Pseudomyxoma peritonei (PMP), primary mucinous adenocarcinoma of the lung: A case report

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ABSTRACT

Introduction: Pseudomyxoma peritonei (PMP) is a rare clinical entity which is characterized by mucinous ascites involving the peritoneal surface and omentum. The true origin of PMP remains controversial, however appendix or ovary is still the dominant origin associated with PMP. Origins other than ovary and appendix are rare. To date, the following case was the first case to our knowledge where PMP was of lung origin. Case Description: A 58-year-old Chinese lady, diagnosed with right lung adenocarcinoma in February 2021 and underwent wedge resection of the right upper lobe of lung. Histopathological examination (HPE) reported moderately differentiated adenocarcinoma with focal mucinous variant. Post operatively, she was given Gefitinib 250 mg daily, of which she was compliant to. She was referred to the gynaecological team for evaluation of progressive abdominal distension. The abdomen was found to be distended with palpable vague mass over the upper abdomen. Ultrasonography and computed tomography revealed gross ascites, thickening peritoneal lining with multiple peritoneal masses, scalloping of liver margin and omental caking. Peritoneal drainage was done followed by ultrasound guided biopsy of omental cake. HPE report showed hemorrhagic fibrocollagenous tissue strips with abundant free lying extracellular mucin pools suggestive PMP. Discussion: In most of cases, PMP is associated with ovarian or appendiceal tumour which produces abundant of mucinous material. The clinical course of PMP is uncertain, however extraperitoneal metastasize extremely rare. The case reported here had common clinical findings excepts for its origin.

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Pioneering home quarantine for obstetric Covid-19 patients in Malaysia using a mobile application-based home assessment tool

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ABSTRACT

Introduction: Obstetric Covid-19 patients are considered high risk and were admitted to healthcare facilities regardless of gestational age or disease severity. Pioneering home quarantine with mobile application-based home monitoring promised the potential reduction of bed and human-resource burden without compromising patient safety. The safety of home quarantine for obstetric Covid-19 patients and their acceptance of mobile application-based monitoring were studied. Methods: This prospective descriptive study involved obstetric Covid-19 patients who underwent home quarantine from PKRC MAEPS 2.0 (Covid-19 Low Risk Quarantine & Treatment Centre) and Covid-19 Assessment Centres (CAC) in Hulu Langat, Selangor between April 2019 to September 2020. They were monitored throughout their quarantine period twice daily using a mobile application-based home assessment tool. Red flag symptoms or two consecutively missed assessments automatically triggered a consideration of whether escalation of care was indicated. Results: A total of 100 women were recruited. 6 chose not to proceed due to logistic reasons. 89 (94.7%) patients who proceeded had an uneventful home quarantine. 5 (5.3%) were admitted to hospital as red flag symptoms were detected (4 had worsening Covid-19 symptoms, 1 had antepartum haemorrhage). 87 (92.6%) patients completed their post quarantine feedback. Overall, patient satisfaction was excellent with 75 (86.2%) very satisfied with the home quarantine and monitoring process. The majority (81.6%/71) found the application-based home assessment tool very easy to use. Conclusion: This study proved the safety of obstetric Covid-19 home quarantine. Its data was subsequently used to make new recommendations to allow home quarantine for obstetric Covid-19 patients.