнаци, седалищни предлежания и след предходно ЦС (3).

Световната Здравна Организация приема, че честота на ЦС от 10-15% в популацията води до намаляване на майчината и фетална смъртност, а над тази стойности няма този ефект (4). Някои автори съобщават за честота на ЦС до 50%, което води до увеличаване на усложненията от него без наличие на полза за майката и плода(5, 6). Тези усложнения биват ранно настъпили – ексцесивни кръвотечения водещи до хистеректомия или до кръвоприливане на големи количества еритроцитна маса, маточни руптури, кардиак арест, остра бъбречна недостатъчност, тежки инфекции, дехисценция на оперативната рана и късно настъпили – инфертилитет, тазови сраствания, тазова болка(7).

Едно такова усложнение е дефект на оепартивния цикатрикс от предходно ЦС наречено истмоцеле. То води след себе си различни проблеми като маточни руптури, ектопична бременност в цикатрикс, спотинг, дисменорея, диспареуния, хронична тазова болка (8 - 14).

Представяме случай на истмоцеле, който бе лекуван в нашата клиника хистероскопски след като диагнозата бе поставена при вагинално ултразвуково изследване.

**Клиничен случай:**

Касае се за 34 годишна пациента с две предходни бременности и две раждания. Не съобщава за придружаващи заболявания и предходни операции освен две цезарови сечения. Последното е извършено

# Необичайно усложнение на чернодробна ехинококоза

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Хидатидната болест е една от най-често срещащите се тениози, причинена от ларвите на Echinococcus granulosus.

Нейното разпространение е ендемично, като са обхванати различни райони на земното кълбо. Заразяването на човека, който е междинен гостоприемник, става основно чрез поглъщане на контаминирани с яйцата на паразита храна и вода или при директен контакт с опаразитени кучета. След попадането в червата, онкосферите преминават през стената им в порталните кръвоносни и лимфни съдове, откъдето първа тяхна преграда е черният дроб. Там се развиват по–голямата част от ехинококовите кисти. Следващите по честота на засягането са белите дробове. Не са пощадени и почти всички останали органи, но тяхната обща честота на засягане е около 10%. Увредата на сърцето и перикарда е между 0.5 и 2%.

**Ключови думи:** ехинококоза, тампонада на сърцето, хидроперикард.

Представяме рядък клиничен случай на 31-годишен мъж със симптоматика на хидроперикард в резултат на микроперфорация на чернодробна ехинококова киста през диафрагмата в перикарда. Диагнозата бе поставена посредством ехокардиография, рентгенография на гръден кош, КАТ на корем с гръден кош и потвърдена от интраоперативната находка. За лечението се предприеха последователно торако- и лапаротомия, съчетани с нужните оперативни техники за отстраняване на патологичните процеси.

Хидатидната болест е една от най-често срещащите се тениози, причинена от ларвите на Echinococcus granulosus.

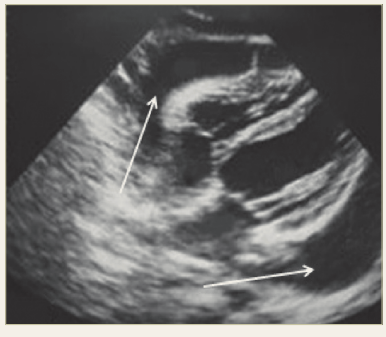
Нейното разпространение е ендемично[1,2]. Основен резервоар на паразита са кучетата и различни други хищници, хранещи се със заразени вътрешности от трупове на умрели преживни животни. Човек се заразява най-често чрез поглъщане на яйцата на паразита, които се излюпват в тънките черва, преминават през стената им в кръвоносните и лимфни съдове и оттам поразяват различни органи[3,4]. Засягат се черният дроб – 75%, белият дроб – 15% и всички останали органи – 10%[4]. Сърдечната хидатидна болест съставлява 0.5-2% от случаите със системна ехинококова инфекция[5,6]. Най-често срещаната кардиална локализация е ляв вентрикул, последвана от интервентрикуларния септум и десен вентрикул. Локализацията в перикарда без засягането на миокарда е изключително рядко, като най-често се касае за усложнена с перфорация през диафрагмата в него чернодробна ехинококова киста. В последния случай клиниката е на сърдечна тампонада с прекордиална болка, тахикардия, задух и лесна уморяемост[5-9]. Диагнозата се поставя чрез ехокардиография, абдоминална ехография, рентгенография на гръден кош и КАТ/ЯМР на корем и гръден кош. Лечението в повечето случаи е оперативно, като се използват различни достъпи и техники.

## Клиничен случай

Мъж на 31 год., хоспитализиран по спешност в СБАЛК гр. Плевен с клиничната картина на констриктивен перикардит – силна прекордиална болка, тахикардия, задух и лесна уморяемост. Направени са му ехокардиография, на която се вижда хемодинамично значим перикардиален излив *(Фиг. 1)* и ЕКГ с данни за дифузно ангажиране на перикарда. Това наложи извършването на рентгенография на гръден кош, на която има данни за перикарден излив *(Фиг. 2)* и КАТ на корем с гръден кош, който показва чернодробен ехинокок

**ФИГУРА 1**

**Ехокардиография. Със стрелки е показан изливът в перикарда**



*Case Report*

# A CASE OF ICU TREATMENT OF ANOREXIA WITH BMI<10. CAN WE AFFORD FASTER WEIGHT GAIN?

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## Summary

Treating anorexic patient with BMI<10 is a difficult task. Recommendations for nutrition include prescription of daily calories according to the 'starting low and going slow' rule, and a goal for the initial weight gain <1kg /week to prevent a re-feeding syndrome. We present a patient with BMI=8.8 and severe re-feeding syndrome admitted in ICU, with more rapid initial weight gain in 14 days (5kg) under continuous monitoring of vital functions and parameters in ICU. Before transfer to ICU a re-feeding syndrome developed, with liver dysfunction with cytolysis, severe muscle weakness, encephalopathy and neuropathy, bradycardia and hypotension.
Treatment in ICU was 14 days with parenteral, enteral and oral nutrition, correction of electrolyte disturbances and vitamin deficiencies. Human serum albumin and fresh frozen plasma in moderate amounts in the first 10 days were applied. The weight gain for 2 weeks was 5 kg. The electrolytes were balanced, as well as liver tests and vital functions. No signs of edemas and fluid overload were present. The patient was able to sit, stand and walk and was transferred to a gastroenterology department for inpatient treatment. After 2 months a weight of 45 kg (BMI=15) was achieved. The approach to reach greater weight gain by providing protein as human serum albumin and fresh frozen plasma plus enteral nutrition, avoiding high carbohydrates has an important implication for the safety and efficiency of treatment in severely malnourished patients with anorexia nervosa.
**Keywords:** anorexia nervosa, refeeding syndrome, ICU, albumin

