



The Hong Kong Society for Colposcopy  
and Cervical Pathology  
& The NTEC



# Clinical Pathological Conference

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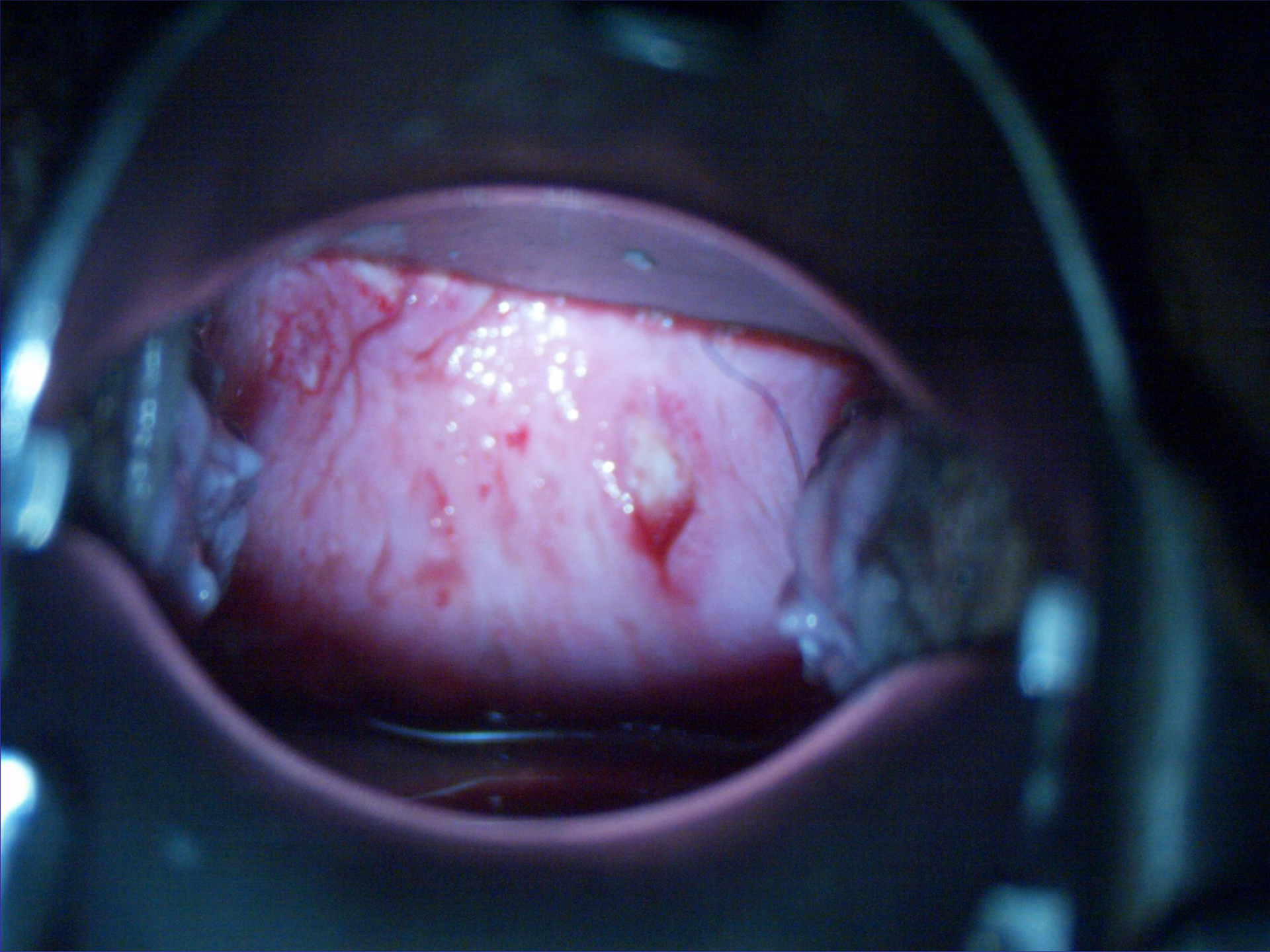
- **Coming meetings 2008:**

- **Refresher Course for Accredited Colposcopists in May at FPA**
  - **Colposcopy Workshop in July at KWH**
- **Refresher Course for Accredited Colposcopists in September at QEH**
  - **BGM in November/December**

