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Outcome of staging laparotomy in ovarian mass in limited resource centre

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Background: Ovarian cancer is the second most common gynecologic cancer in women and the leading cause of death caused by gynaecologic malignancy. The clinical diagnosis of ovarian malignancy is problematic, given the nonspecific nature of presentation and the difficulty in obtaining a histological diagnosis prior to definite treatment. Surgery plays a fundamental role in treating this challenging disease. Goals of primary surgery for ovarian cancer are to establish diagnosis, proper staging, and determination of prognosis and optimal cytoreduction of gross disease before chemotherapy for improved outcome.

Objectives: The objective of this study is to evaluate the benefits and risks of staging laparotomy in diagnosis of ovarian tumor; to correlate CA 125 with benign and malignant ovarian tumor and to determine the age distribution in the benign and malignant ovarian tumor.

Design: Retrospective descriptive study

Methods: The case records of patient presenting with ovarian masses that underwent staging laparotomy between 2016 May to 2017 September at Bhaktapur Cancer Hospital were analyzed. Demographic and clinical data were reviewed. Correlation of CA 125 in both malignant and benign cases was studied.

Results: 44 patients with ovarian masses undergoing staging laparotomy were included with age variation from 19 to 88. The mean age was 52 years. 15 (34%) were malignant cases, 2 (4.5%) cases had borderline tumor and remaining 27 (61%) benign. The mean age group in malignant cases, borderline cases and benign cases were 45, 64 and 55 years respectively. P value is significant (P=0.0234). This study shows mean value of CA 125 as 212.8 in malignant cases, 9.8 and 80.49 in borderline tumor and benign cases respectively. P value significant (p=0.0315). Out of 15 malignant cases, 8(53.3%) cases were in stage Ia, 1(7%) case in stage Ic and 6(40%) cases were in stage IIIc. Among malignant cases 4 out of 15 had lymphovascular invasion, in which 2 out of 4 had omental metastasis and 2 out of 4 had lymph node metastasis. All these 4 cases were stage IIIc. The CA 125 level was significantly high in 4 out of 6 malignant cases ranging from 400 to 1000 units/ml with stage IIIc whereas 1 case with sarcoma had 20 units/ml, and another with mature cystic teratoma with squamous cell carcinoma had 24.4 units/ml. In 27 benign cases, 1 had raised CA 125 level upto 862 units/ml with diagnosis of abdominal tuberculosis with mature cystic teratoma whereas 3 cases of endometriosis had CA 125 level ranging from 150-200 units/ml.

Conclusion: Detection of pelvic mass with raised CA 125 level raises suspicion for ovarian malignancy, but there are various benign pelvic conditions that are associated with raised CA 125 level. This is more important in the Nepalese subcontinent where genital tuberculosis and endometriosis is common as seen in our case series where 11.11 % of cases of benign pelvic masses with raised CA 125 level turned out to be endometrioma. However, 26.66% of malignant cases had significantly raised CA 125 level. The use of frozen section service for immediate intra-operative reporting is highly attractive for the gynecologic oncology surgeon. It allows for a single optimal operative staging procedure where indicated and, likewise, for a non-staging procedure if not required.

Biography

Sristee Shrestha Prajapati has pursued her MBBS from Dagestan State Medical Academy, Russia. She completed her MD in Obstetrics & Gynecology from Zhengzhou University. Presently she is working as a Physician and Surgeon in Bhaktapur Cancer Hospital, Nepal. She received IMA Fellowship (Gynae Oncology) from Rajiv Gandhi Cancer Institute in 2015.

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