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## Introduction

Anorexia nervosa (AN) is a severe and chronic disturbance in eating, most common in young women and adolescents. It is characterized by disturbances in eating behavior, excessive concern about body shape or weight, and deliberate weight loss. After 10-year disease about 5-15% of the AN patients die. This is mainly due to malnutrition, and particularly to the restricting type of the disease [1, 2]. AN is the most frequent cause of malnutrition in girls and young women. Body mass index (BMI) lower than 13 kg/m$^2$ is common in patients with a

*Case Report*

# A RARE CASE OF RUPTURE OF HEPATIC HYDATID CYST THROUGH DIAPHRAGM IN THE PERICARD

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## Summary

The hydatid disease is one of the most common tapeworms disease caused by the larvae of Echinococcus granulosus. Its distribution is endemic, covering different regions of the globe. Infection of humans, who are an intermediate host occurs primarily by ingestion of food and water contaminated eggs by the parasite or by direct contact with contaminated dogs. After entering the intestine, the larvae pass through the wall of the bowel into the portal blood and lymph vessels, and by them reach the liver, which is their first barrier. Thus the liver is the most common target organ for the development of an echinococcal cyst. The lung is the second most commonly affected organ. Almost all other organs are affected, but the overall incidence is about 10%. Involvement of the heart and pericardium is between 0.5 and 2%.

We present a rare clinical case of a 31-year-old man with symptoms of hydropericardium as a result of liver microperforation of an echinococcal cyst through the diaphragm into the pericardium. The diagnosis was confirmed by echocardiography, chest X-ray, CT of the abdomen and the chest, and by intraoperative findings. Thoracotomy and laparoptomy were combined with other surgical procedures to treat the condition.

**Key words:** echinococcosis, tamponade of the heart, hydropericardium

## Introduction

Hydatid disease is one of the most commonly occurring teniases caused by the larvae of *Echinococcus granulosus*. Its distribution is endemic [1, 2]. The main reservoir of the parasite are dogs and various other predators who feed on organs from dead infected herbivores. Humans get infected most often through ingestion of parasite eggs, which hatch in the intestine, pass through the wall into the blood and lymph vessels and then infect various organs [3, 4]. The liver is affected in 75% of the cases, lungs – in 15%. Involvement of all other organs accounts for up to 10% of cases [4]. Cardiac hydatid disease present 0.5-2% of cases with systemic echinococces infection [5, 6]. The most frequent localization is the left ventricle of the heart, interventricular septum, followed by the right

*Case Report*

# A RARE CASE OF KIRSHNER'S NEEDLE IN THE LIVER AFTER OSTEOSYNTHESIS OF RIGHT HUMERUS

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## Summary

Indirect entry of foreign body in the liver is very rare, with only about 20 cases reported. Most of them result from swallowed sewing needles by elderly women inadvertently with a subsequent migration from the gastrointestinal tract to the liver. We present a rare clinical case of 83- year-old woman with mild abdominal pain in the right subcostal region due to indirect entry into the liver of one of the three Kirshner's needles used for osteosynthesis in the proximal right humerus, which was not found when they were removed one month after placement. The needle was found in the liver by an overview, target radiography and CT-scan of the abdomen. Minilaparotomy was performed and the foreign body was removed without complications.
**Keywords:** foreign body, liver, Kirshner's needle

## Introduction

Indirect migration of a foreign body to the liver is very rare. The majority are due to ingested, inadvertently or deliberately, sewing needles, followed by migration from the gastrointestinal tract to the liver over long periods of time.The patients are most often mentally ill, young children or mostly elderly [1-11]. In most cases, the presence of a foreign body is discovered accidentally, due to the absence of clinical symptoms or on account of very mild abdominal pain, which patients do not pay attention to. A variety of surgical techniques are used: open surgery, laparoscopy. In some cases treatment is not undertaken because of the risk of complications.

Here we present a very rare clinical case treated at the clinic. The patient was 83 years old women, with a Kirshner's needle in the liver after osteosynthesis in the proximal part of the right humerus. The needle was successfully extirpated by minilaparotomy.

## Clinical case

An 83 year old woman was admitted to the clinic of surgery of the University Hospital – Pleven,

# РОЛЯ НА МАСАЖА В ОБЛАСТТА НА ИНЖЕКЦИОННОТО МЯСТО НА БАГРИЛОТО ЗА ПОСТИГАНЕ ПО-ГОЛЯМА УСПЕВАЕМОСТ ПРИ МАРКИРАНЕТО НА СЕНТИНЕЛНИТЕ ВЪЗЛИ ПРИ РМЖ

## THE IMPORTANCE OF LYMPH DYE INJECTION AREA MASSAGE FOR BETTER EFFECTIVENESS OF THE SENTINEL LYMPH NODE MAPPING IN BREAST CANCER

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## РЕЗЮМЕ

*В литературата, третираща биопсията на сентинелни лимфни възли (БСЛВ) при РМЖ често се препоръчва да се извършва масаж на инжекционното място на багрилото, но детайли по техническото му изпълнение и проучване на неговата роля почти липсват.*

*Ние си поставихме за цел да проучим ефективността на предложения от нас метод на извършване на масаж при БСЛВ при РМЖ.*

## МАТЕРИАЛ И МЕТОД

*Приложихме масаж във вариант разработен от нас с гумен еластичен балон изпълнен с топла течност, чрез натиск през 3-4 секунди. За да проучим ефективността на масажа сравнихме успеваемостта на маркиране на СЛВ при група пациентки без приложен масаж и такава с приложен масаж. Едната група е от 103 пациента с масаж, а другата - от 42 без приложение на масаж. И при двете групи останалите фактори са близки Т≤3 см, клинично негативна аксила, без предхождаща химиотерапия, без предхождаща ексцизия.*

## РЕЗУЛТАТИ

*При групата с масаж успеваемостта на маркиране е 96%, а при групата без масаж – 61%. При сравняване на успеваемостта на маркиране в зависимост от това дали е приложен или не е приложен масаж се установява, че има статистически достоверна разлика ($\chi 2=27,7$; $p<0,001$)*

