

Primary Fallopian Tube Carcinoma: A Case Report

Authors : Mary Abigail T. Ty, Mary Jocelyn Yu-Laygo, Jocelyn Z. Mariano

Abstract : This is a case of L.S.T., a 61 year old, G6P4 (3124) who presented with a one month history of intermittent, brownish, watery, non foul smelling vaginal discharge. There were no other accompanying symptoms. On rectovaginal examination, a palpable adnexal mass on the left was appreciated, with the lower border measuring 3 cm. The mass was non-tender, had irregular borders and solid areas. On transvaginal sonography, it revealed a left pelvic mass measuring 3 x 4 x 2 cm, with a Sassone score of 9. It had vascularization. The primary consideration was Ovarian Newgrowth, probably malignant in nature. CA-125 results were slightly elevated at 43.2 u/ml (NV: 0-35 u/ml). After intraoperative evaluation, the left fallopian tube was converted into a 9 x 4.5 x 3 cm bulbous cystic mass with solid areas. On cut section, the ampullary portion of the fallopian tube contained necrotic and friable looking tissues. Specimen was sent for frozen section and results revealed adenocarcinoma of the left fallopian tube. Patient subsequently underwent complete surgical staging with unremarkable post-operative course. The Surg Ico pathologic diagnosis was G6P4 (3124) Fallopian tube serous cystadenocarcinoma stage 1. The mean incidence of PFTC is 3.6 per million women yearly. This is associated with a generally low survival rate. The primary diagnosis is very difficult to establish because only 0-10% of patients suffering from PFTC are diagnosed pre-operatively. Symptoms play a very important role in the discovery of this disease, because there will be no presentation to the hospital without symptoms. The most common of which may be vaginal bleeding, abdominal pain, a palpable mass and ascites. A conglomerate of manifestations may be encountered, but not at all times. This is termed hydrops tubae profluens where there is presence of colicky pain with relief from intermittent passage of serosanguinous vaginal discharge. The significance of this report is to emphasize the rarity of the case and how the dilemma in the diagnosis is almost always present despite ancillary procedures.

Keywords : fallopian tube carcinoma, prognosis, rare, risk factors

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