

Synchronous primary ovarian tumors in postmenopausal women: A rare case report.

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INTRODUCTION:

- Risk of developing an ovarian tumor is around 6-7%.¹
- Most frequent : Epithelial origin accounting for about 60%, serous and mucinous cystadenomas are most common 30%.²
- Peak incidence: 40 - 60 years, with 10-20% presenting bilaterally.³
- Mucinous cystadenomas : 30-60 yrs. of life and are usually unilaterally.⁴

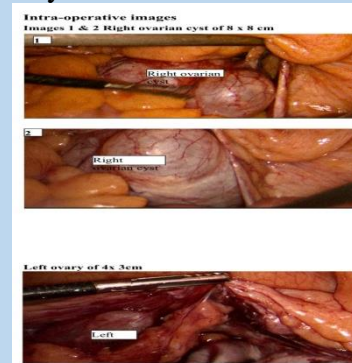
The simultaneous occurrence of serous histopathology in one ovary and mucinous histopathology in the other is very rare and seldom reported in the literature.

CASE:

A 50-year-old multiparous female with a history of hysterectomy, diabetes, and hypertension presented with lower abdominal pain for 6 months. Examination revealed a 7×5 cm cystic mass in the right fornix. CA-125 levels were normal at 8.8 U/ml. Ultrasound showed a right adnexal cyst with thin septa, and CECT indicated an 8.1×8.2 cm hypodense lesion, likely benign.

OPERATION PROCEDURE:

The patient underwent laparoscopic bilateral salpingo-oophorectomy. Additionally, the left ovary was found to be bulky too, so, bilateral salpingo-oophorectomy performed. The excised specimens were sent for histopathological examination, The postoperative period was uneventful, and the patient was discharged on the 2nd postoperative day.



Preoperative Computed Tomography images
1. Red arrow showing right ovarian cyst
2. Yellow arrow showing left ovary

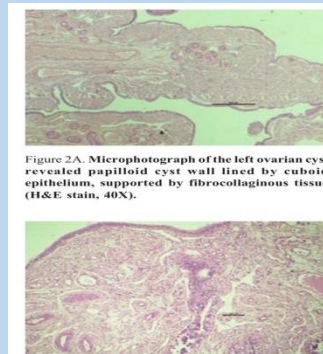


Figure 2A. Microphotograph of the left ovarian cyst revealed papilloid cyst wall lined by cuboid epithelium, supported by fibrocollagenous tissue (H&E stain, 40X).

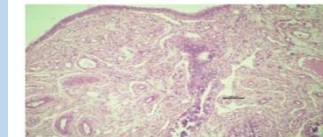


Figure 2B. Microphotograph of the right ovarian cyst revealed presence of endocervical like mucinous cell lining (H&E stain 100X).

DISCUSSION:

- Reported incidence of synchronous primary cancers of genital tract is 1-2%, most common being ovarian and uterine and malignant in nature.²
- Most synchronous bilateral ovarian cancers are believed to originate from metastases spreading from unilateral ovarian cancer through intraperitoneal dissemination of malignant cells, believed to arise from similar clone as analyzed by genome sequencing in 12 cases of synchronous bilateral ovarian cancers by Yin et al.⁵
- As per our knowledge only four cases have been reported till now of both serous and mucinous in same individual simultaneously.
- Presentation: Pain abdomen (100%) followed by abdominal distension (50%) and other vague presentations.
- Diagnostic tools: Imaging and CA-125 assay.

CONCLUSION:

- Most reported synchronous ovarian tumors are malignant, with only a few cases of benign synchronous ovarian tumors documented in the literature.
- Early diagnosis and reporting of such cases are crucial for improving our understanding of synchronous ovarian neoplasms, which can impact management strategies and help prevent.

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