*Прави се извода, че масажът на инжекционното място на багрилото играе важна роля за успеваемостта на маркиране на СЛВ.*

## КЛЮЧОВИ ДУМИ

*рак на гърдата, маркиране на СЛВ, масаж, успеваемост*

## SUMMARY

*In the literature review concerning sentinel lymph node biopsy (SLNB) in breast cancer many authors recommend lymph dye injection area massage. Information about the technical performance and its role for the sentinel lymph node mapping was not included.*

*Our aim was to investigate the effectiveness of the proposed method for massage technique in the process of SLNB in breast cancer.*

## MATERIALS AND METHODS

*We executed the massage pressure method using a rubber balloon with hot water pressing the lymph dye injection area at intervals of 3-4 seconds. By comparative analysis between cases with and without applied massage method for breast cancer SLNB we evaluated the effectiveness of the proposed methodology. A group of 103 patients with applied massage method and a group of 42 patients without applied massage method were analyzed. Both groups were comparable in respect of other factors: T≤3 cm, clinically negative axillary fossa, without preceded excision and chemotherapy.*

## RESULTS

*The group with applied massage method had 96 % effectiveness of the sentinel lymph node mapping, while the group without applied massage method had 61% effectiveness. Comparative analysis showed statistically significant difference ($\chi 2 = 27,7$; $p<0,001$).*

*Our results defined the important role of the lymph dye injection area massage method for the effectiveness of the breast cancer SLNB.*

## KEY WORDS

*breast cancer, sentinel lymph node mapping, massage, effectiveness*

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# МАКРОСКОПСКА ХАРАКТЕРИСТИКА НА НЕМЕТАСТАТИЧНИТЕ И МЕТАСТАТИЧНИТЕ АКСИЛАРНИ СЕНТИНЕЛНИ ЛИМФНИ ВЪЗЛИ ПРИ РАК НА МЛЕЧНАТА ЖЛЕЗА

## MACROSCOPIC CHARACTERISTICS OF NON METASTATIC AND METASTATIC AXILARY SENTINEL LYMPH NODES IN PATIENTS WITH BREAST CANCER

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## РЕЗЮМЕ

*Твърдението, че лимфният отток от цялата гърда е насочен към общ стражеви възел в аксилата все още се нуждае от повече доказателства.*

*Поставихме си за цел да проучим лимфния отток от гърдата към аксилата като приложим предложения от нас двойнобагриле*

## МАТЕРИАЛ И МЕТОД

*На 230 пациентки бяха проучени характеристиките големина, консистенция, метастатичен статус на общо 310 СЛВ.*

*Получиха се следните резултати: 56 (18%) от възлите са малки (<5mm), 194 (64%) – средни (6-10 мм); 60 (19%) - големи (>10 mm). Меки са 257 (83%) от СЛВ, твърди - 53 (17%). От малките възли само 15% са с метастази, а от големите – 58%. От меките възли само 24% са с метастази, а от твърдите – 76%. При възлите, съчетаващи твърдост и голям размер метастазите са 7 пъти по-чести от възлите, които са малки и меки.*

## ЗАКЛЮЧЕНИЕ

*Прави се извода, че макроскопската характеристика е важен ориентир за метастатичния статус на СЛВ.*

## КЛЮЧОВИ ДУМИ

*рак на гърдата, аксиларни сентинелни лимфни възли.*

## SUMMARY

*The aim of this study is to find the macroscopic characteristics of axillary sentinel lymph nodes /SLN/ in patients with breast cancer / BC/ and to compare it with metastatic status of the disease.*

*Material and Methods:*

*In 230 patients with Breast cancer we studied the characteristics of the SLN's nodes: size, consitesncy metastatic status. The numbers of examined lymph nodes were 310.*

*Results: 56 (18%) of the nodes were small (<= 5mm), 194 (64%) – middle sized, 60 (19%) – big. 257 (83%) of the nodes were soft in consistency and 53(17%) – thick. 15% of the small nodes were with metastases and 58% of the big one was metastatic. Only 24% of the soft ones were metastatic, and 76% of the thick ones were with metastases. In the big and thick nodes the metastases were 7 times more than in small and soft ones.*

## CONCLUSION

*Macroscopic characteristics are an important reference sign for metastatic status of the sentinel lymph nodes.*

## KEY WORDS

*Breast Cancer Axilary Sentinel lymph nodes*

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# РАННИ МАРКЕРИ ЗА ТЕЖЕСТТА НА ОСТРИЯ ПАНКРЕАТИТ (ПЪРВИ РЕЗУЛТАТИ)

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# EARLY MARKERS FOR THE GRAVITY OF ACUTE PANCREATITIS (INITIAL RESULTS)

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**РЕЗЮМЕ**

**Определянето тежестта на панкреатита още в първите часове на хоспитализацията има голямо значение за адекватната терапия и изхода от лечението.**

**Целта е: да се изследва връзката между нивото на IL-6, IL-8, CRP и тежестта на панкреатита като се изследва възможността да се използват като ранни маркери за тежестта на панкреатита.**

**Пациенти и методи: изследвани са 18 пациенти на възраст от 34 до 75 години, с анамнестични и клинични данни за остър панкреатит. Контролната група включва 10 клинично здрави лица на възраст от 18 до 35 години.**

**Резултати: Пациентите с тежки форми на ОП и номера 16,17, и 18 са с двукратно по-високи стойности едновременно на IL-6 и IL-8. Пациент №16 е с доказани компютър-томографски обширни некрози на панкреаса, но те са останали стерилни и болният е изписан след овладяване на клиничната картина и само с консервативна терапия.**

**Заключение: Промените в стойностите на IL-6 са значително по големи при тежките форми на панкреатит и се увеличават в хода на лечението. Промените при IL-8 са значително по-малки, като леко надхвърлят горната граница на нормата. Важна е най-вече корелацията с многократно повишените стойности на IL-6.**

**Стойностите на CRP във всички останали случаи са повишени, но не се установява корелация между тежестта на панкреатита и стойностите на изследвания показател.**

**КЛЮЧОВИ ДУМИ:**
**остър панкреатит, IL-6, Il- 8, CRP, прогноза**

**SUMMARY**

**The determination of pancreatitis gravity in the very first hours after hospitalization is of great importance for the adequate therapy and treatment results.**

