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Poster Number: EP Name: Dr.Pratibha .B.Dasare

Title: Primary Fallopian Tube Cancer: A Rare Intresting Case Report

PRIMARY COMPLAINTS:

A 54-year-old post-menopausal female presented to the gynaecology OPD with complaints of Pain in abdomen for 5-6 months, relieved partially on medication.Bloating for 3 months Abdominal distension for 2 months

EXAMINATION FINDINGS:

GC fair,afebrile and vitally stable.

On P/A examination: a mass of 24 weeks in size, firm in consistency, not freely mobile, and the lower border could not be reached.

On P/V examination: uterus was not differentiable from the 24 weeks mass and bilateral fornices were full without any tenderness

INVESTIGATIONS:

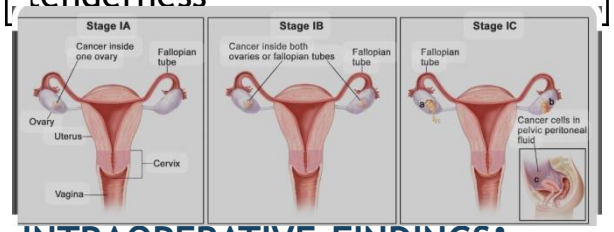
An USGof the pelvis was S/O a large solid cystic thick-walled lesion of size 16.4 × 10.8 × 16.3 cm with multiple septations with mild internal vascularity arising from the right adnexa suggestive of ovarian mucinous cystadenoma.

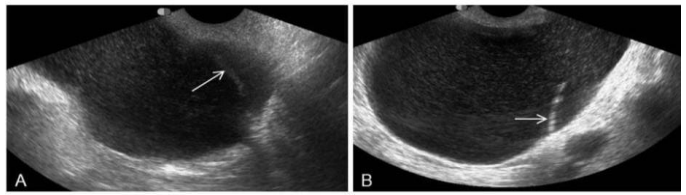
A contrast-enhanced CT scan (CECT) of the abdomen with the pelvis was suggestive of large multi loculated complex cystic lesions in right adnexa measuring 17.9 × 17.7 × 13.3 cm extending into the pelvis, lower abdomen and abutting the uterus and bowel loops with extension into the Pouch of Douglas. It was most likely suggestive of a neoplastic aetiology with prominent pre-caval, aorto caval, para-aortic lymph nodes and mild prominent right renal pelvicalyceal system and upper-mid ureter.

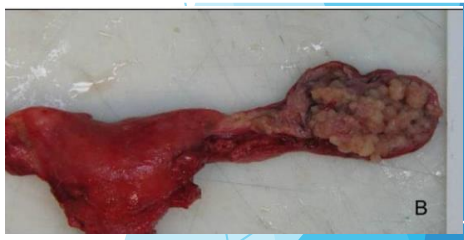
CA-125 was raised to 330 U/Ml.LDH was marginally elevated to 518 IU/L. Rest of the preoperative workup was normal

MANAGEMENT:

a primary cytoreductive surgery with Staging Laparotomy with Total Abdominal Hysterectomy with Bilateral Salpingo-oophorectomy with infracolic omentectomy with retroperitoneal lymph node dissection after a written, valid and informed consent.





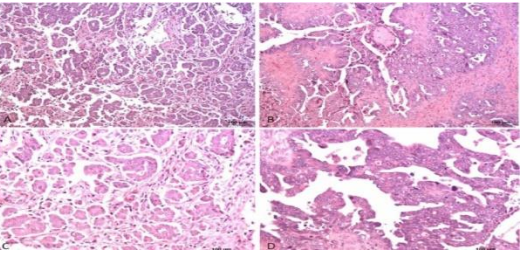


INTRAOPERATIVE FINDINGS:

THERE WAS the presence of a large right complex adnexal cystic lesions with adhesions noted to the posterior uterine wall with the largest measuring 16 × 12 × 10 cm in the right adnexa. A provisional surgical staging was carcinoma ovary stage IIA

FROZEN SECTION & HPE REPORT:

suggestive of serous adenocarcinoma.



IMPRESSION:

Primary high-grade serous adenocarcinoma of the fallopian tube spread to right ovary and omentum—FIGO Grade—III • Surgical Staging—FIGO Stage IIIA2

CONCLUSION:

It is important to realise that the origin of a majority of serous cancers is from the distal fimbrial end of the fallopian tube, and thus, it is a partially preventable cause of high grade serous cancers.