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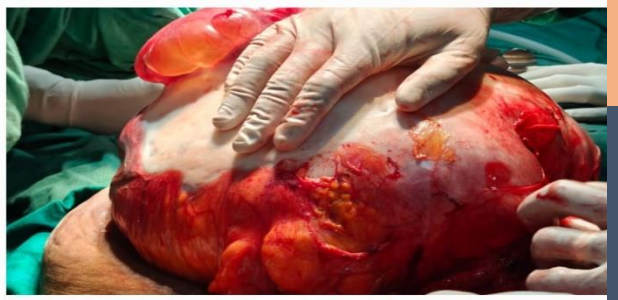
Poster Number: EP Name: **DR. AMRITA JAIN**(AP AND HOU,GGMC,MUMBAI)

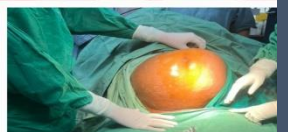
Title: Diverse Presentations of Ovarian Masses: A Case Series Review

INTRODUCTION- Ovarian masses can be **benign** or **malignant** . Symptoms vary, with benign masses often asymptomatic, while malignant ones may cause pain, bloating, or changes in menstrual cycles. Imaging (ultrasound, CT, MRI) helps assess the size, composition, and characteristics of the mass. Tumor markers (CA-125, alpha-inhibin) aid in diagnosis, but definitive diagnosis often requires **surgical exploration** and **histopathological analysis**

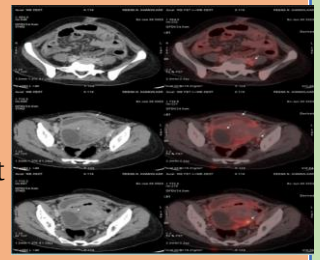
CASE 1 A 44-year-old woman with abdominal pain had ultrasound findings of a right ovarian hemorrhagic cyst, and a large left ovarian mass 15 cm with moderate ascites. CECT suggested ovarian carcinoma with metastases due to the ascites and elevated tumor markers (CA-125: 5796, CA 19-9: 12118), FNAC of the omental wall was negative for malignancy. . However, surgery revealed a benign endometriotic cyst, and histopathology confirmed **endometriosis** with a disordered proliferative endometriumThe patient was treated with **Leuprolide** for endometriosis. This case highlights that elevated tumor markers can mimic malignancy, underscoring the need for histopathological confirmation in diagnosis.

CASE 2 A 54-year-old female presented with a large ovarian mass, initially suspected to be neoplastic. Imaging revealed a cystic mass (30 x 25 x 10 cm) arising from the left ovary, with an elevated CA19.9 level (595 U/mL), which is often associated with mucinous tumors. Surgical intervention included an exploratory laparotomy, mass excision, total abdominal hysterectomy (TAH), and bilateral salpingo-oophorectomy (BSO). HPR confirmed a benign mucinouscystadenofibroma (1.7%of all benign ovarian tumours), weighing 6.2 kg. The tumor originated from the ovarian stroma and germinal lining. The patient recovered without complications. Postoperative follow-up is essential to monitor for recurrence, although the prognosis is generally favorable given the benign nature of the tumor.



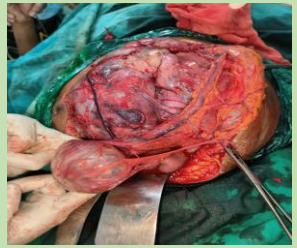


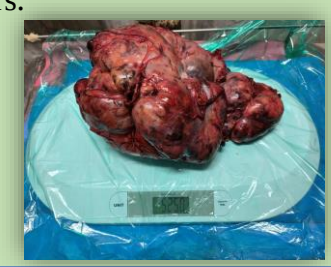
CASE 3 A 35-year-old woman with a history of ovarian cyst excision 2 month back(HPR-benign cyst) presented with abdominal distension, weight loss (10 kg in a month), nausea, and dysphagia. Imaging suggested recurrent ovarian malignancy with ascites and a right ovarian cyst, but normal CA-125 and an unremarkable OGD-scopy, raised suspicion for an alternative diagnosis. Laparoscopy and omental biopsy confirmed **peritoneal tuberculosis (TB)**, which can mimic ovarian cancer with similar symptoms like ascites and elevated CA-125. The patient was started on a 6-month anti-TB regimen, resulting in significant improvement on follow-up imaging. Peritoneal TB is rare, accounting for 1-2% of TB cases, but should be considered in cases with Atypical presentations. Early diagnosis and treatment recovery and resolution of symptoms.



CONCLUSION: In cases where clinical suspicion and imaging findings suggest malignancy, but tumor markers and other tests are inconclusive, **laparoscopy with biopsy** should be prioritized to avoid unnecessary treatment delays and ensure correct management. This approach is particularly crucial for distinguishing between malignant conditions like ovarian cancer and benign but serious conditions like peritoneal tuberculosis

CASE 4 : A 52-year-old woman with a history of **left ovarian granulosa cell tumor** (5 years prior, treated with TAH, BSO, and omentectomy) presented with **abdominal distention and pain** for 3 months. Imaging revealed a large, metabolically active right adnexal mass (22.1 x 13.2 x 24.6 cm) with **multiple lymph node involvement** and elevated tumor markers (**CEA 1.47, CA-125 58.4, alpha-inhibin >1100**). She underwent **debulking surgery** (tumor excision, supracolic omentectomy, peritonectomy, lymph node dissection) followed by **6 cycles of chemotherapy**. Histopathology confirmed **granulosa cell tumor recurrence**. The elevated **alpha-inhibin** was key in diagnosis. Granulosa cell tumors can recur years after initial treatment, This highlights the need for long-term surveillance. **Chemotherapy** was given to reduce recurrence risk. This case underscores the importance of **follow-up** in ovarian cancer survivors.





References:Williams Gynaecology:F.Gary Cunningham, Kenneth J. Leveno, Jodi S. Dashe, Barbara L. Hoffman, Catherine Y. Spong, Brian M. Casey