**The aim of this work was to study the relationship between the level of IL-6, IL-8, CRP and pancreatitis gravity through investigation of the possibility to use them as early markers for pancreatitis gravity.**

**Patients and methods: The study incorporated 18 patients, aged 34 – 75 years, with anamnestic and clinical data for acute pancreatitis (AP). The control group consisted of 10 clinically healthy individuals aged 18 – 35 years.**

**Results: The patients with severe forms of AP, patient codes 16, 17, 18 had two times higher values of both IL-6 and IL-8. Patient №16 had vast pancreas necroses confirmed by computed tomography but they had remained sterile and the patient was dismissed after managing the clinical signs with administered conservative therapy.**

**Conclusion: The changes in IL-6 values were significantly greater in severe pancreatitis forms and increase in the course of therapy. The changes in IL-8 values were much smaller, slightly exceeding the upper limit. The correlation with the values of IL-6 that were increased many times is the most important.**

**The CRP values in all other cases were elevated but no correlation between pancreatitis gravity and the values of the studied indicator was found.**

**KEY WORDS:**
**acute pancreatitis, IL-6, Il- 8, CRP, prognosis**

Своевременната диагноза и ранната оценка на тежестта на острия панкреатит имат съществено значение за стартовата тера-

The timely diagnosis and early assessment of the gravity of acute pancreatitis are of great importance for the initial therapy and, respectively, for the course

# Механизми на оксидативния стрес. Оксидативен стрес при хронични възпалителни заболявания на червата и колоректален карцином

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Много заболявания в човешкия организъм се свързват с наличието на оксидативен стрес. Например: болест на Алцхаймер, невродегенеративни заболявания, атеросклероза, захарен диабет, хронични възпалителни заболявания, както и възникването на тумори[1,3]. Редица заболявания на ГИТ също се свързват с наличие на оксидативен стрес. Тук се включват редица възпалителни заболявания (ГЕРБ, хронични гастрити, болест на Крон и улцерозен колит), както и преканцерози и карциноми на стомах и черва[6,10,15]. Познаването на отключващите фактори и механизмите на тъканно увреждане при оксидативен стрес би помогнало в превенцията и лечението на заболяванията, в чиято патогенеза те са включени.

**I. Образуване и същност на свободните радикали:**
Свободните радикали представляват непълни молекули, които съдържат във външната си обвивка несвързан електрон. Това ги прави химически високореактивни и нестабилни. В процеса на химично взаимодействие те се свързват с други молекули, отнемайки от тях липсващия електрон, което води до модифициране на молекулата мишена и възникване на верижни реакции[1,2,3,4].

При физиологични условия в живите организми се образуват минимални количества свободни радикали при протичане на ферментативните процеси[1,2,3,5].

Всички метаболитни процеси в човешкия организъм се осъществяват по т. нар. аеробен път. Последните етапи протичат в „дихателната верига"на митохондриите. Те са основен източник за генериране на енергия чрез синтез на АТФ (аденозинтрифосфат). Като крайни продукти се отделят минимални количества вода (H2O) и свободен кислород (O2). Друг източник за генериране на свободни радикали са цитохром P450 и пероксизомите[2,6,7,8]. Само малка част - около 1-2% от кислорода, редуциращ се в митохондриите, се превръща в супероксиден радикал ($O_2$-) в междинните звена на „дихателната верига"[5,6,7].

Образуваните в човешкото тяло радикали се разделят на:
1. Първични - тук се причислява супероксидният радикал, образуващ се при ферментативните процеси.
2. Вторични - включват хидроксилния радикал, получаващ се при т. нар. Хабер-Вайс реакция/тип Фентънова реакция с участие на метални йони с променлива валентност (Fe, Cu) и липидните радикали. Те са особено опасни за клетката и имат многостранно увреждащо въздействие[1,2,5,6].

Терминът реактивни кислородни видове (ROS) е обединяващо понятие за всички кислородсъдържащи високореактивни частици, участващи в свободнорадикални процеси, независимо от това че по своята химична структура някои от тях не са истински радикали[6,7,9]. Към тях се отнасят:
1. Молекулярен кислород - $O_2$ (триплетно състояние).
2. Синглетен кислород - $1O_2$.
3. Супероксиден анийон - $O_2$-.
4. Водороден прекис - $H_2O_2$
5. Хидроксилен радикал - OH.
6. Хидропероксил радикал - $O_2H$.
7. Озон - $O_3$.
8. Хидрохлорна киселина HClO
9. Нитритен окис NO.

**II. Антиоксидантни системи:** Нормално образуваните в минимални количества свободни радикали биват атакувани и неутрализирани от т. нар. антиоксидантни защитни системи[10,11]:

- Супероксиддисмутазата (SOD) е основен ензим, участващ в неутрализирането на супероксидния радикал до $O_2$ и $H_2O_2$ (Водороден прекис).Съществуват три различни изоензима, като ключова роля играе Cu/Zn SOD, локализирана в цитоплазмата. Установено е повишаване на нивото при състояния свързани със засилена продукция на свободни радикали[5,6,12].
- Каталазата е ензим, обезвреждащ $H_2O_2$ до вода ($H_2O$) и кислород ($O_2$). Същата е локализирана основно в клетъчните пероксизоми.Количеството ѝ намалява с напредване на възрастта, което е свързано с процеса на стареене[2,3].
- Глутатионът играе ключова роля на най-важен вътреклетъчен антиоксидант, антитоксин и кофактор. Съществува в две форми: оксидирана (GSSG) и редуцирана (GSH). Съотношението между тях е много чувстви-

# Остра и хронична диария – причини и съвременни клинични аспекти на лечение

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По данни на СЗО годишно се регистрират по 2 млрд. случая с диария, от които 1, 9 млн. при деца до 5-годишна възраст. Средно 18% от тях водят до смърт, като 78% са в страните от Африка и Югоизточна Азия (1). Диарията е клиничен симптом, който се характеризира с нарастване на честотата (над 3 пъти дневно) и намаляване на консистенцията на изпражненията, свързана с увеличена загуба на вода и електролити през ГИТ (2). По протичане бива остра (с продължителност до 14 дни) и персистираща (с продължителност над две седмици) (1, 2).