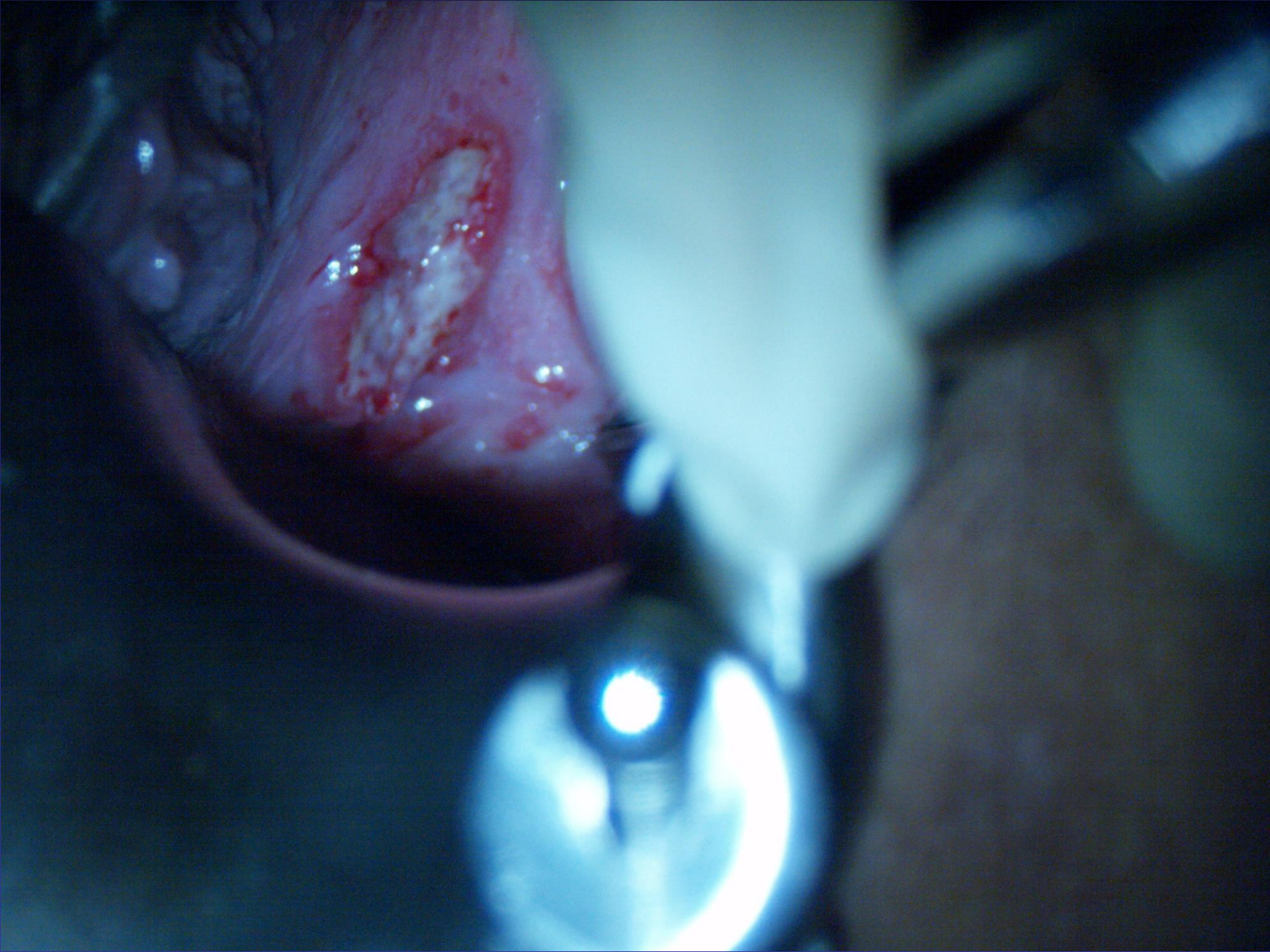
- *<http://www.hksccp.org.hk>*

# Case 1

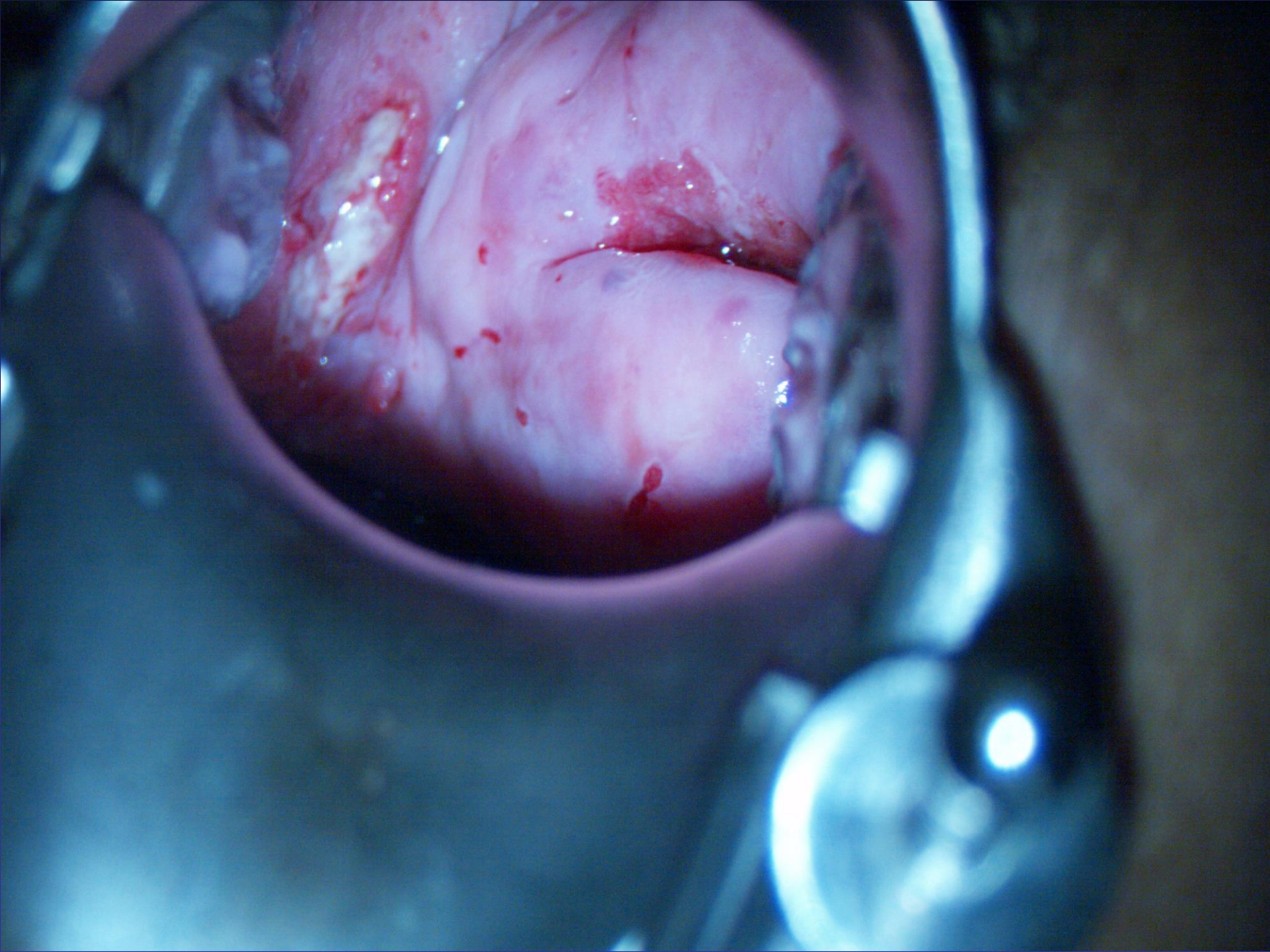
- F/43
- Hx of repeated episodes of vulval & oral ulcers for 2 years, unknown diagnosis and resolved spontaneously
- Vaginal & tongue ulcers 2 months prior to presentation.
- Tongue ulcers healed, vaginal ulcers persisted



