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SUCCESSFUL PREGNANCY OUTCOME AFTER MALIGNANT EPITHELIAL OVARIAN TUMOUR: A CASE REPORT

K BHATIA*, Y M MALA, R TRIPATHI

Maulana Azad Medical College and Lok Nayak Hospital, New Delhi, India.
Corresponding address: 305, New Delhi Apartments, 7 Vasundhara Enclave, New Delhi – 110096
Email : karishmabhatia21@gmail.com

ABSTRACT

A 21 year old lady married for 5 months, presented with complaints of abdominal distension and lump in the abdomen. It was found to be a 26 week size mass of variable consistency and restricted mobility but rectal mucosa was free. CA 125 was 93.1 IU/L, CEA of 6.9 ng/ml. CECT was suggestive of a mucinous cystadenoma of left ovary. A staging laparotomy was performed on 11 December 2014. Left salpingo-oophorectomy with bilateral pelvic and paraaortic lymphadenectomy with infracolic omentectomy was done. About 1000 ml of ascitic fluid was present, sent for malignant cytology. The right ovary appeared normal and was preserved along with the uterus for fertility. Frozen section and later histopathology of specimen confirmed well differentiated mucinous cystadenocarcinoma with focal areas of capsular involvement, fallopian tube was free of tumour. Diagnosis of malignant epithelial mucinous cystadenocarcinoma stage Ic was made. Patient was given 6 cycles of chemotherapy with carboplatin and paclitaxel. She tolerated chemotherapy well and completed her last cycle on 11 April 2015.

Patient then conceived spontaneously with her last menstrual period on 18 September 2015. She had an uneventful pregnancy till term when she had premature rupture of membranes. Labour was augmented and she delivered a baby girl of 3.1 kg birth weight in June 2015. She has breast fed her baby and is on follow up with falling CA 125 levels. Both the mother and child are doing well.

Keywords: fertility conserving surgery, malignant epithelial ovarian carcinoma, spontaneous conception after ovarian cancer.

INTRODUCTION

One of the major concerns for any young lady diagnosed with ovarian cancer is whether she would be able to conceive in the future. Although radical surgery is the gold standard for cancer ovary, fertility preservation is done wherever feasible in such cases.

CASE REPORT

A 21 year old lady married for 5 months, presented with complaints of abdominal distension since three months and lump in the abdomen noticed for one week. She had regular menstrual cycles lasting 5 days and at regular intervals with normal flow. There was no history of cancers in the family. On general physical examination she was a febrile with blood pressure of 120/84 mmHg, pulse 82 per minute, respiratory rate of 18 per minute and no pallor, icterus, cyanosis, clubbing, pedal edema or lymphadenopathy. Bilateral vesicular breath sounds were heard on respiratory system examination. Abdominal examination revealed a 26 week size abdominopelvic mass of variable consistency and restricted mobility with well defined margins. Per speculum examination was normal. On per vaginal

examination, uterus was not made out separately and fullness was felt in the left fornix with right fornix free. On performing a per rectal examination no nodularity was felt in the pouch of douglas and rectal mucosa was free. Routine blood work up was done. Her CA 125 was 93.1 IU/L (normal <35), CEA of 6.9 ng/ml (0 to 7), alfafetoprotein 8.1(2 to 10 ng/ml), ALP 76 and LDH 156 (<200). CECT revealed a large abdominopelvic multiloculated cystic lesion of size 19.5 cm*10 cm with thick enhancing internal septae arising from the left adnexa. Right ovary was seen separately and there was mild free fluid. This was suggestive of a mucinous cystadenoma of left ovary. Patient was planned for a staging laparotomy which was performed on 11 december 2014. Left salpingo-oophorectomy with bilateral pelvic and paraaortic lymphadenectomy with infracolic omentectomy was done. About 1000 ml of ascitic fluid was present, sent for malignant cytology. The right ovary appeared normal and was preserved along with the uterus for future fertility. Frozen section and later histopathology of specimen confirmed well differentiated mucinous cystadenocarcinoma with focal areas of capsular involvement, fallopian tube was free of tumour. Diagnosis of malignant epithelial mucinous cystadenocarcinoma stage Ic was made. Patient was given 6 cycles of chemotherapy with carboplatin and paclitaxel. Patient tolerated chemotherapy well and completed her last cycle of chemotherapy on 11 April 2015.

Patient then conceived spontaneously with her last menstrual period on 18 September 2015. She had an uneventful pregnancy till term when she had premature rupture of membranes. She was induced and delivered a baby girl of 3.1 kg birth weight in Jeweune 2015. She has breast fed her baby and is on follow up with falling CA 125 levels. Both the mother and child are doing well.

DISCUSSION

Chemotherapy drugs are known to be gonadotoxic and can affect fertility as well as cause premature ovarian failure. This patient received six cycles of carboplatin and paclitaxel. Carboplatin has intermediate risk for gonadotoxicity and paclitaxel belongs to high risk category.[1]

Pregnancy associated problems such as early pregnancy loss, premature labour and low birth weight have also been described after cancer treatment[2].

Radical surgery is the gold standard for cancer ovary but fertility conserving surgeries may be done for young patients with lesser stage. Lymphadenectomy should be performed routinely as occult lymph node disease is seen in 10 to 25% of women with stage I disease.[3] The contralateral ovary should also be evaluated. The risk of occult metastasis is small in normal appearing ovaries.[4]

The decision for completion surgery after child bearing should be individualized as its effect on long term outcome is still unknown. Although it is preferred by some surgeons as many recurrences have been known to occur in the opposite adnexa.[5]

CONCLUSION

Fertility conserving surgeries should be offered to young patients as it has reproductive as well as non-reproductive benefits resulting in better quality of life.

REFERENCES

1. Sonmenzer M, Oktay K. Fertility preservation in female patients. Hum Report Update 2004; 10:251-66

2. Green DM, Whitton JA, Stovall M et al. Pregnancy outcome of female survivors of childhood cancer: a report from the childhood cancer survivor study. Am J Obstet Gynaecol 2002; 187: 1070-80
3. Cass I, Li AJ, Runowicz CD et al. Pattern of lymph node metastasis in clinically unilateral stage I invasive epithelial ovarian carcinomas. Gynaecol Oncol 2001;80:56-61
4. Morice P, Wicart-Poque F, Rey A et al. Results of conservative treatment in epithelial ovarian carcinoma. Cancer 2001; 92:2412-8
5. Scilder JM, Thompson AM, DePriest PD et al. outcome of reproductive age women with stage Ia or IC invasive epithelial ovarian cancer treated with fertility sparing therapy. Gynaecol Oncol 2002; 87: 1-7