**Етиология**

1. Инфекции на ГИТ, причинени от различни видове ентеропатогенни бактерии (E. coli sp., Salmonella sp., Shigella sp., Campylobacter, Yersinia enterocolitca, Vibrio cholere, Klebsiella sp., и др.) и вируси (главен представител Rotavirus при деца до 5 години и по-рядко Norovirus, Adenovirus, ECHO и др.) (1, 2). Основен път на заразяване е чрез прием на заразена храна, вода, както и контакт с болния човек.
2. Антибиотик (АВ) асоциирана диария – с нарастваща честота в последните години поради широка употреба на антибиотици в клиничната практика. Същите водят до потискане на естествената микрофлора в ГИТ и абнормен растеж на анаероби, основно Clostridium difficile, обуславящ възникването в 20% от случаите на т.нар. псевдомембранозен колит. Рисковите фактори са свързани предимно с дълготраен прием на АБ (предимно цефалоспорини, амоксицилин с клавулонова киселина, клиндамицин, като по-висок риск носи перорalният прием), продължителна хоспитализация над 14 дни, напреднала възраст, компрометиран имунитет, коремна хирургия. Може да възникне както по време на лечението, така и няколко седмици след спиране на АБ прием (3, 4).
3. Инфекции с протозои и паразити – характерни основно за страните от Третия свят.
4. Неинфекциозни заболявания на ГИТ, протичащи предимно с персистираща диария (2):
а) IBD (idiopatic bowel diseases) – хроничен улцерохеморагичен колит, болест на Крон;
б) IBS (iritabile bowel diseases) – синдром на раздразненото черво;
в) лактозна непоносимост;
г) синдром на малабсорбция (при дифузни тънкочревни заболявания – цьолиакия, обширни резекции на черва, след лъчетерапия, панкреасна екзокринна недостатъчност, след тотална гастректомия и др.).

**Патогенеза**

1. Наличието на възпаление и инфекция често се съпровожда с дисбаланс на интестиналната флора, което е предпоставка за нарушаване на епителната бариерна функция. Увреждането на tight junction играе ключова роля в патогенезата. В резултат настъпва нарастване на парацелуларния транспорт, водещ до загуба на течности и инвазия на патогени в субмукозата. От друга страна, отделяните ентеротоксини промотират ексцесивна апоптоза или некроза на епителните клетки, разрушавайки чревната бариера (5, 6).
2. Увеличена секреция на вода и електролити и намалена резорбция на същите в чревния лумен (1, 2, 7).
3. Ексудация на протеини през увредената чревна стена – при инфекция с инвазивни патогени. В тези случаи се наблюдава често отделяне на слуз и кръв в изпражненията, известно под името дизентерия (1, 2, 7).
4. Осмотична диария – присъствието в ГИТ на несмлени (осмотично активни вещества) остатъци от белтъчини, въглехидрати и мазнини, като късоверижни мастни киселини, дизахариди, пептиди, предизвикват по осмотичен път извличане на вода в чревния лумен.
5. Ускорен чревен мотилитет – свързан с нарушена невроендокринна регулация и отделяне на редица чревни хормони, като VIP (вазоактивен интестинален пептид) (2, 7).

**Клиника**

Инфекциите на ГИТ, протичащи с диария, носят общото название гастроентерити, ентероколити и колити. Клинично протичат с многократни воднисти изхождания без патологични примеси, а при засягане на дебелото черво често се откриват и примеси от слуз и кръв. Допълнителни съпътстващи симптоми са поява на гадене и повръщане, коремни болки, общо неразположение, треска. В повечето случаи симптомите са леки и се самоограничават за няколко дни. При малки деца и възрастни с придружаващи заболявания често са по-тежки и могат да доведат до животозастрашаващи усложнения, като дехидратация, нарушение в електролитния баланс и алкално-киселинното равновесие (1, 2, 7).

**Лечение**

Основните принципи на лечение са свързани с приложение на адекватна перорална и/или парентерална рехидратация, подходящ диетичен режим, както и приложение на антидиарийни медикаменти с различен механизъм на действие (лоперамид, смекта, бисмутови препарати и др.). Приложение на антибиотици не се препоръчва освен в случаите със сигурно доказан етиологичен бактериален причинител. В последните години все по-широко навлиза и употребата на т.нар. пробиотици в комплексното лечение на заболяванията на ГИТ, протичащи с остра или хронична диария.
Parker използва определение за пробиотиците, което е валидно и днес: „организми и субстанции, които повлияват благоприятно чревния микробен баланс" (8). Обикновено съдържат голям брой от един и/или повече видове на един или повече щамове микроорганизми, които са

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Case Report

A SCITECHNOL JOURNAL

# Warty Carcinoma of the Uterine Cervix with Lymph Node Metastasis: A Case Report with a Literature Review

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## Abstract

Warty carcinoma of the cervix is a rare form of squamous cell carcinoma. This subtype has better prognosis than the high-differentiated squamous cell carcinoma. It is known that it has lymph metastatic potential when vulva or penis are affected but as far as we know there are no described cases with lymph node metastases in literature for warty cervical cancer.

**Keywords**

Cervical cancer; Warty carcinoma; Lymph node metastasis

## Introduction

Warty carcinoma is a rare form of squamous cell carcinoma (SCC) of the uterine cervix [1,2]. It has two components -condyloma and invasive squamous cell tumor. This histologic type has better prognosis, when compared to well differentiated cervical sqamous cell carcinoma. The most common locations of this tumor are in the anal and genital areas- vulva, vagina and uterine cervix, anus and penis. For most of the locations it occurs mainly in peri- and postmenopausal women, with the exception of vulvar warty carcinoma, which is most common in younger patients [3]. The involvement of the anus and the penis can be seen in young immunosuppressed men [3].

Although warty carcinoma is rarer than the other histologic types of cervical carcinoma, the latest research on this topic shows that it has better prognosis than the high-differentiated squamous cell carcinoma.

## Case Report

A multiparous 45-year-old woman was admitted to our clinic with history of postcoital bleeding for six months. She did not have medical history of other gynecological problems. The only surgical intervention she had was appendectomy. The general physical examination was without abnormalities. On pelvic examination the cervix was found to be hard, bulky and bleeding on touch. The parametrial ligaments were not involved. The other pelvic organs were without abnormalities. Rest of the systemic examination was normal, with normal blood count and normal ultrasound. Cervical biopsy was performed. The diagnosis SCC was made after histopathological examination of the surgical specimen. The patient underwent Class III radical hysterectomy with pelvic lymph node dissection. Forty one lymph nodes were removed. Histological examination showed micrometastasis in two of them (Figure 1 & 2). The patient was staged according to FIGO TNM classification as pT1b2pN1M0. The patient's postoperative period was uneventful. External beam radiation therapy (EBRT) therapy was performed 30 days after the intervention and remains free of disease for five years.