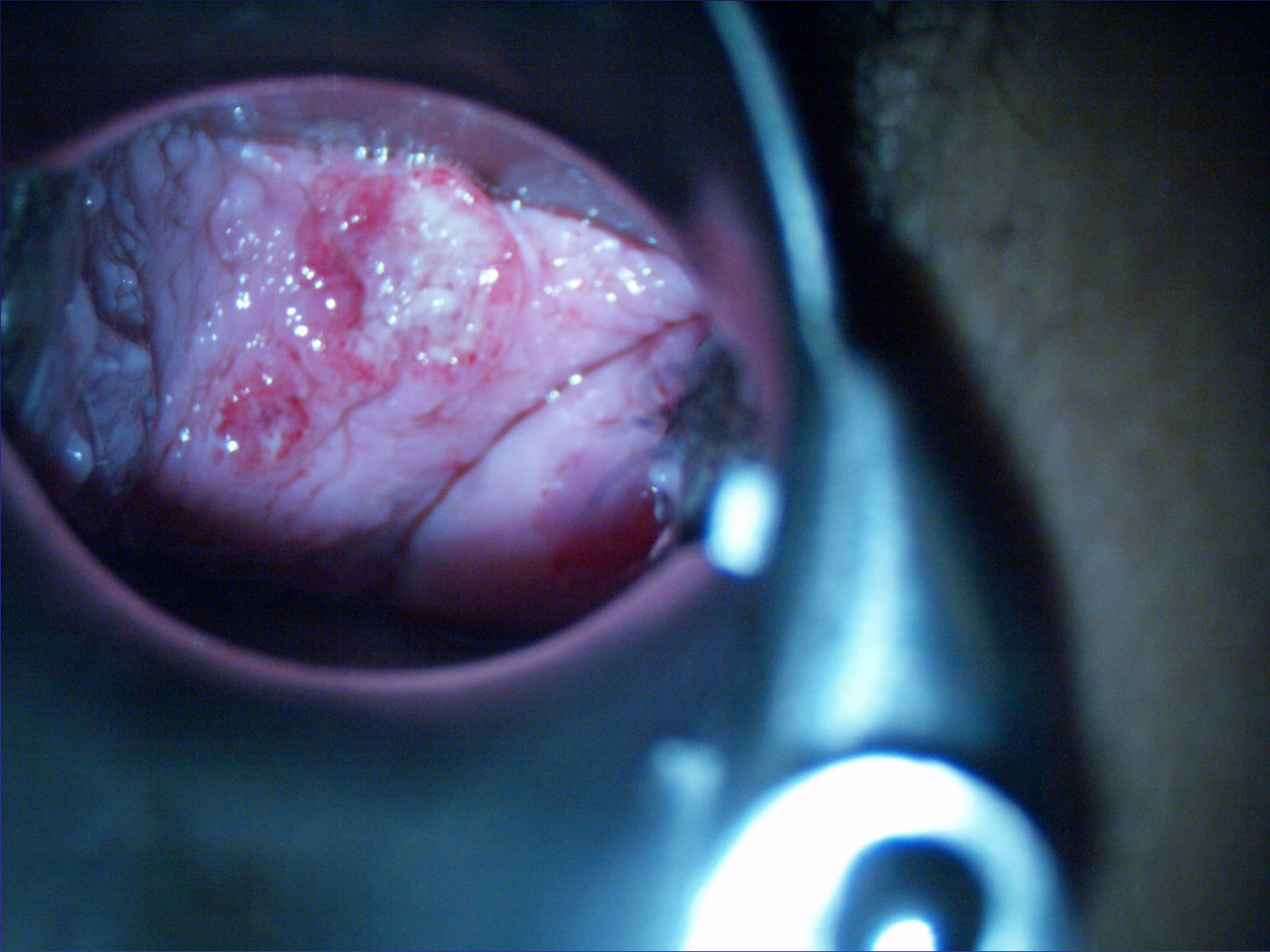




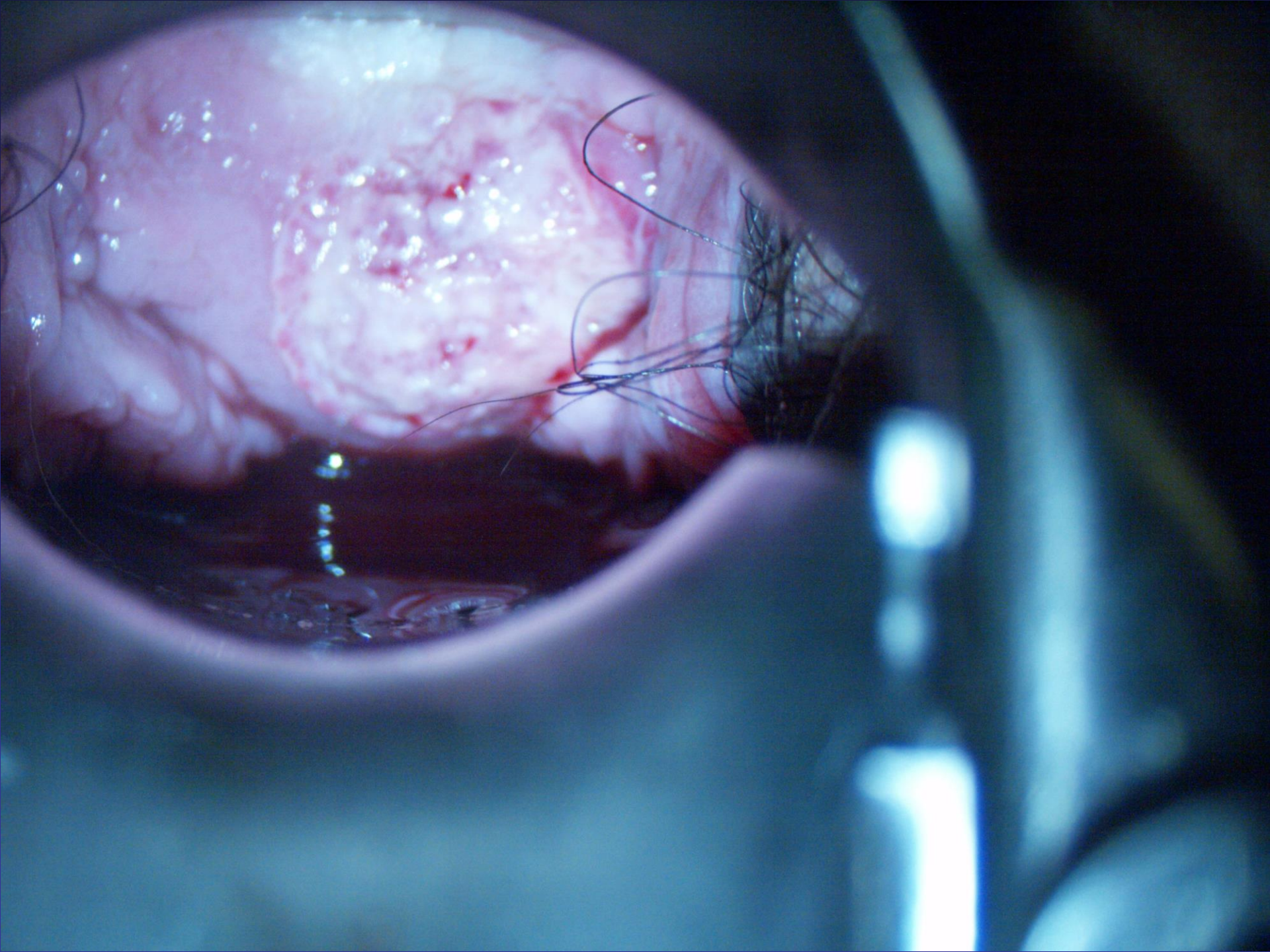








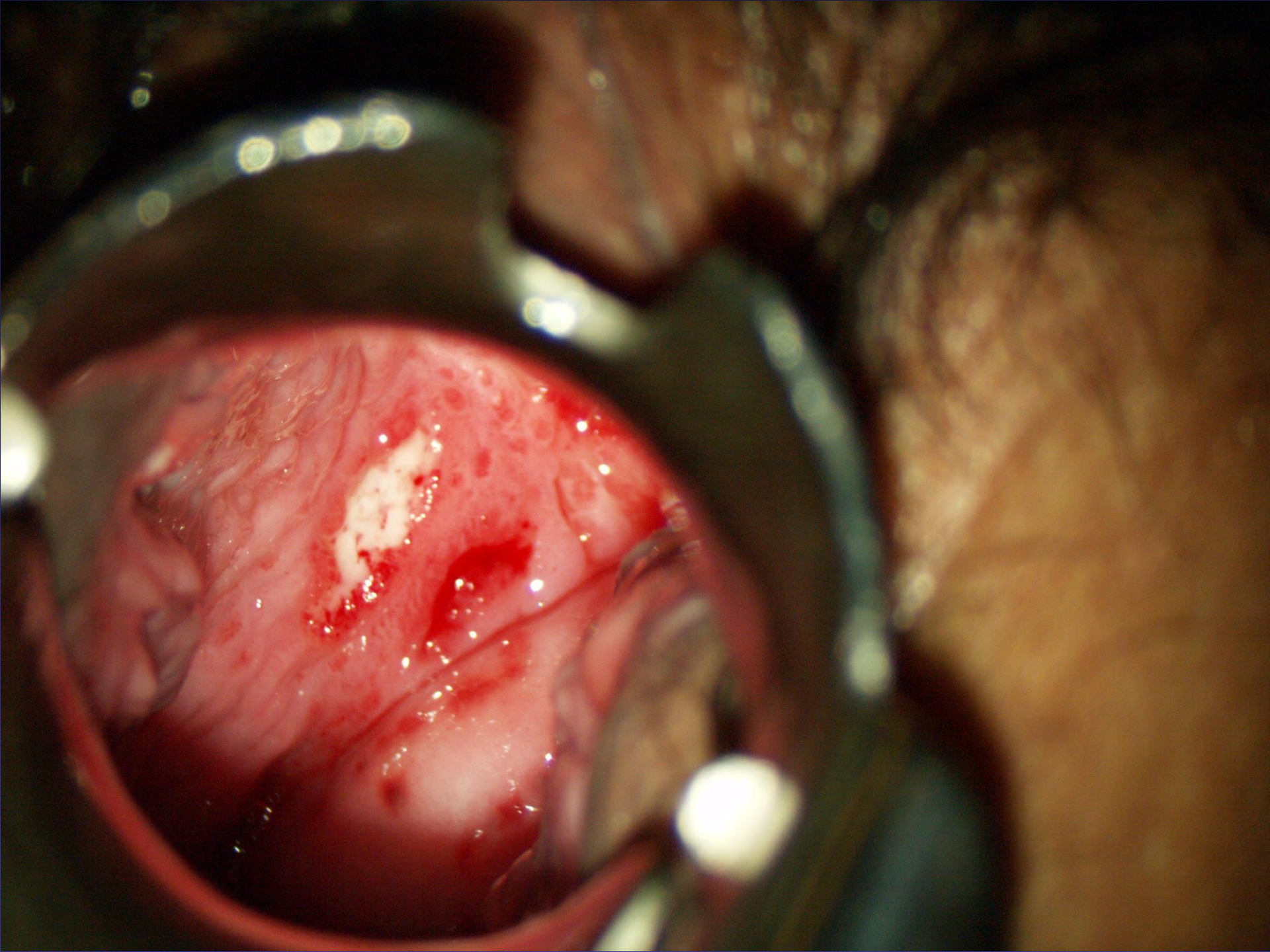




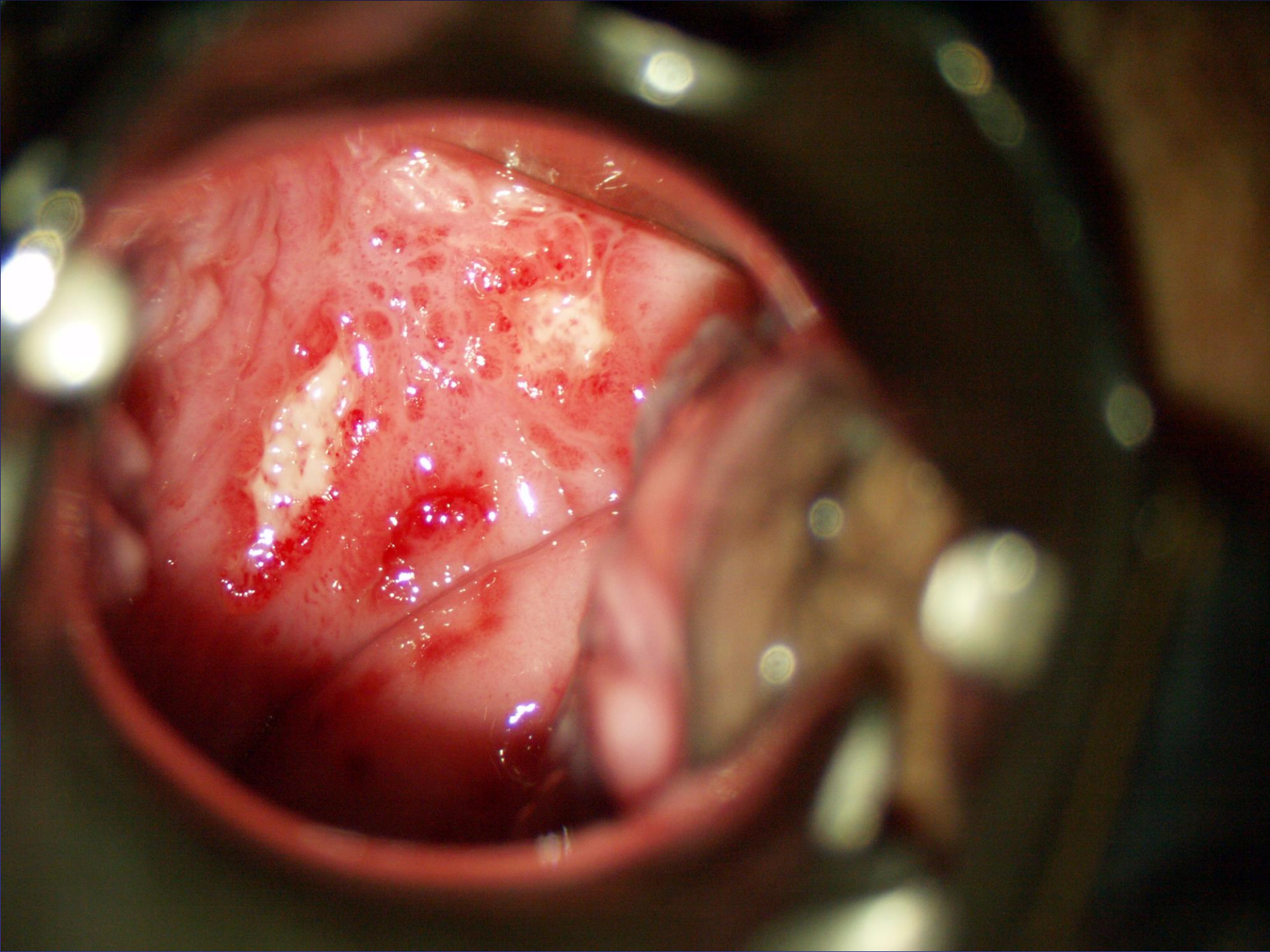


# Investigation results

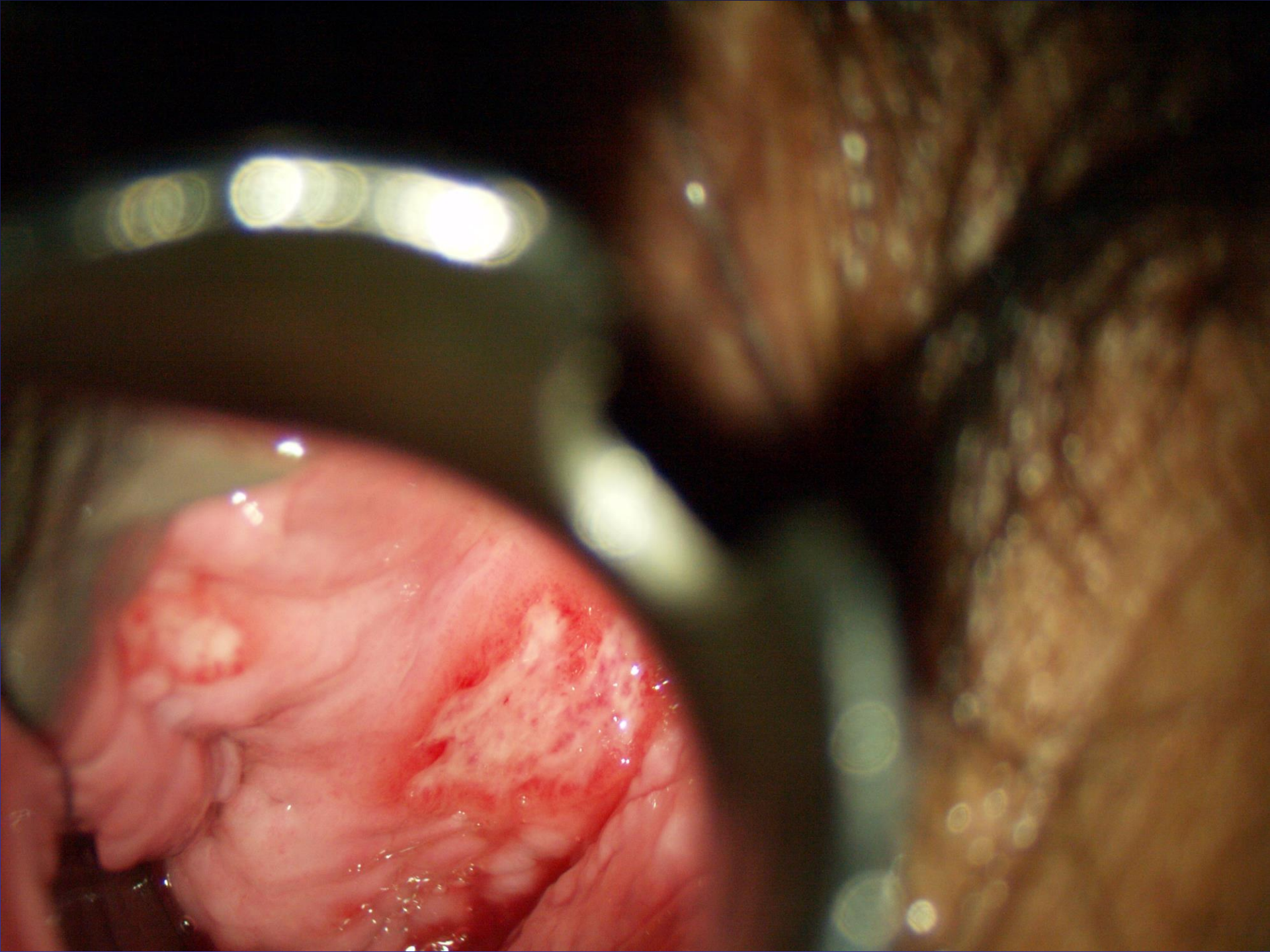
- Microbiological cultures: E. Coli
- Viral cultures: negative
- Gonococcus : negative
- Chlamydia : negative
- HIV : negative
- VDRL: non-reactive
- Biopsy













# Behcet's disease

- Clinical triad of relapsing ulcers (genital & oral) & iritis, named after Behcet in 1937.
- Manifestation includes ulcers (genital & oral), skin lesions, iritis, arthritis, spondylitis, systematic vasculitis involving pulmonary, heart and even cerebral regions.

# Epidemiology

- Prevalence related to geographic & ethnics regions
- 13-17 per 100,000 in Japan, Korea, China
- 0.5-3 per 100,000 in Europe
- Up to 300 per 100,000 in Turkey
