

Title: Mucinous Adenocarcinoma of Ovary in a Young Female- A Case Report.

INTRODUCTION

Mucinous Adenocarcinoma is a type of ovarian cancer that produces mucin, often aggressive and more common in older women than the younger population. rare in women in their 30s typically diagnosed in women in their 40s -50s.

CASE PRESENTATION

A 34Y/F came with complaints of pain in lower abdomen and lump since 4 months. With history of loss of appetite since 3 months with weight loss of ~ 11kgs. pt. had no menstrual complaints. With normal bowel and bladder habits. on general examination, pt. was vitally stable with mild pallor present. Supraclavicular and inguinal lymphnodes were not palpable. On P/A - mass of 24 weeks size at hypogastric, umbilical and left lumbar region, firm and regular consistency, nontender, freely mobile. No evidence of ascitis.

P/S - cervix and vagina healthy.

PV - 24 weeks mass palpable. side to side mobile

cervical movement restricted. left forniceal fullness present. Right fornix free.

P/R - smooth rectal mucosa. mass of 24 weeks size palpable.

Pelvic USG revealed a solid and cystic mass of size 8*12*17 cm in left adnexal area and midline pelvis, with solid component.

Se. CEA levels: 12 ng/ml, CA125: 16.3 units/ml, bHCG levels:

1.54mIU/ml

CECT Abdo pelvis: left adnexal solid cystic lesion

Post operative pathology in the hospital revealed - suspected malignancy in the left ovary

Treatment: Exploratory Laperotomy with radical abdominal hysterectomy with Bilateral

Salpingophorectomy was performed.

Intra operative Findings: left ovarian mass of size 8*10*20 cm. solid and cystic in consistency was present. capsule of the tumor was intact.

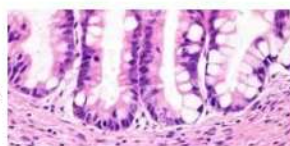
liver, spleen, bowel normal and no evidence of metastasis.

Histopathological findings: Malignant epithelial cells with abundant mucin production were present.

Tumor diagnosed as mucinous adenocarcinoma of left ovary. no ovarian surface and omentum

involved. Ascitic fluid was free of malignant cells Final Impression: mucinous adenocarcinoma

involving left ovary with FIGO stage 1A.



DISCUSSION PROGNOSIS:

1. stage at diagnosis
2. Histological grade
3. response to treatment
4. early detection corresponding to good prognosis
5. Five year survival rate- >90%

GENETIC CONSIDERATIONS

1. family history - genetic counselling recommended for people with a family history of cancers
2. BRCA Mutations evaluate for hereditary breast and ovarian cancer syndromes.

CONCLUSION

Mucinous adenocarcinoma of the ovary can occur in young females, though rare requires prompt diagnosis and treatment.

awareness of symptoms and early intervention can improve outcomes. debulking surgery

Chemotherapy often follows surgery

Platinum based chemotherapy like Cisplatin or

Carboplatin and paclitaxel

Regimens: tailored based on stage

follow up and regular monitoring of CA 125 and CEA for recurrence