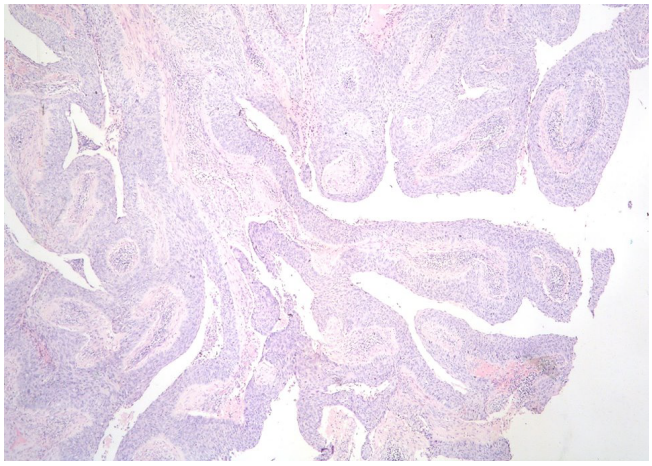

**Figure: 1** Microscopic view of the cancer of the uterine cervix, x100 magnification

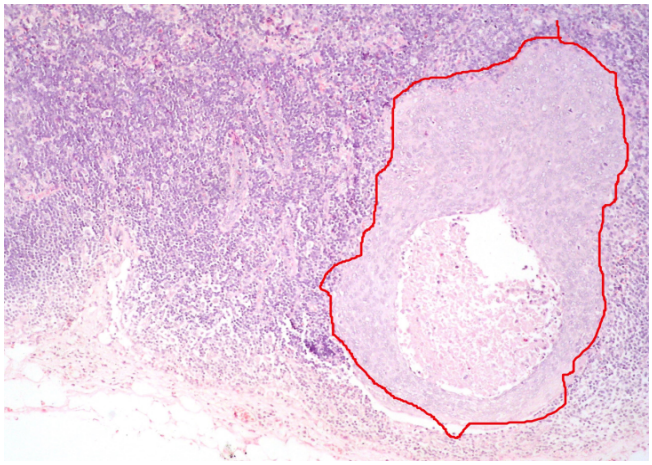

**Figure: 2** Microscopic view of the metastatic lymph node, x 100 magnifications.

## Discussion

Warty carcinoma of the uterine cervix is a rare variant of SCC. The tumor is frequently associated with HPV. As a clinical behavior, it stands between the verrucose and the low grade squamous cell carcinoma. It is usually described as a hybrid feature of invasive

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# ПРОУЧВАНЕ ВЪРХУ ЧЕСТОТАТА, ЛОКАЛИЗАЦИЯТА И МОРФОЛОГИЧНАТА ХАРАКТЕРИСТИКА НА НЕВРОЕНДОКРИННИТЕ ТУМОРИ ОПЕРИРАНИ В УМБАЛ „Д-Р Г. СТРАНСКИ“ - ПЛЕВЕН ЗА 5 ГОДИШЕН ПЕРИОД

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**АБСТРАКТ:**

**Въведение:**

Честотата на невроендокринните тумори(НЕТ) нараства с годишен скок от 5,8%. Заболеваемостта в САЩ е 2,5 – 5,0/100 000 пациенти и заема второ място по малигненост на ГИТ след колоректалния рак. Локализацията е предимно в тънкото черво, ректума, апендикса и по-малко в колона, стомаха и панкреаса. НЕТ нямат характерни симптоми, при тях липсват специфични и точни методи за ранна им диагностика. Проявяват се с непредсказуемо и необичайно биологично поведение и в момента на поставяне на диагнозата 50% от пациентите са с метастази.

**Материали:**

Ретроспективно проучване обхващащо 5 годишен период. Разгледани са пациенти оперирани в хирургичните клиники на УМБАЛ “Д-р Георги Странски“ –Плевен.

**Резултати и обсъждане:**

Представени са морфологичните варианти на туморите, органната локализация и съотношението на нашите резултати отнесени към тези за страната. Прави впечатление появата на смесени тумори състоящи се от невроендокринен тумор и аденокарцином. Установили сме при един пациент вторичен невроендокринен тумор в гърда. Като цяло честотата на невроендокринните тумори нараства, като честотата на НЕТ диагностицирани на територията на УМБАЛ “Д-р Георги Странски“ – Плевен е по-висока от тази за страната.

**Заключение:**

Въпреки значителните постижения в съвременната медицина диагнозата НЕТ се поставя със закъснение средно от 3 до 7 години след появата на първите симптоми. Морфологичната верификация след извършената първична оперативна интервенция предполага комплексно мултидисциплинарно поведение, включващо медикаментозни, интервенционални и хирургични методики.

## ВЪВЕДЕНИЕ:

През последните години в страните от Европейския съюз се очертава нарастване на честота на гастроентеропанкреасните невроендокринни тумори от 1.3/100 000 до 5.2/100 000.[5] В България към момента липсват прецизни епидемиологични данни.[6] Невроендокринните тумори са разнородна група с локализация в различни органи, предимно в тънко черво, ректум, апендикс и по-рядко в колона, стомаха и панкреаса. При този вид тумори липсват специфични симптоми[2,3,4,] .Тъй като са с непредсказуемо и необичайно биологично поведение, диагнозата се поставя със закъснение. От появата на първите симптоми до поставянето на диагнозата могат да минат от 3 до 7 години. В момента

# ЛЕЧЕНИЕ НА ОСТРИЯТ ПАНКРЕАТИТ В УМБАЛ – ПЛЕВЕН

**Д.Стойков, Страшилов Стр., Съботинов Ц.**
*Клиника по Висцерална хирургия – Плевен*

Лечението на острия панкреатит в последните две години в УМБАЛ – Плевен бе основно променено. Причината е въвеждането на нова терапевтична схема в съответствие с най-новите световни концепции за острият панкреатит. Значително внимание бе обърнато и върху уточняването на етиологичната причина за развитие на панкреатита.

