CASE REPORT

Bilateral Huge Adenocarcinoma of the Ovary

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Introduction

Ovarian cancer is associated with the highest cancer-related mortality among gynecological cancers. Primary radical surgery of ovarian carcinoma determines further course of the disease and thus also the outcome of the patient [1]. Post-operative residual tumor is one of the most important prognostic factors [2]. We present here such a case where good prognosis was obtained in spite of the huge size of the tumor.

Case Report

A 52-year-old postmenopausal woman was admitted on November 3, 2007 with history of huge lump in abdomen with USG report being suggestive of bilateral ovarian mass. She was postmenopausal since the past 7 years: para five live issues five (P₅L₅). The lump had increased in size over the last 3 months.

On examination, her vitals were found to be stable. On abdominal palpation, a huge lump of 25 × 30 cms size, firm, globular, mobile with an irregular surface occupying

whole of the abdomen was palpable. It was pelvic in origin. There was no evidence of ascites. Liver and spleen were normal. On per speculum examination, cervix and vagina were found to be healthy. Per vaginal examination revealed huge bilateral solid adnexal masses. Both fornices were full and non-tender.

Her sonography was suggestive of large complex, heterogeneous cystic mass of size 23 × 20 cms with a thick septation and solid components suggestive of ovarian neoplasm. Another solid mass was in the pouch of Douglas probably left ovarian mass. Her CA-125 levels were 507.3 U/ml.

Hence, a diagnosis of huge epithelial ovarian malignancy was made. Laprotomy was performed, and bilateral solid ovarian masses were found: Rt size 25 × 30 cm and left 15 × 12 cm and weight 6½ kg. There was no evidence of metastasis. Total abdominal hysterectomy with complete excision of both the masses was done. Patient withstood surgery well. Her post-operative period was uneventful (Figs. 1, 2).

Specimen was sent for histopathology; gross and microscopic features were suggestive of malignancy.

Immunohistochemical staining confirmed adenocarcinoma of ovary.

Patient was referred for chemotherapy. Her CA-125 levels dropped to 100.6 U/ml. Chemotherapy with carboplatin and endoxan was given, and the patient recovered well. She has received six cycles of chemotherapy. Repeat USG suggested no evidence of residual tumor. CA-125 dropped to 50 U/ml.

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Fig. 1 USG plates showing huge complex heterogenous rt. adnexal mass with septae

Fig. 2 Specimen obtained after surgery: two huge solid tumors, irregular in shape, size 25 × 30 cm and 15 × 12 cm, respectively weighing 6½ kg with uterus specimen

Discussion

Ovarian cancer is associated with the highest cancer-related mortality among gynecological cancers, since nearly

two-thirds of patients are diagnosed with advanced stage disease which is caused by an unspecific clinical appearance and lack of effective early detection methods. So far, only histopathological and clinical prognostic factors have clinical relevance from which FIGO stage and the post-operative residual disease have predominant importance. Early stage ovarian cancer (FIGO Ia-II) has a good prognosis with survival rates of approximately 90 % provided that the tumor is macroscopically resected and an adequate surgical staging performed. In addition, as this case, early-stage ovarian cancer should receive an adjuvant platinum-based chemotherapy [3].

The diagnostic accuracy of transvaginal sonography combined with CA-125 is 90 % and it is more helpful in surveillance of recurrent ovarian malignant tumors than USG alone [4] as was shown in this case.

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