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Title: **Role of Diagnostic Laparoscopy in Identifying and Managing Primary Fallopian Tube Carcinoma: A Case of Diagnostic Precision**

## INTRODUCTION

- Very rare female genital cancer with prevalence of 0.14-1.18% of all genital malignancies
- Mostly asymptomatic, however, may present with abnormal vaginal bleeding or serosanguinous vaginal discharge.
- Non specific symptoms and imaging – causes "diagnostic dilemma"

## CASE REPORT

- A 60-year-old woman with postmenopausal bleeding for two months.
- Vaginal examination: no visible cervicovaginal lesions.
- Transvaginal ultrasound: (Figure 1).
- CECT: a solid elongated right tubo-ovarian lesion.
- Diagnostic laparoscopy done(Figure 2,3).
- Intraoperative frozen biopsy of the fallopian tube mass: high-grade serous malignancy.
- Complete staging laparotomy was performed. (figure 4)
- Final histopathology: primary fallopian tube high-grade serous carcinoma (FIGO stage III C).
- received 6 cycles of adjuvant chemotherapy. (Carboplatin + Paclitaxel)
- doing well on follow up

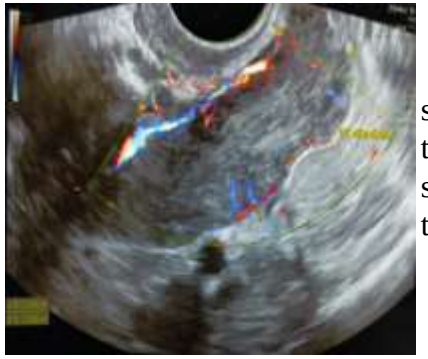

**Figure 1**:6x2.5 cm elongated solid lesion with vascularity in the right adnexa, suggesting a subserosal myoma or ovarian tumor

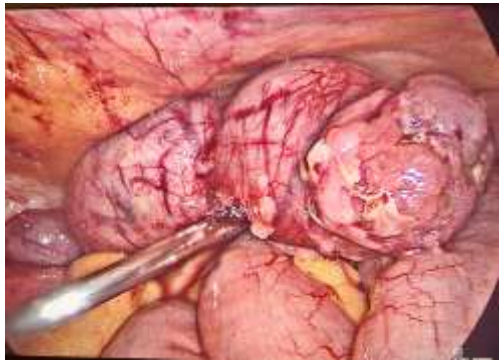

**Figure 2:** Diagnostic laparoscopy: 8x3 cm solid lesion replacing the right fallopian tube

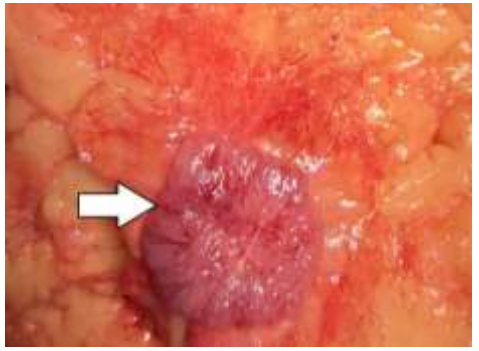

**Figure 3:** detached fimbrial end seen adherent to the omentum.

## DISCUSSION

- High grade serous tubal intraepithelial carcinoma may be the origin of some high grade serous carcinomas of the ovary and peritoneum.
- Fallopian tube and ovarian carcinomas have similar surgical staging and management.
- Treatment is similar to that of Ovarian carcinoma, which includes complete surgical staging as primary treatment and chemotherapy.
- 5 year survival: 53% for regional spread, 44% for distant spread.

## CONCLUSION

The diagnosis, despite imaging modalities suggesting alternate diagnosis, can be achieved by diagnostic laparoscopy followed by an intraoperative frozen section.