

CASE OF THE FORTNIGHT

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PRIMARY SEROUS PAPILLARY ADENOCARCINOMA FALLOPIAN TUBE

A case of 65 yr old post menopausal women presented with complaint of lower abdomen pain since 4 months. Clinical examination revealed a left adnexal mass ,diagnosed as left ovarian tumor on pelvic ultrasonography. Patient underwent abdominal hysterectomy with bilateral salpingo-oophorectomy for ovarian tumor. Histopathological examination revealed, primary serous papillary adenocarcinoma of fallopian tube.

Gross examination (fig-1) showed a solid mass measuring 8X7 cm on left side with attached ovary. Cut surface of mass (fig-2), shows grey white solid mass. Both side ovaries, uterus with cervix and right tube were free of any gross lesions.



Figure-1: Gross specimen showing left side mass with attached normal size ovaries on both sides and normal looking uterine cut surface .



Figure-2: Gross specimen cut surface of left tube showing grey white mass with hemorrhagic and necrotic areas.

Microscopic examination (fig-3) from mass showed tumour cells arranged in papillary pattern. (fig-4) The cells showing marked pleomorphism, eosinophilic cytoplasm, hyperchromatic nuclei and prominent nucleoli. Additional foci of tubal papillary hyperplasia also noticed. Sections from endometrium showed cystic atrophy of endometrium. Ovaries showed no evidence of tumor tissue.

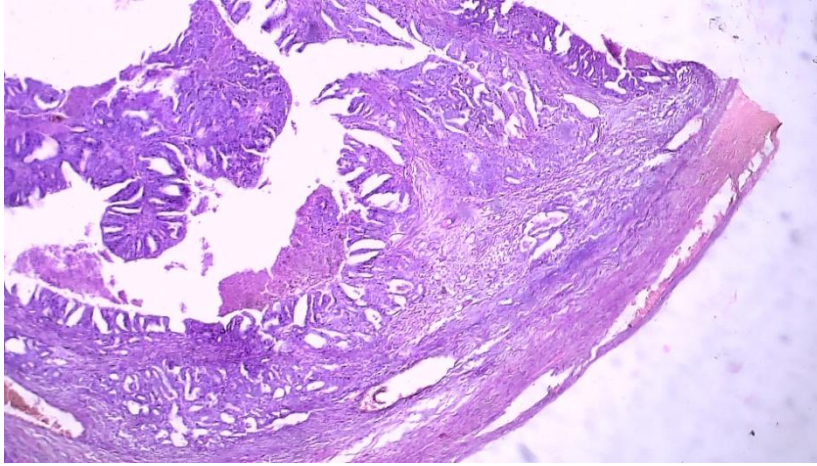


Figure-3: H & E section (10X10) showing tubular wall with papillary hyperplasia

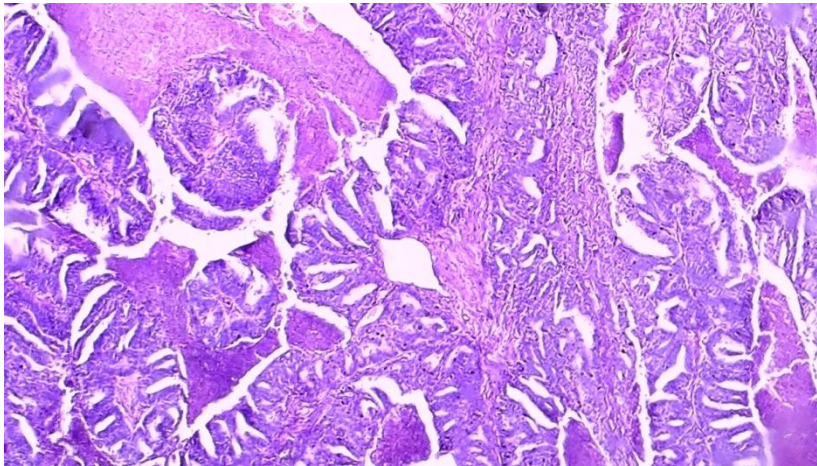


Figure-4: H & E section (10X10) showing tumor cells arranged in complex papillary pattern with necrosis.

DIAGNOSIS: PRIMARY SEROUS PAPILLARY CARCINOMA-LEFT FALLOPIAN TUBE

LEARNING POINTS:

- 1) A rare gynecologic malignant tumor accounting for 0.14-1.8% of female genital malignancies
- 2) Mean age of incidence being 55 years (age range 17-88 years), usually unilateral.
- 3) Difficult to diagnose preoperatively, because of its non-specific presentation as well as simulation with ovarian carcinoma.
- 4) Risk factors are nulliparity, infertility and pelvic inflammatory disease.
- 5) Similar to ovarian malignancy, a BRCA germline mutation and TP53 mutation are associated with primary fallopian tube carcinoma.
- 6) In comparison to ovarian carcinoma, primary fallopian tube carcinoma often presents at early stages, but has a worse prognosis
- 7) Diagnostic criteria for PFTC was first established by Hu et al in 1950 and later modified by Sedlis in 1978. It includes that the tumor should arise from the endosalpinx, histologically reproduce the epithelium of fallopian tube mucosa with transition from benign to malignant epithelium. The ovaries should be either normal or with smaller tumour than the tube.

8) Serous carcinomas are the most common histologic subtype(80%) having papillary, solid, glandular or micropapillary architecture. The second histological type is endometrioid carcinoma (12-25%).The other histological types like clear cell, mucinous, transitional and undifferentiated carcinoma are also described.

9) The various prognostic factors are stage of the disease, histologic grade of the tumour, residual volume of the tumour after cytoreduction and presence of ascites; of these stage of the disease being the most important.

10) Surgery is the treatment of choice. Cytoreductive surgery in advanced disease .

CONCLUSION : Primary tubal cancer is rare entity mostly mistaken for ovarian carcinoma. The clinical signs and symptoms are non specific and histopathological examination is the gold standard for final diagnosis.

REFERENCE:

1)A Rare Case Report- primary serous papillary adenocarcinoma fallopian tube.Permeet Kaur Bagga¹,Neha Saini²,Surinder Paul³, Kanika Wadhwa⁴.International Journal of Contemporary Medical Research ISSN (Online): 2393-915X; (Print): 2454-7379 | ICR: 98.46 | Volume 6 | Issue 6 | June 2019.

2) Primary Fallopian Tube Carcinoma: A Case Report and Literature Review.Meral Rexhepi,^{1,*} Elizabeta Trajkovska,² Hysni Ismaili,³ Florin Besimi,¹ and Nagip Rufati¹ 2017 Jun 15; 5(3): 344–348. Published online 2017May20.