

Minimally-Invasive Gynaecology Management of a Large Adnexal Mass in a morbidly obese ten year old

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ABSTRACT

Huge adnexal masses in children are uncommon and therefore approach to management may pose a challenge; particularly in an obese one. A ten-year-old girl, with a BMI of 38 kg/m², underlying metabolic syndrome and obstructive sleep apnoea, presents with a 2-month history of excessive weight gain and progressive abdominal distension. Examination revealed a cystic mass in the abdomen, corresponding to a 28 week-size gravid uterus. Ultrasound and CT imaging was done, revealing a huge intraperitoneal cystic mass arising from pelvis, measuring 11.2 x 23.3 x 21.9 cm in size, with both ovaries normal bilaterally. Serum markers were within normal range. A minimally invasive approach was offered in view of her age and co-morbid. A modified laparoscopic drainage and cystectomy was performed for therapeutic and diagnostic purpose. Intraoperative findings revealed a huge para tubal cyst arising from left fallopian tube. Four litres of clear fluid drained and cystectomy was performed. Conclusion: Minimally-invasive approach to large adnexal masses is an alternative, possibly superior, approach to management of large para tubal cyst in children and adolescents.

Serous Tubular Intraepithelial Carcinoma (STIC): A Profound Discovery of Origins of Pelvic Serous Carcinogenesis

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ABSTRACT

Ovarian cancer is the 8th most common cancer among women worldwide. The incidence of ovarian cancer worldwide is 11 per 100,000 and in Malaysia it is the 4th most common malignancy in women after breast, colorectal and cervical cancer. Ovarian serous carcinoma is the most common epithelial ovarian malignancy. It is most often asymptomatic in early stages and often diagnosed in advanced stages. It is found that the fallopian tubes may be the primary site of origin of ovarian or pelvic serous carcinoma of both low grade serous carcinoma (LG-SC) and high grade serous carcinoma (HG-SC). Non-invasive STICs have been identified in 3-12% of prophylactically removed tubes of BRCA carriers, especially in the fimbrial part. Asymptomatic patients with BRCA 1&2 gene mutation and p53 gene mutation expression were found to have STIC in the fimbriae of the fallopian tubes and it involved the secretory cells of the tubes. **Case:** This is a case of a 40-year-old Para 0+4 who initially presented with prolonged menses and lower abdominal pain for 2 weeks duration. An abdominal examination revealed a 24-week size mass which was found to be solid cystic in nature by bedside ultrasound. CT scan revealed diffused lesions over the peritoneum as well as nodal involvement and multiple cystic lesions in the liver. A pipelle histopathology sampling revealed poorly differentiated adenocarcinoma unable to exclude primary or secondary origin. Her ca125 level was >2,000. She subsequently underwent a debulking surgery after 5 cycles of neoadjuvant chemotherapy. Histopathology report of the specimens sent revealed metastatic HG-SC of the uterine corpus and left ovary, STIC of the left fallopian tube with invasive HG-SC. **Discussion:** Is ovarian cancer preventable? With supportive evidence that the fallopian tube is the likely source of pelvic serous carcinoma, bilateral salpingectomy with ovarian conservation (BSOC) may be the next line of management in high risk patients or for those who have completed families. In patients with BRCA 1 or 2 mutation, risk reducing salpingoophorectomy (RRSO) can be considered once family is completed. Having said this, side effects of oestrogen depletion must be anticipated.