- ? Problem of reporting as difficult recognition & diagnosis



## International study group criteria

- Recurrent oral ulcers at least 3 times in a 12 months' period
- Plus 2 of:
  - Recurrence genital ulcers
  - Eye lesions
  - Skin lesions
  - Positive pathergy test (excessive skin response to trauma)

# Diagnosis

- International criteria
- Autoimmune markers usually negative
- Diagnosis on clinical ground
- No specific tests available



# Management

- No cure
- Treatment focuses on symptoms and prevention of serious complications such as blindness, stroke.
- Steroids for immunosuppression may be used to reduce inflammation

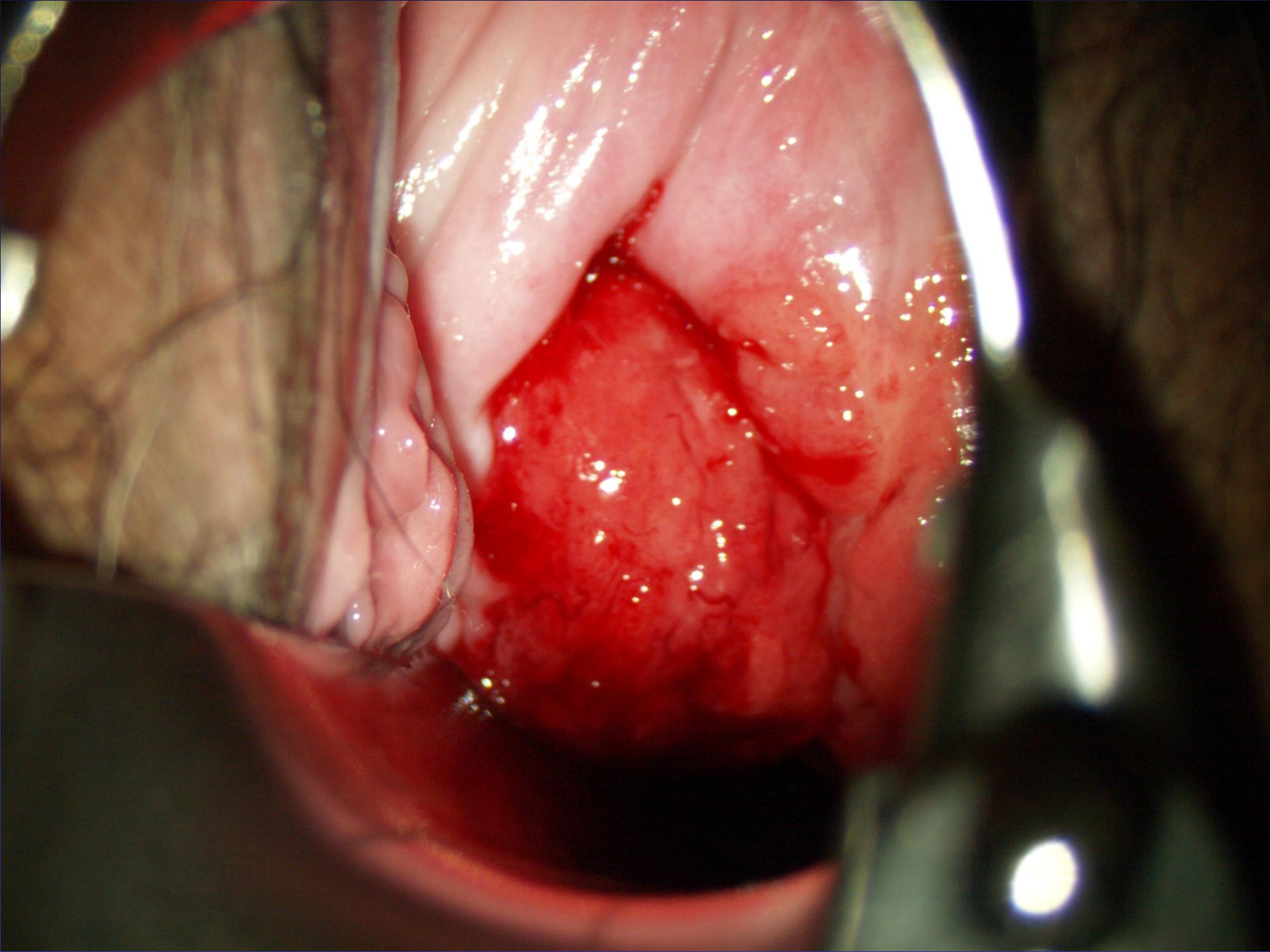
# Behcet's disease

- Multisystemic inflammatory disease
- Postulated theories:
- Endothelium being the primary target of the disease
- Related to the bizarre behaviour of the immune system

