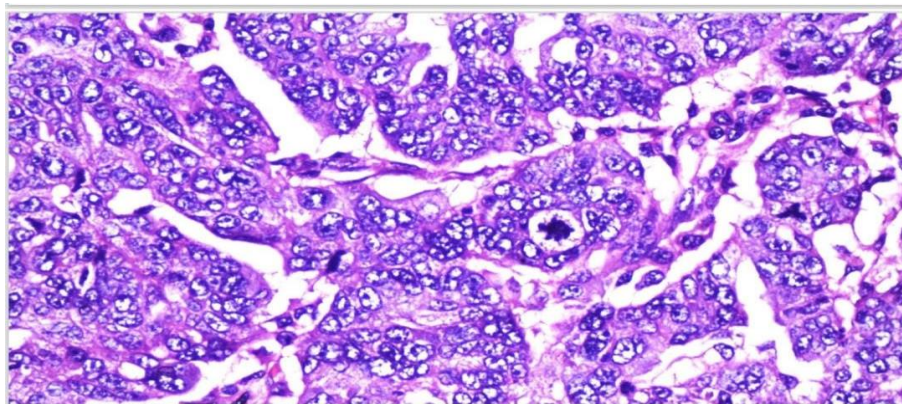


Introduction

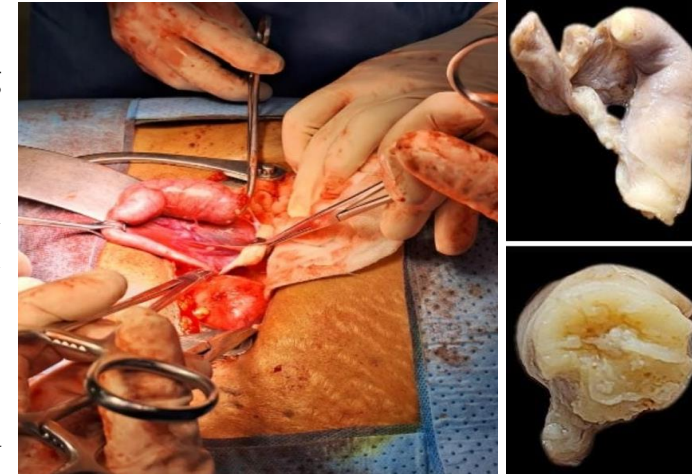
- Primary Fallopian tube carcinoma (PFTC) is a rare gynecological malignancy that accounts for 0.14-1.8% of genital malignancies. The most common age of occurrence is between 40 and 65 years. Fallopian tube is a müllerian derivative but its malignancy closely resembles ovarian carcinoma¹.

Case operation procedure

- A woman aged 53 years, Para₂ admitted with complaint of irregular bleeding per vagina for past 6 months.
- USG - Right adnexa shows elongated cystic lesion 6.8 * 2 cm with multiple polypoid solid hyperechoic areas
- MRI - Complex cystic lesion in the right adnexa with solid papillary projections- O-RADS 4.



- CEA and CA 125 levels were normal.
- Staging laparotomy - Right hydrosalpinx measuring 8x3x3cm with small projections near fimbrial end, blackish in colour sent for Frozen section.
- Total abdominal hysterectomy with bilateral salpingo-oophorectomy with Bilateral pelvic lymph node dissection and Infra colic omentectomy was performed.
- Final histopathology report shows High grade epithelial Carcinoma of Fallopian tube. Patient had planned for adjuvant chemotherapy.



Discussion

Diagnosing PFTC is challenging as it resembles epithelial ovarian cancer clinically and histologically. PFTC is usually seen earlier than epithelial ovarian cancer as a result of abdominal pain from tubal distension and a shorter history of symptoms in PFTC. The causes of PFTC are unknown

Conclusion

Until more extensive clinical research has been performed, surgical staging/management and the use of chemotherapy follow the concepts used in epithelial ovarian cancer. Earlier diagnosis of primary Fallopian tube cancer helps us to ensure proper treatment strategy and enhance survival rates.

References

- Nandal, I., Malik, R., Dahiya, K. Primary Bilateral Fallopian Tube Carcinoma: A Rarity. J Obstet Gynecol Cancer Res. 2023; 8(6):633-6.
- Ashraf Ganjoei T, Talayeh M, Afsharmoghadam N, Norouzi AR, Noei Teymoordash S. Serous Borderline Tumor of the Fallopian Tube: A Case Report and Literature Review. J Obstet Gynecol Cancer Res. 2022;7(6):583-6. [DOI:10.30699/jogcr.7.6.583]