PP 10

Borderline ovarian tumour - A case report

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Introduction - Borderline ovarian tumours are a distinct group of neoplasms that demonstrate higher proliferative activity than benign, but without stromal invasion. It constitutes 10–15% of all epithelial ovarian neoplasms and is typically seen in younger age with an excellent prognosis. Serous borderline ovarian tumours are the most common form (50%). Survival rates are better than frankly malignant ovarian tumours.

Case report - A 57-year-old postmenopausal lady, known patient with hyperthyroidism and type 2 diabetes mellitus presented with a progressively distended abdomen with backache of 3-months duration without obstructive symptoms. There was no family history of ovarian malignancy. She had not used hormone replacement therapy in the past. She was obese with a palpable firm irregular mobile abdominal mass of 16 weeks' size, arising from pelvic cavity.

CA 125 was 60U/ml. Computerized tomography of abdomen and pelvis revealed bilateral ovarian neoplasms (right ovarian cyst of 9.2 X 4.6cm and Left ovarian cyst of 10.0 X 11.1 cm) with cystic and solid areas without the evidence of ascites or metastasis. Intraoperative findings were; normal sized uterus with bilateral multilocular ovarian cysts with solid areas without evidence of distal metastasis. She underwent total abdominal hysterectomy and bilateral salphingo-oophorectomy with infracolic omentectomy. Histopathology revealed serous borderline tumour. Now she is being followed up 6 monthly with ultrasound scan and CA 125.

Conclusion - The management depends on staging. In early-stage disease, fertility-sparing surgery can be performed without affecting overall survival. A multidisciplinary team meeting with specialist input from a gynaecological oncologist is recommended to ensure best management.