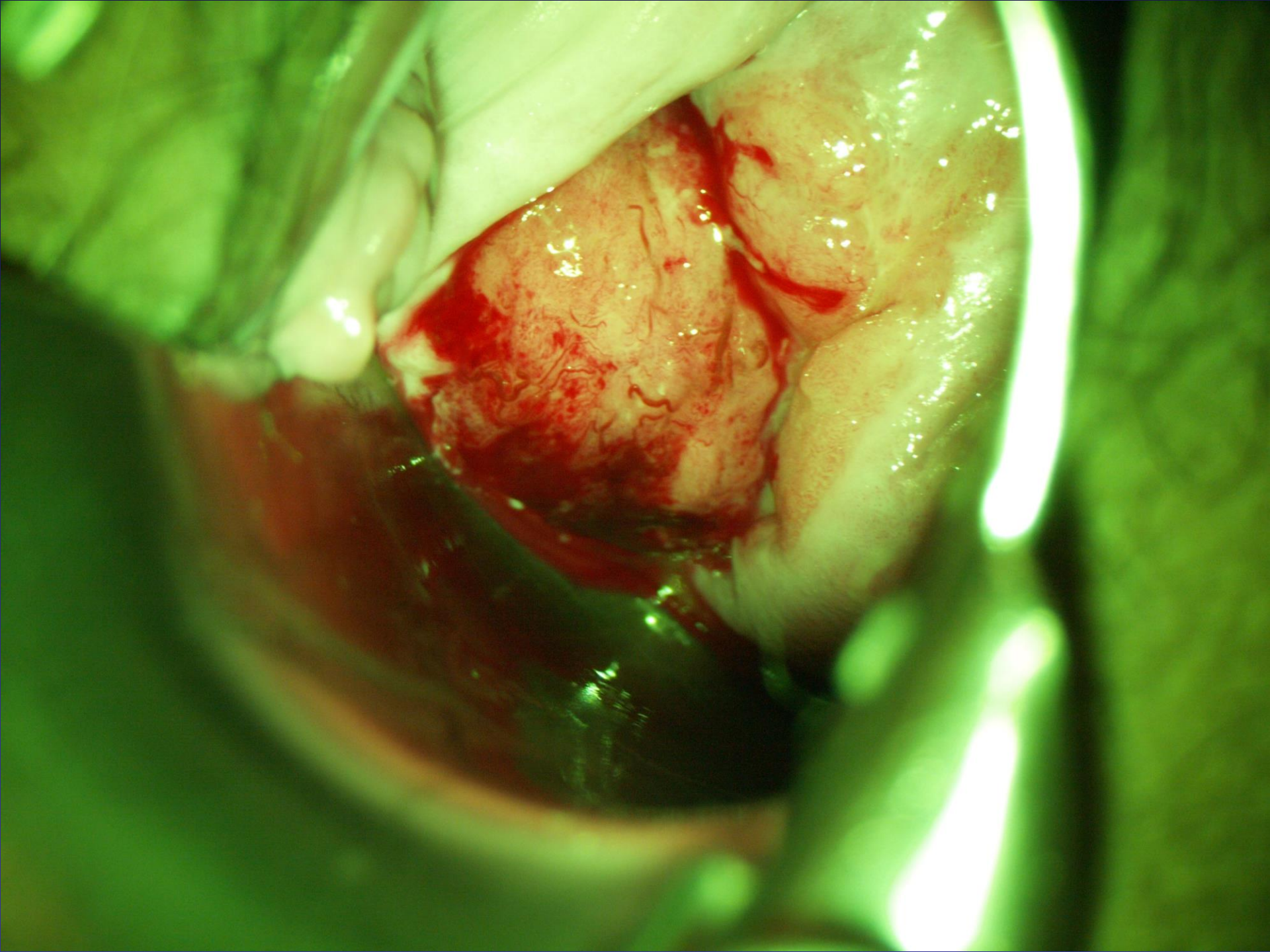


## Case 2

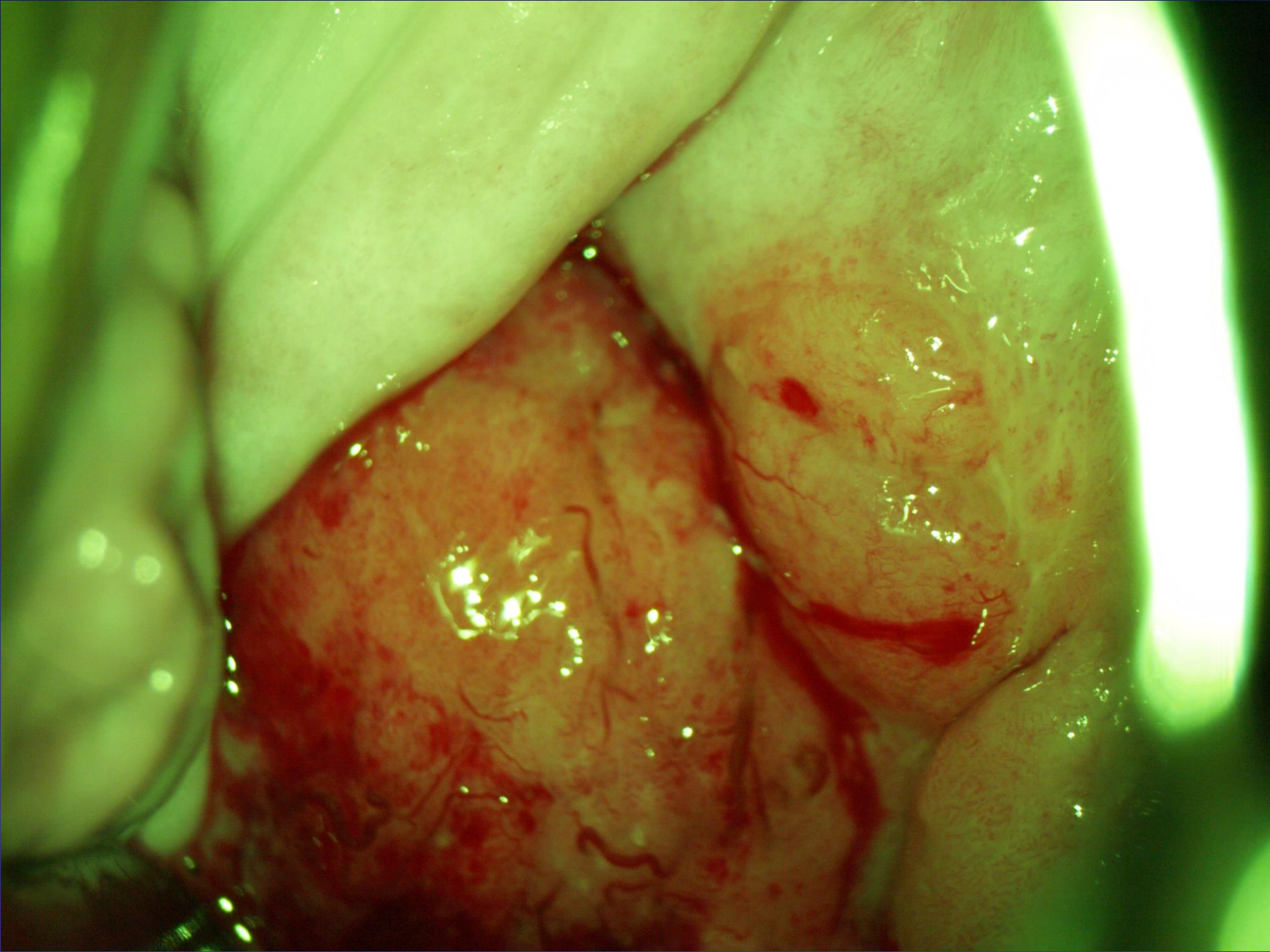
- F/49
- CIN III, LEEP 8/07
- TAH 8/07 Path: CIN III, VAIN III margins involved
- Scheduled assessment 4 months after surgery: plaque at right vaginal angle, Biopsy: VAIN II
- referred PWH for further management.
- Seen 4 weeks after biopsy



