



Ovarian Tumor - Primitive Cancer vs. Metastatic Lesion - Case Report

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Abstract

Ovarian cancer represents one of the most frequent causes of death in women. Unfortunately, the diagnosis is rarely established early, because of the screening test existing with a low predictive value. But the main problem is when the diagnosis is complicated by the differentiation between a primitive tumor or a metastatic lesion. Here comes the importance of a rigorous histopathological examination.

We will present the case of a 53 years old patient with ovarian tumor which turns out to be a metastasis of a neuroendocrine tumor.

In conclusion, ovarian tumors represent a diagnostic challenge which requires a serious histopathological and para-clinic evaluation and an approach in a multidisciplinary team.

Keywords: Ovarian cancer; Neuroendocrine cancer; Histopathological examination

Introduction

According to American Cancer Society statistics for 2022, 19,880 women will receive a new diagnosis of ovarian cancer [1]. Unfortunately, ovarian cancer represents the leading cause of death in woman with gynecological cancers, especially in perimenopausal age. But what we do when the symptoms are complicated and the ovarian tumor reveals another type of cancer?

Materials and Methods

In the following, we will present an atypical ovarian tumor discovered in 53 years old woman admitted into the Gynecology ward of University Emergency Hospital.

The patient, aged 53 years, in menopause for 4 years, known with history of ovarian mass for the past years, was periodically monitored. In the past months, we noticed that the tumor grew and an atypical imagistic aspect appeared which raises the suspicion of a neoplasia. Clinically, the patient shows symptoms of weight loss and abdominal discomfort. The tumoral markers level is slightly elevated, therefore we decided to perform total hysterectomy with bilateral adnexectomy. The uterus, ovaries and the fallopian tubes are examined histopathologically with paraffin, but the results show serous cystadenoma with possible metastases from a neuroendocrine carcinoma.

Postoperatively, the patient undergoes an abdominal-pelvic scan, CT and also MRI, which shows a tumor located near the inferior vena cava of approximately 4 cm and lymphadenopathies. It is required to confirm the diagnosis through immunohistochemical tests, which indicate a neuroendocrine tumor well differentiated.

Subsequently, the patient is transferred in the General Surgery ward, where further investigations are carried out. They perform superior gastrointestinal endoscopy and also colonoscopy, with normal results and it is decided to perform another surgery with tumoral resection, enterectomy, appendectomy and lymphadenectomy. Also, the histopathological examination confirms the first diagnosis of neuroendocrine tumor.

Subsequent, the patient is followed in the oncology ward, where she receives specialized treatment.

Discussions

The leading cause of death in women with neoplasia is ovarian cancer, mostly because it is

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diagnosed at an advanced stage, because the screening test existing have a low predictive value [2]. An effective screening consisting of gynecological examination combined with tumoral marker CA-125 can improve the prognosis [3]. But sometimes an atypical ovarian tumor means more than ovarian neoplasia, there are rare cases of ovarian metastasis from another types of cancer, frequently digestive, reason why the patient should be carefully evaluated [4].

Neuroendocrine tumors represent a group of epithelial neoplasms with predominantly neural and endocrine differentiation, which have the ability to produce biologically active substances.

Rarely, neuroendocrine tumors can metastasize in the ovary, but there are insufficient data to characterize the prevalence. Most of the times, ovarian metastasis also assumes the existence of peritoneal carcinomatosis, but fortunately, our patient was diagnosed in a favorable stage [5].

Conclusions

In conclusion, ovarian tumors represent a diagnostic challenge, although most of the times the imaging investigations and the tumoral markers support the diagnosis of neoplasia, we always have to consider the possibility of another neoplasia with ovarian metastasis and always be vigilant in establishing the diagnosis. It is necessary to mention the importance of a rigorous histopathological examination which can reveal the existence of another neoplasia.

References

1. Key statistics for Ovarian Cancer- The American Cancer Society.
2. PDQ Adult Treatment Editorial Board. In: PDQ Cancer Information Summaries [Internet]. National Cancer Institute (US); Bethesda (MD): Nov 2, 2022. Ovarian Epithelial, Fallopian Tube, and Primary Peritoneal Cancer Treatment (PDQ®): Health Professional Version.
3. Modugno F, Edwards RP. Ovarian cancer: Prevention, detection, and treatment of the disease and its recurrence. Molecular mechanisms and personalized medicine meeting report. *Int J Gynecol Cancer*. 2012;22(8):S45-57.
4. Limbach KE, Pommier SJ, Dewey E, Leon E, Pommier RF. Neuroendocrine metastases to the ovaries are significantly associated with small bowel neuroendocrine tumors and carcinomatosis. *Am J Surg*. 2020;219(5):795-9.
5. Öberg K, Castellano D. Current knowledge on diagnosis and staging of neuroendocrine tumors. *Cancer Metastasis Rev*. 2011;30(Suppl 1):3-7.