

Bilateral Fallopian Tube Serous Papillary Adenocarcinoma with Metastasis to Ovary with Peritoneal Implants- A Case Report

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Abstract :

Bilateral primary fallopian tube carcinoma is a rare diagnosis in our gynaecological practice. Very often, the diagnosis is mistaken for an ovarian carcinoma or a tubo-ovarian mass. Primary fallopian tube carcinoma is rare malignancy which is usually unilateral, but in our case it was bilateral. We report this case in view of its rarity and bilaterality.

Introduction:

Primary Fallopian Tube Carcinoma is a rare malignancy of the female genital tract, contributing to 0.1%-0.4% of all gynecological malignancies. Pre-operative diagnosis is rare and is usually confirmed microscopically

Case report:

- A 50yr old women presented with vague abdominal pain since 6 months and vaginal watery discharge since 1 month. Preoperatively diagnosed as bilateral malignant ovarian tumor
- Ultrasound confirmed a tubo-ovarian mass
- Grossly the lesion appeared as bilateral tubo-ovarian mass, each measuring 7x4x2 cm. Cut section shows both solid and cystic areas
- Section studied from bilateral adnexal mass showed fallopian tubes with intact mucosa which is benign to malignant epithelium. The tumor tissue within the lumen shows papillary structures with delicate fibro vascular branching cores. The papillae were lined by cuboidal to columnar cells with nuclear atypia with prominent nucleoli. Mitosis (+), Stratification of lining epithelium was noted with few bizzare nuclei. Tumor tissue was invading the wall, the smooth muscle of wall is fragmented. Tumor cells were arranged in irregular glands, alveolar and solid pattern separated by fibrocollagenous tissue. Tumor cells were small, uniform

with scattered bizzare mononuclear giant cells. Numerous psammoma bodies were seen. The fimbrial end of the tube shows edematous plicae and dysplastic lining epithelium. Also noted ovarian stroma with corpus albicans and tumour tissue. The peritoneum also showed tumour cells and psammoma bodies

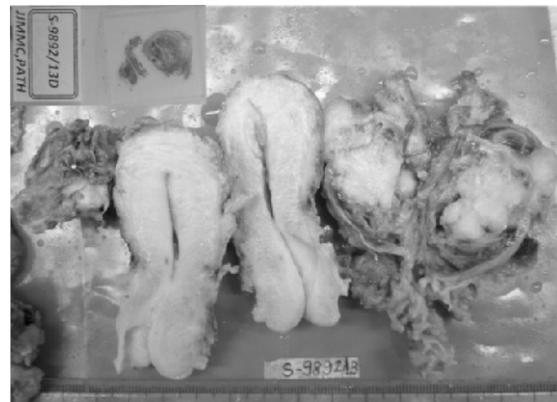


Fig 1 shows irregular nodule of tumour seen on the mucosal surface

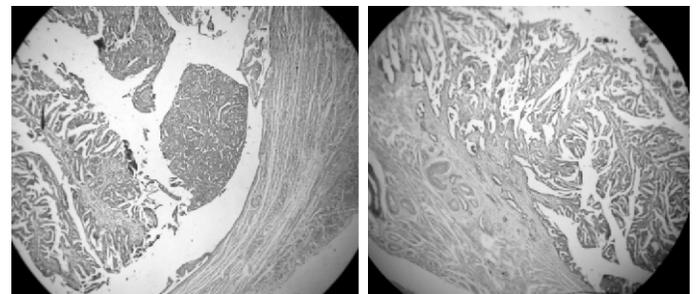


Fig2&3 shows the tumour characterized by a delicate fibrovascular branching core supporting proliferating epithelial cells, have lost their nuclear polarity. Their nuclei are large irregular and hyperchromatic, H&E, 40x

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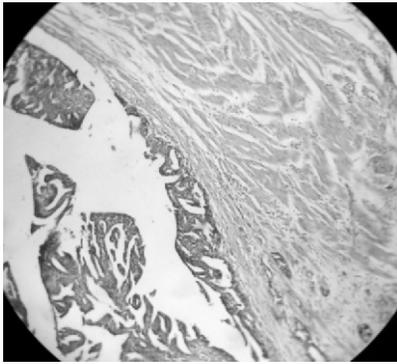


Fig4 shows atypical tubal epithelium,H&E,40X

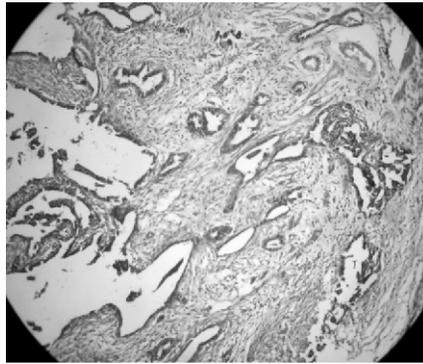


Fig 5 shows invasion present in adjacent areas of the wall

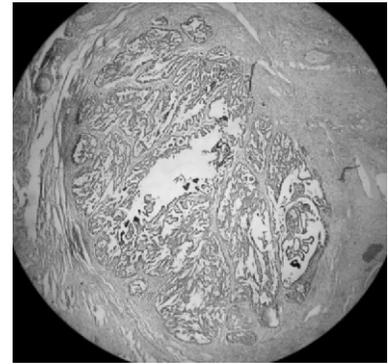


Fig 6 Shows lumen of fallopian tube completely filled with tumour tissue., H&E,4x

Tumour was reported as Bilateral serous papillary adenocarcinoma of Fallopian tubes with metastasis to ovary with peritoneal implants

Discussion:

The peak incidence of Primary Fallopian Tube Carcinoma is between the ages of 60 and 64 years, patients usually present with abnormal vaginal bleeding, lower abdominal pain, abnormal watery vaginal discharge and a palpable pelvic/abdominal mass as seen in our case. The diagnosis of Primary Fallopian Tube Carcinoma is rarely considered preoperatively and it is usually first appreciated at the time of operation or later by the pathologist. Primary Fallopian Tube Carcinoma must be considered in the differential diagnosis of adnexal masses, and particularly in the presence of incomplete septations and a highly vascular, solid component. The stage of disease at the time of diagnosis is the most important factor affecting the prognosis. Surgery is the treatment of choice for Primary Fallopian Tube Carcinoma, and the surgical principles are the same as those used for ovarian cancer

Conclusion

Primary fallopian tube carcinoma is rare malignancy which is usually unilateral, but in our case it was bilateral. It is usually managed in the same manner as ovarian cancer. We report this case in view of its rarity and bilaterality

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