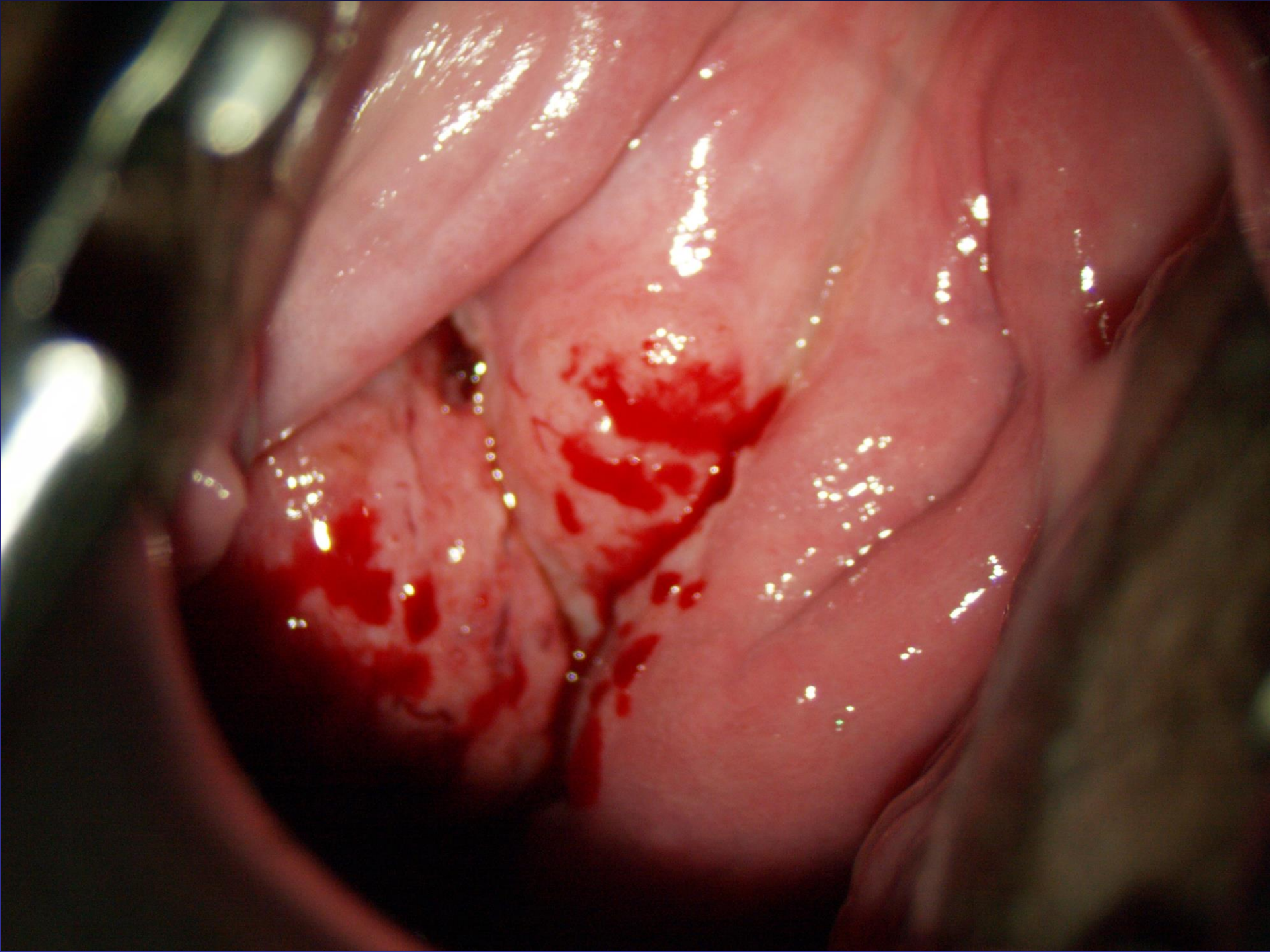








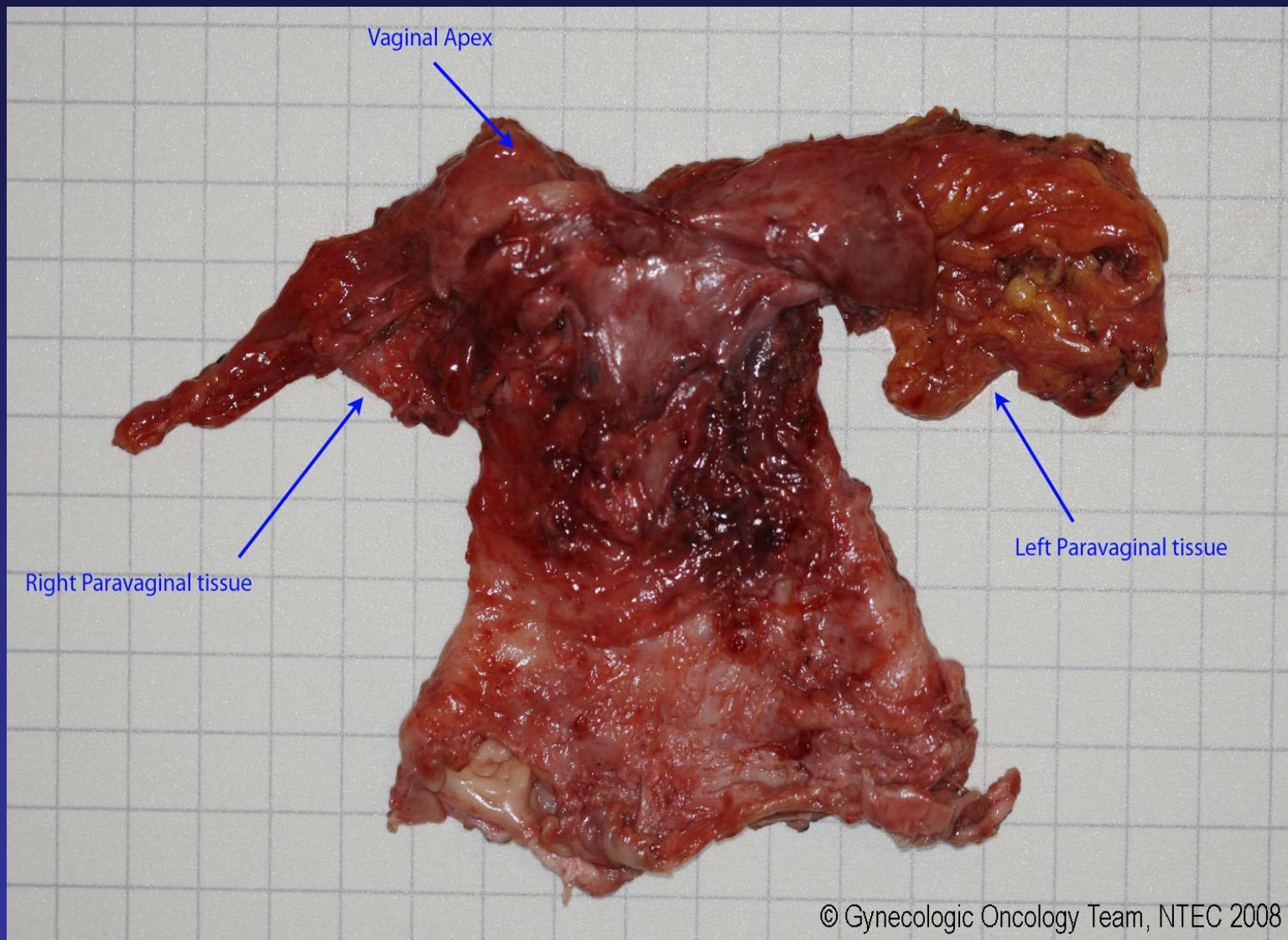




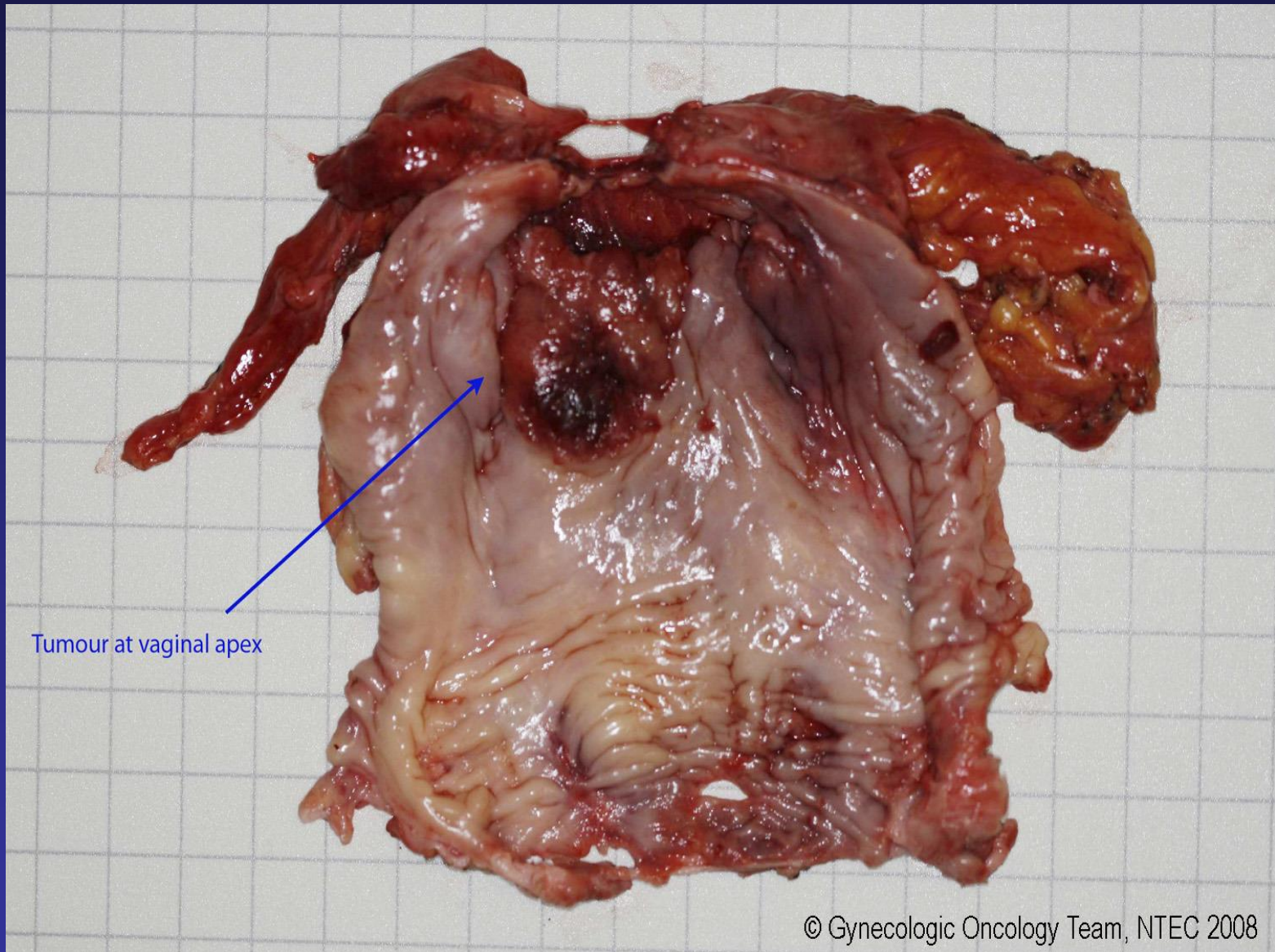


# Management

- Radical vaginectomy, BSO pelvic lymphadenectomy

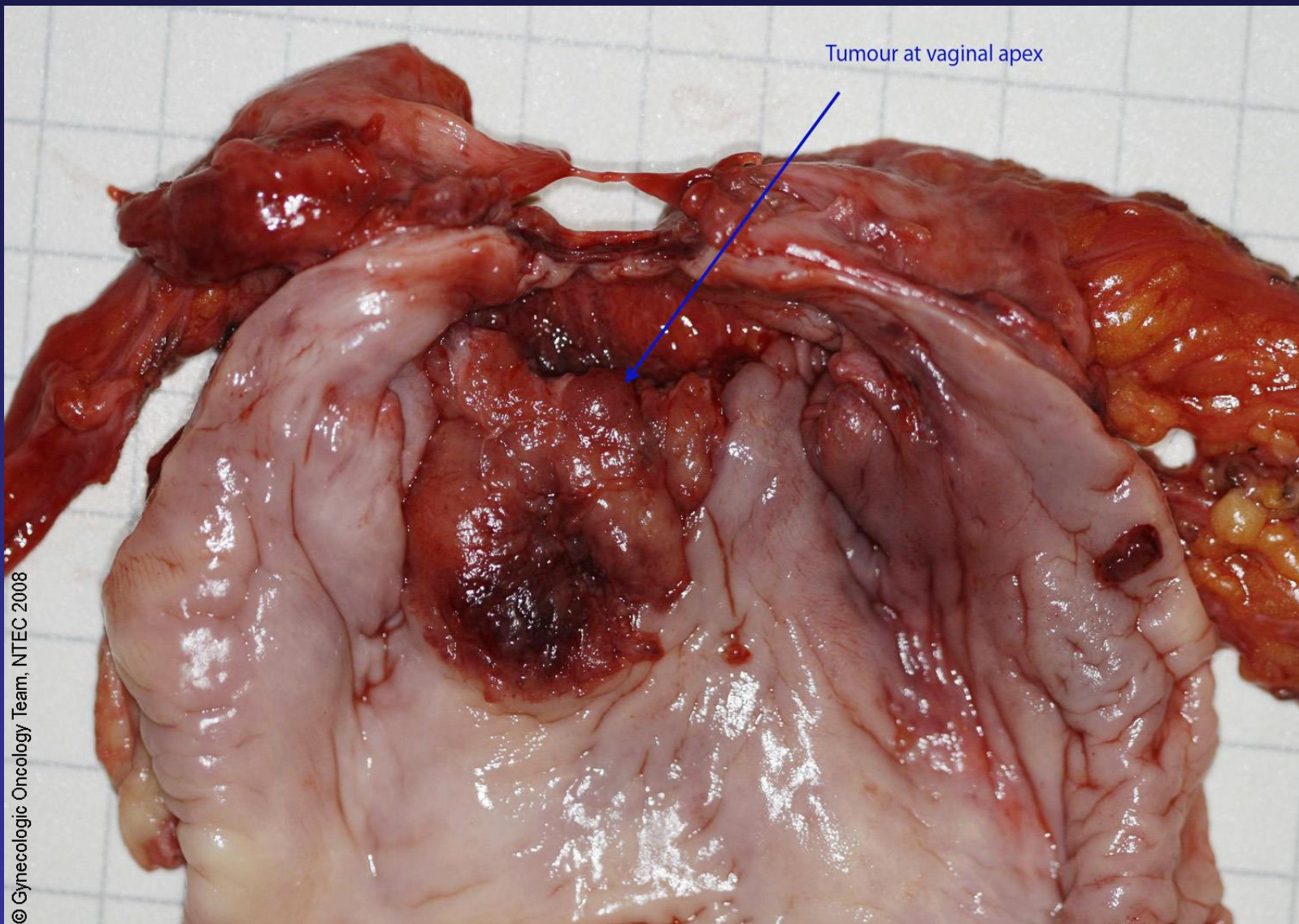






Tumour at vaginal apex



