



HIGH GRADE SEROUS OVARIAN CARCINOMA -A CLINICAL CHALLENGE OF REPRODUCTIVE AGE GROUP

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ABSTRACT High grade serous ovarian carcinoma (HGSOC) is one of the five major histological types of ovarian carcinoma associated with specific biology and worst prognosis. HGSOC is common among post-menopausal compared to premenopausal women. In a span of 1 1/2 year in our institution two cases of women in reproductive age group, presented with HGSOC. CASE REPORT: A 22year old and 35 year old females both presented with vague abdominal pain and mass per abdomen as their main complaints. Haematological and radiological investigations were done and diagnosed as heterogeneous ovarian malignancy and proceeded with Primary Cytoreductive surgery and later both were subjected to adjuvant chemotherapy.

KEYWORDS :

INTRODUCTION :

Ovarian malignancies can be classified into three large groups; epithelial, germ cell, and specialized stromal cell tumours. Epithelial ovarian carcinomas (EOCs) are the vast majority among ovarian cancers. EOC can be further subdivided into various histological subtypes that fall into two main groups: Type I and Type II tumours [1]. Type I tumours include low-grade serous, mucinous, endometrioid, clear cell carcinomas and tend to grow slowly. In contrast, Type II tumours are high-grade and rapidly progressive disease and accounts for majority [2, 3]. Because the symptoms associated with HGSOC are often diverse and non-specific, there is usually little likelihood that a patient will encounter the appropriate medical specialist in time for an early diagnosis to be made [4]. Unfortunately, by the time a patient becomes symptomatic her disease is found to be at an advanced stage between 75–80% of cases [2,4]. Patients with stage III or IV disease have a dismal 25% 5 year survival rate [5]

CASE A:

History:

A 22 yr old young lady P1L1, Last child birth - 2 years came with complaint of vague abdominal pain, mass per abdomen, decreased appetite since few days.

Diagnosis:

An irregular, nontender mass of 20-22weeks size with restricted mobility felt through per abdomen and pervaginal examination. USG abd/pelvis showed B/L complex ovarian tumour with thick septae and solid areas. MRI showed large heterogeneous B/L ovarian malignancy with metastasis and CA -125 >600U/ml, alpha feto protein 1.67ng/ml.

Management :

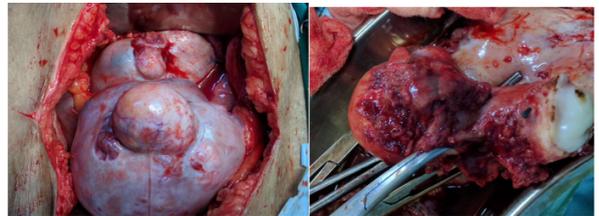
She underwent Primary Cytoreductive Surgery with TAH BSO, Pelvic peritonectomy, Rectosigmoid excision, sigmoid rent closure, diaphragm peritoneal stripping and rent closure, Infracolic omentectomy, pelvic lymphnode sampling.

Operative findings:

B/L ovaries enlarged with solid and cystic components with papillary excrescences on surface. Right ovary measuring 15×15cm and left ovary 14×14cm with ascites and infiltration to rectosigmoid, POD and bladder peritoneum.

Postoperative Status:

Her postop condition was good. She was given antibiotics and analgesics. Epidural topups continued for 3 days. Ryle's tube removed on day 3. CBD for 7 days. Discharged on postop day 9. HPE report came as B/L HGSOC Stage III C and peritoneal fluid cytology not showing atypical cells. Later she was subjected to 6cycles of adjuvant chemotherapy with cisplatin and paclitaxel. Now patient completed 2yr.



Case B :

History:

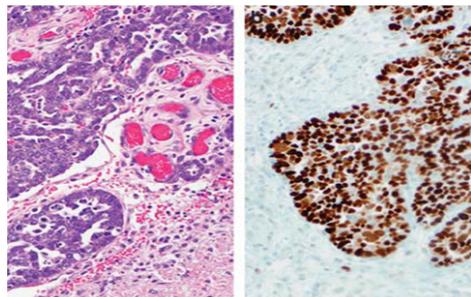
A 35 year old P2L2, 2LSCS, LCB - 10yrs came with complaints of vague abdominal discomfort, mass per abdomen and groin swelling.

Diagnosis and Management :

Clinically a large, nontender, fixed mass of 18weeks size felt through per abdomen and the same felt through pervaginally more towards right fornix. On work up CT showed right adnexal lesion with heterogeneous solid areas and CA -125 >700U/ml. She underwent primary cytoreductive surgery.

Post op Status:

HPE report came as Right HGSOC. Later she was subjected to 6 cycles of adjuvant chemotherapy with cisplatin and paclitaxel.



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DISCUSSION:

In spite of its uncommon incidence, ovarian cancer represents a silent public health concern because of its dismal long term survival outcomes, which have not improved substantially in decades. Epithelial ovarian cancer subtypes are infrequently seen in premenopausal women (<45 years of age) while ovarian germ cell tumours occur mainly in younger women [6]. Majority of patients will present with a disease that already has disseminated widely within the peritoneal cavity, significantly complicating the task of surgical resection. The primary recourse initiated HGSOC patients will be surgical cytoreduction or debulking. The goal of this surgical approach is to achieve macroscopic total resection of all the disseminated

tumour masses contained within the peritoneal cavity of the patient.[2,7,8]

CONCLUSION :

Our work brings together reports of young women, facing this histological type of ovarian malignancy and underlines the fact that, regardless of age reproductive women are at risk of developing an aggressive, deadly disease. So every women with suspicious history of malignancy should be provided with clinical biological and imaging screening from an early age group

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