**МАТЕРИАЛ И МЕТОДИ:** По причини, които вече бяха изтъкнати по – горе, ние ще разгледаме нашата концепция за лечението на ОП, като сравним терапевтичните схеми и резултатите /леталитет и стойност на лечение/ за два периода от 2002г до март 2008г и от април 2008 до момента /Табл.1/.

Таблица 1 Лечение на ОП

| № | ПЕРИОД | БР. С ОП | ОПЕРИРАНИ/%/ | ОПЕР. ДЕН | ЛЕТАЛИТЕТ/%/ | СТОЙНОСТ |
|---|---|---|---|---|---|---|
| 1 | 2002-03.2008 | 226 | 82 /36,3%/ | 2,1 | 29 /13%/ | 5615,76 |
| 2 | 04.2008-03.2010 | 194 | 42 /21,6%/ | 6,3 | 6 /3%/ | 1220,82 |

На пръв поглед се очертава едно увеличение на средно месечния брой на пациентите с остър панкреатит от 3/за месец на 8/за месец, но това може да се обясни с концентриране на тези болни само в нашата клиника, след преструктуриране и профилиране на хирургичните клиники в УМБАЛ - Плевен през април 2008г.

В последващото изложение ще акцентуираме само върху някои основни промени в терапевтичната ни схема, които според нас са причината за рязкото намаление на леталитета /над 4 пъти/ за втория период.

## I. ПРОМЕНИ В КОНСЕРВАТИВНОТО ЛЕЧЕНИЕ.

***1. Антибиотична профилактика***: Подтискането на възпалителната реакция при остри панкреатити е един от основните проблеми на консервативната терапия в началните стадии на това заболяване.

Според редица автори смъртността се увеличава с над 40% в случаите, когато се инфектират панкреатичните некрози. Най-често това става през втората седмица от началото на заболяването. Различните автори са единодушни в мнението си, че правилно проведената антибиотична профилактика значително понижава риска от наслагване на вторична инфекция /Бергер 1986, Барие 1996, Басси 1994, Стеинберг 1994/. Успеха на антибиотичната терапия обаче зависи и от вида на избрания антибиотик. Много антимикробни агенти не показват добра проникателна способност в панкреатичните тъкани, независимо от трайно постигнатата висока серумна концентрация на медикамента. На следващо място, не по-малко важна е ефективността на избрания антибиотик спрямо най-често срещаната флора при острия панкреатит. Съобразявайки се с горните

# АБДОМИНАЛНИЯТ СЕПСИС – НАЙ-ТЕЖКОТО УСЛОЖНЕНИЕ НА ОСТРИЯТ ПАНКРЕАТИТ

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Постоянното увеличение на болните с тежки деструктивни форми на панкреатит и високия процент на септични усложнения в коремната кухина и извън нея, определят актуалността на проблема за тяхното лечение. Анализирайки причините за закъснението в старта на лечението при тези болни достигнахме до следните изводи:

a. Ограничаване достъпа на пациентите до високоспециализирана медицинска помощ.
b. Неефективна антибиотична профилактика.
c. Избързване с хирургичното лечение в ранната фаза панкреатита.
d. Късно прилагане на ефективно хирургично лечение, там където то е било показано още в начален етап поради:
   a. Липса на диагностични възможности за точно установяване на етиологичните причини и стадия на панкреатита.
   b. Липса на условия за активно приложение на инвазивни хирургични техники и високо специализирана реанимация за следоперативно лечение.
   c. Недостатъчна осигуреност с медикаменти и техника за лечение на тези болни.
   d. Стремеж да се осигурят приходи по клинични пътеки и МЗ.

Всичко споменато по-горе води не само до увеличение процента на най-тежките форми и влошаване на крайните резултати, но и до рязко увеличение на финансовите разходи за лечението на тези пациенти.

**МАТЕРИАЛ И МЕТОДИ.** За период от 8 години /1999-2006/ в катедра хирургични болести на МУ – Плевен са приети 487 болни с панкреатит. Оперативно лечение се е наложило при 187 /38%/ от болните.

**Развитието на суперпозираната инфекция** в хода на острия панкреатит е представено на Фиг.1.

# УСЛОЖНЕНИЯ ДОВЕЛИ ДО ЛЕТАЛЕН ИЗХОД ПРИ ОПЕРИРАНИ И РЕОПЕРИРАНИ БОЛНИ ЗА ОСТЪР ПЕРИТОНИТ

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В структурата на хирургическите заболявания перитонитът е една от най-често срещаите диагнози, която изисква оперативна намеса по спешност. Изходът зависи от характера на първичната патология, естеството и разпространението на патологичния процес, възрастта, придружаващите заболявания, давността на заболяването, състоянието преди и по време на операцията, настъпилите усложнения, микробиологичния фактор, антибактериалната терапия и др.

Въпреки напредъка на медицината и утвъждаване на основните принципи,тактика и методи в лечението на перитонита, регистрираната следоперативна смъртност при болни оперирани за остър перитонит остава доста висока от 10 до 43%.За намаляване на смъртността за последните години заслуга има включването на метода "временна лапаростомия с програмирани лаважи".

***ЦЕЛ***

Целта на насоящетоящия доклад е проучване и анализиране на резултатите на усложненията довели до летален изход при пациенти оперирани за остър перитонит за период от 6 години.

***МАТЕРИАЛ И МЕТОДИ***

Пациентите лекувани в ОКВХ при ХК на УМБАЛ„Д-р Георги Странски"ЕАД-Плевен за периода 2002-2007 год. са 10789.През този период са извършени 9594(88,92%) оперативни интервенции.За остър перитонит са оперирани 738/6,84%/ пациенти.Починалите пациенти за този период са 305/3,18%/ за всички приети в отделението, а починалите след операция за остър перитонит са 87, което е 28,52% от всички починали. Възрастовият диапазон на починалите варира от 26 до 92 год., като основната част 71/81,61%/ са в интервала от 61 до 90 год.

Таблица №1 Възрастово разпределение на болните с пертонит и леталитет

| Възраст по години | мъже | жени | общо | % | Екзитус мъже | Екзитус жени | общо | % |
|---|---|---|---|---|---|---|---|---|
| 21-30 | 21 | 25 | 46 | 6,23 | - | - | - | - |
| 31-40 | 46 | 30 | 76 | 10,3 | 1 | - | 1 | 1,32 |
| 41-50 | 67 | 38 | 105 | 14,22 | 4 | 1 | 5 | 4,76 |
| 51-60 | 88 | 45 | 133 | 18,02 | 6 | 2 | 8 | 6,02 |

# ОПЕРАТИВНО-ТЕХНИЧЕСКИ ГРЕШКИ ПРИ ТОТАЛНАТА МЕЗОРЕКТАЛНА ЕКСЦИЗИЯ

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Качеството на техническото изпълнение на онкологичните операции е важно за прогнозата и по нататъшния ход на заболяването. Грешки касаещи извършването на непълен обем при стандартизирани операции, обаче трудно подлежат на проучване, тъй като тяхното установяване и документиране най-често е непълно и неточно.