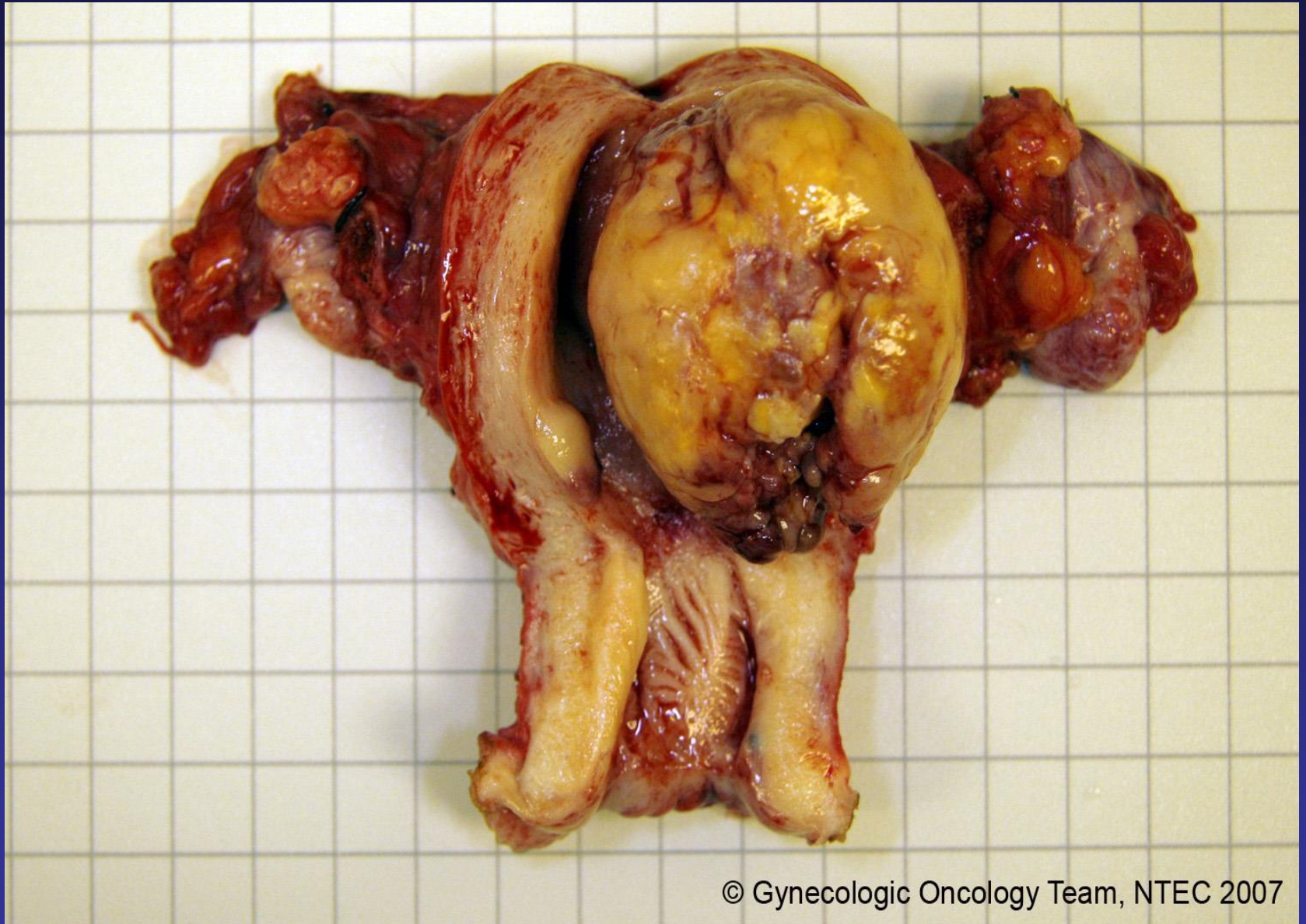


Tumour at vaginal apex



## Case 3

- F/59
- Known ca corpus stage IBG3
- TAHBSO pelvic & para-aortic lymphadenectomy 5/07



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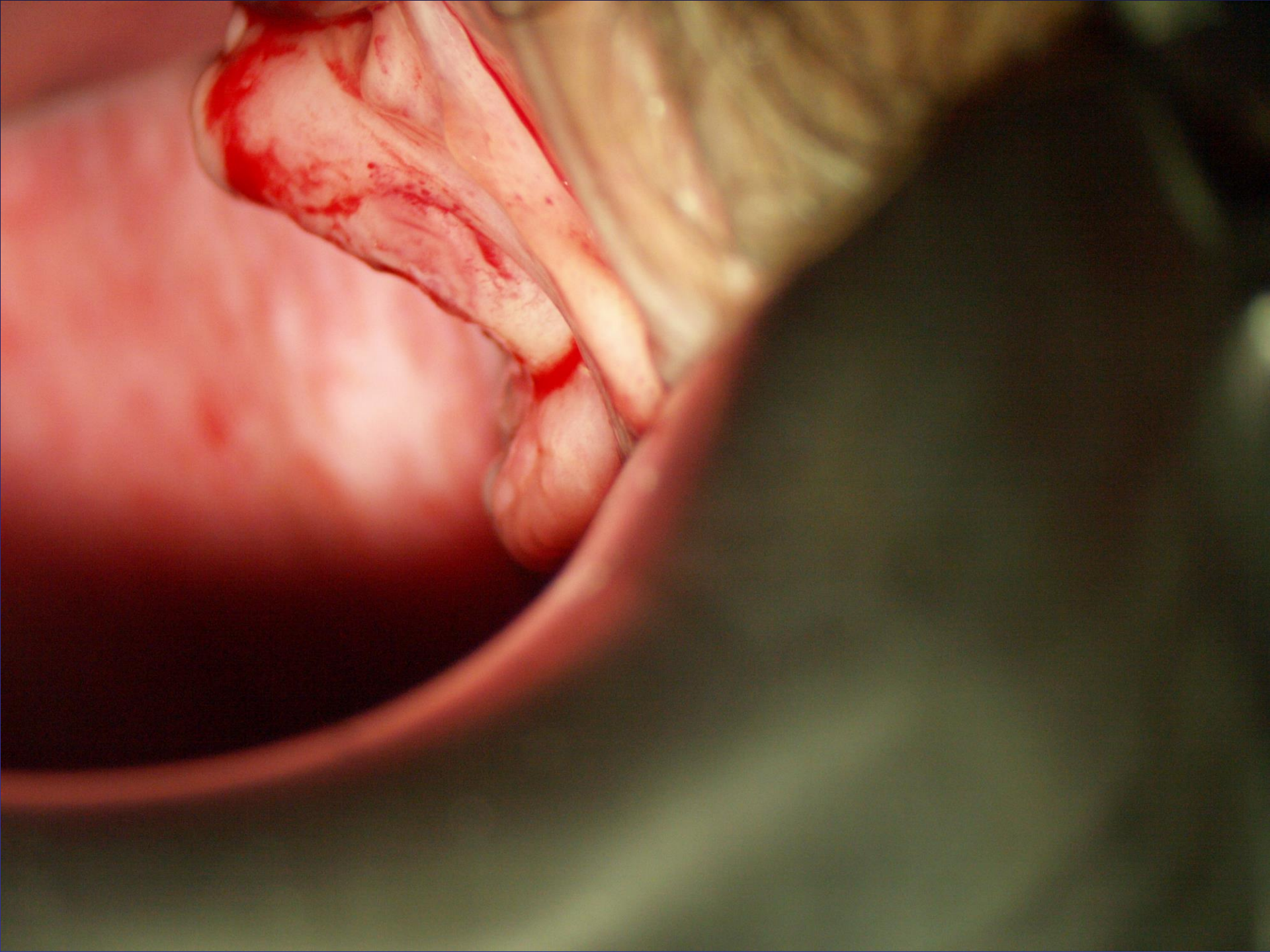
## Case 3

- Path: endometrioid adenoca G3
- Myometrial invasion 2/8 mm
- No evidence of LVSI
- Lower segment & endocervical canal not involved
- Negative pelvic LNs (total 46)
- Negative para-aortic LNs (total 29)

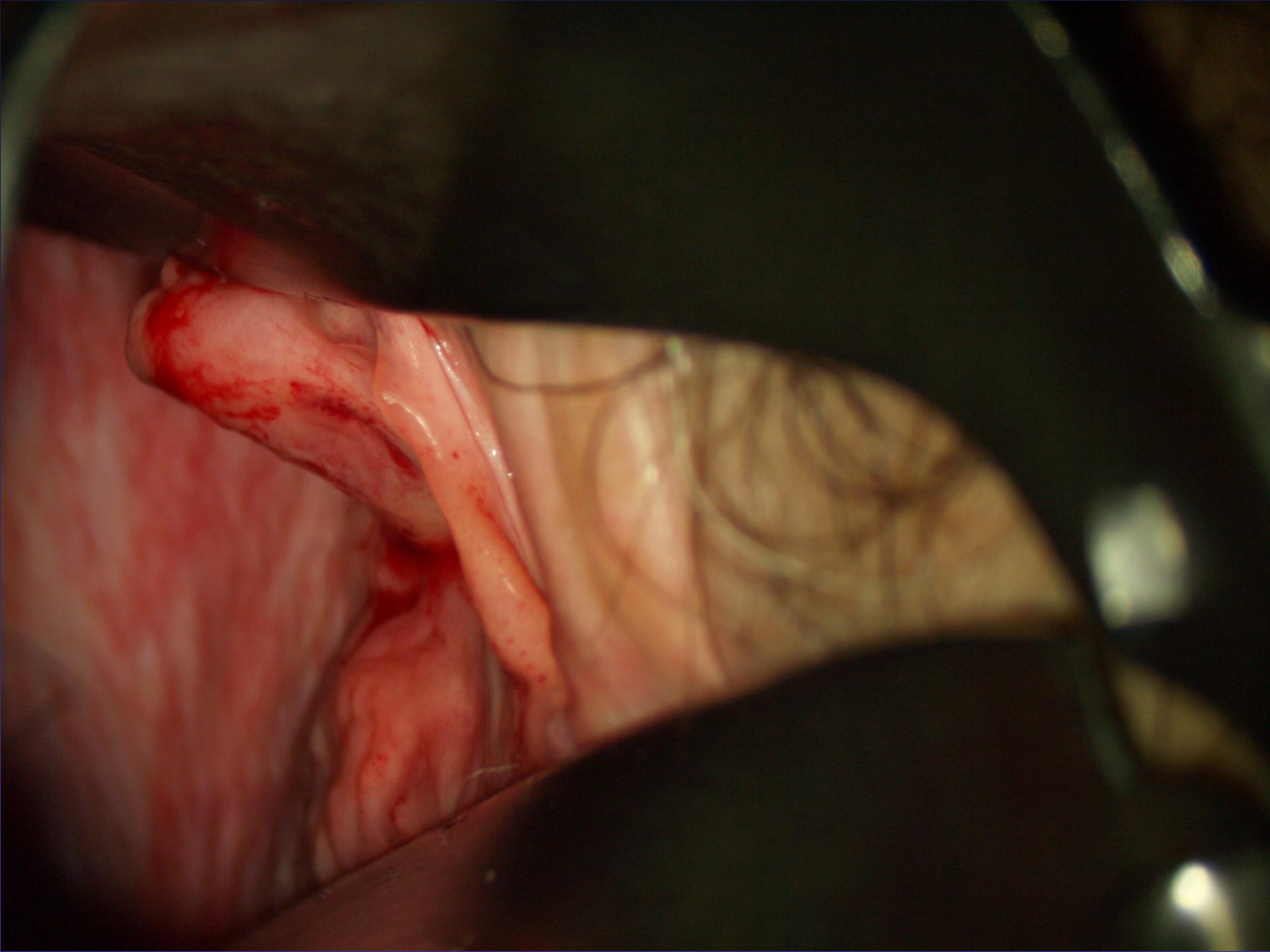
## Case 3

- Decided not for adjuvant radiotherapy.
- Developed vaginal bleeding 8 months after operation

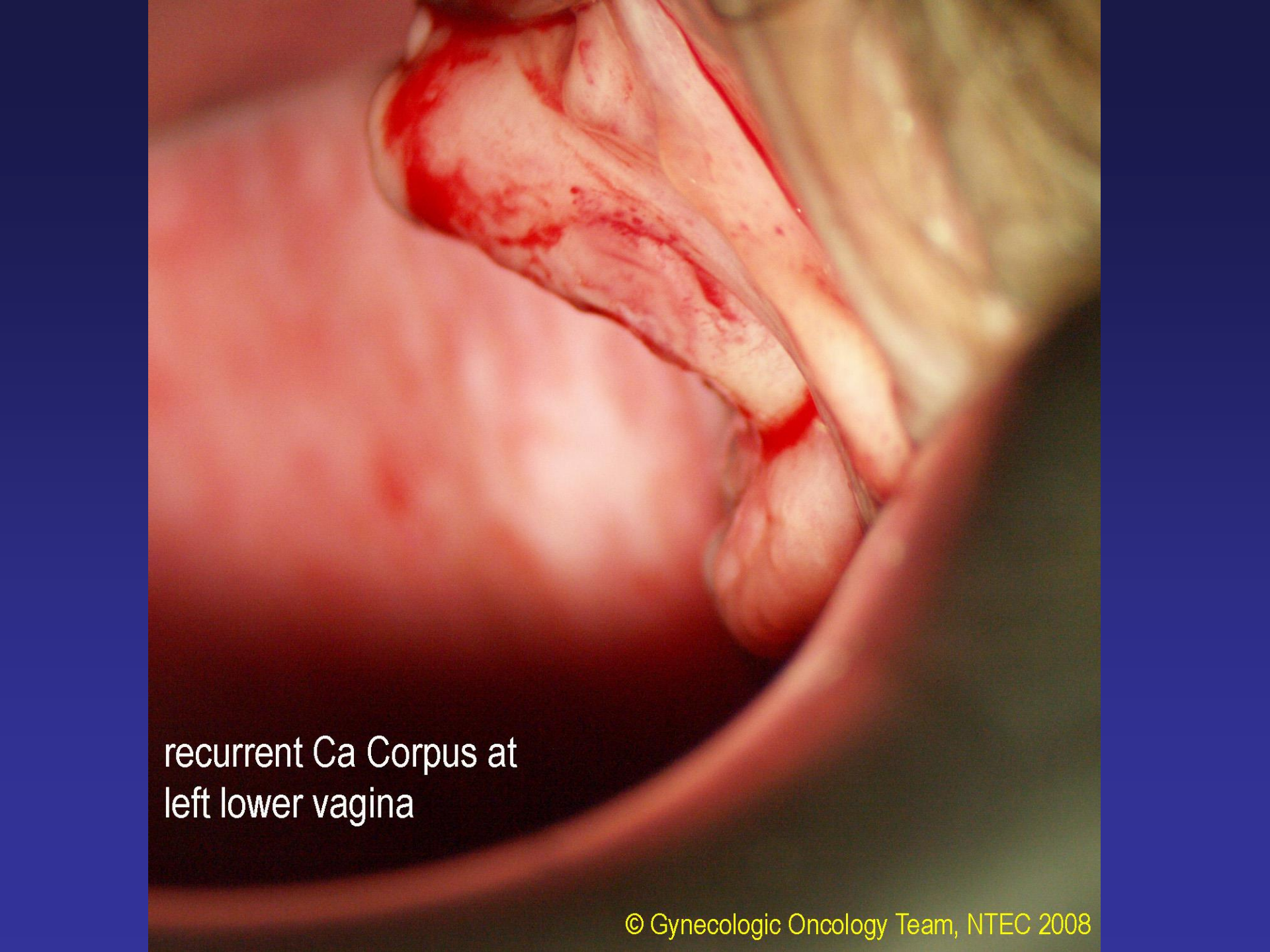










An intraoperative photograph showing a surgical field. A large, fleshy, pinkish-red mass is visible, which is the recurrent corpus cancer lesion. The mass is located in the left lower vagina. The surrounding tissue is also pinkish-red and appears to be part of the vaginal wall. The image is a close-up, showing the texture and color of the tissue.

recurrent Ca Corpus at  
left lower vagina

# Management

- For interstitial brachytherapy



Thank you