## *ЦЕЛ*

Поставихме си за цел да проучим вида и честотата на оперативно-техническите грешки при извършването на тоталната мезоректална ексцизия по повод рак на долната и средна трета на ректума.

## *МАТЕРИАЛ И МЕТОДИ*

Проучихме качеството на хирургическата тотална мезоректална ексцизия при 40 пациента с рак на долната и средна трета на ректума, при които приложихме стандартна оперативна техника, така както е описана от нейния създател Heald (5).

Оценката на техническите грешки се направи по възприетата в практиката тристепенна скала на качеството на екстрафасциалната ексцизия на ректума(7):

**I-ва степен**

1. Гладка външна повърхност на цялата циркумференция на препарата
2. Запазена цялост без видими дефекти на ректалната фасция и адвентиция по цялата циркумференция.
3. Дисталният край на препарата представлява каудалния край на ректалната адвентиция или ректалната адвентиция е прерязана перпендикулярно на оста на червото

**II-ра степен**

1. Наличие на малки неравности по циркумференцията на препарата
2. Наличие на малки дефекти по ректалната фасция (до 1 см. в диаметър), но непосредствено над и около тумора
3. Никъде по целия препарат не се вижда мускулния слой на ректума

**III-та степен**

1. Наличие на големи неравности по циркумференцията на препарата с големи дефекти (над 1 см.) на ректалната фасция или ректалната адвентиция и/или по-малки дефекти, но в областта непосредствено над тумора
2. Наличие на оголени участъци от мускулния слой на ректума
3. Ректалната адвентиция не е отстранена en block с ректума, а на отделни парчета

6. Horch R, Incisional negative pressure wound therapy for high-risk wounds. J Wound Care. 2015 Apr;24(4 Suppl):21-8. doi: 10.12968/jowc.2015.24.Sup4b.21.

# 12.17 СЕНТИНЕЛНА ЛИМФНА БИОПСИЯ ПРИ МАЛИГНЕН МЕЛАНОМ НА КОЖАТА – РОЛЯ НА ОПЕРАЦИОННАТА СЕСТРА

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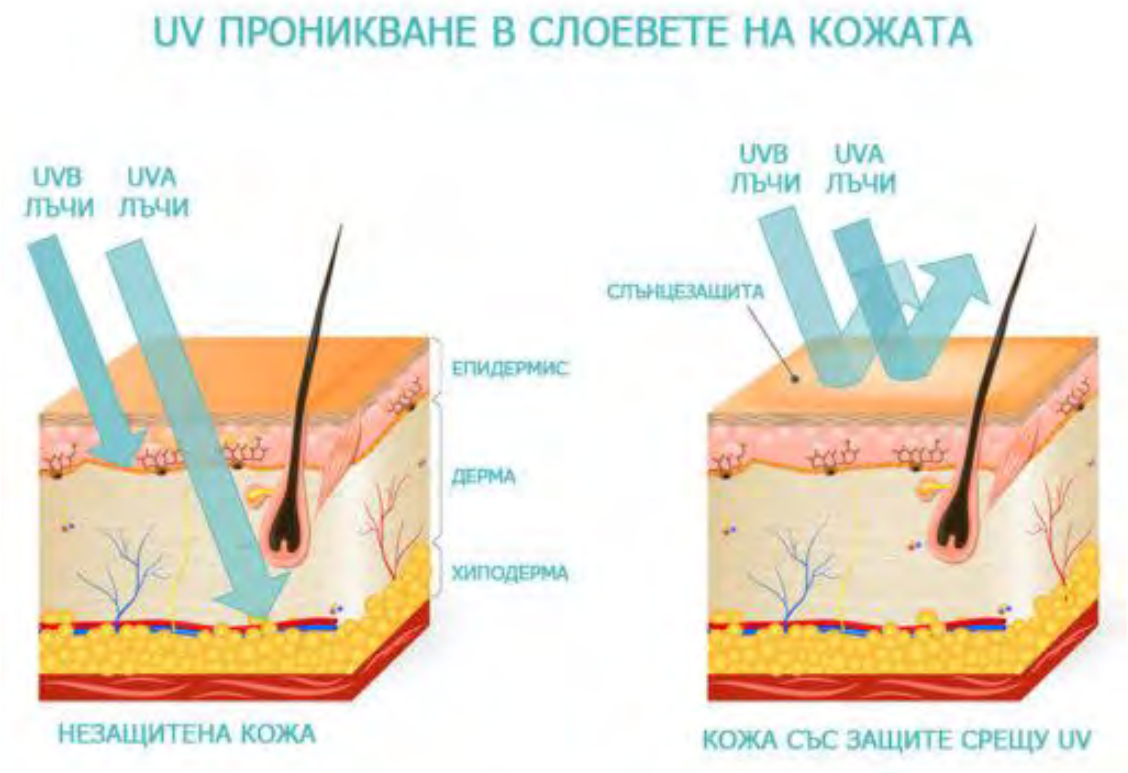
**Въведение**

Малигненият меланом е злокачествен тумор на пигментообразуващата клетъчна система на кожата. Кожата е съставена от два слоя: епидермис и дерма. В епидермиса има клетки наречени „меланоцити”, които произвеждат пигмента меланин, определящ тена на кожата. Меланомът се причинява от трансформацията на тези клетки. В повече от 95% от случаите е локализиран върху кожата, а в 5% възниква в областта на окото и лигавиците.

Рискови фактори за развитието на Малигнен меланом са:

- УВ – радиация – честота на излагане на ултравиолетово лъчение, слънчеви изгаряния в детска и юношеска възраст, голям брой болезнени слънчеви изгаряния повишават риска от развитие на малигнен меланом;




- Расови особености – честотата на малигненият меланом е най-ниска сред африканците и най-висока сред представителите на европеидната раса. Това се обяснява с УВ-защитното действие на меланина, който е повече при африканците;