PP5:

Borderline ovarian tumour - Case report

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Introduction: Borderline ovarian tumours are a distinct pathological group of neoplasms, demonstrate higher proliferative activity when compared with benign neoplasms, but do not show stromal invasion and constitute 10-15% of all epithelial ovarian neoplasms. They are common in a younger age group. Serous borderline ovarian tumours are the most common histological type (50%). Mucinous borderline ovarian tumours (46%) are further classified into intestinal (85%) and endocervical/mullerian types (15%).

Case report: A previously well 35 year old unmarried lady from Kandy presented with abdominal distention for two months. She had mild abdominal discomfort, no loss of appetite or loss of weight. Her menstrual cycles were regular from her menarche. Abdominal examination found to have a pelvic lump which was solid and cystic, mobile, and no free fluid. Her basic investigations were normal. CA-125 was 148U/ml. USS showed a large multi-locular cystic mass with solid areas with thick wall, moderate amount of free fluid. Her RMI (Risk Malignant Index) was l*148*3=444 and is more than 250 (high risk).Laparotomy (staging laparotomy) was done and found to have right sided well defined ovarian mass with solid and cystic area, mucinous fluid found in peritoneal cavity mostly due to rupture of cystic areas in the ovarian mass, left side tube, right side tube, ovary, uterus were normal. She did not have any malignant deposits and right sided oophorectomy done send for histology. Histology report was mucinous borderline tumour intestinal type. Ovarian surface is free of tumor. We advised her to complete family as soon as possible and planned for TAH+BSO, until that we are following her every three months with USS and CA 125.

Discussion: Management of borderline ovarian tumours is individualized and depends on the age, stage of the disease, the potential desire for pregnancy and the nature of the peritoneal implants. Literature said the cornerstone of management is complete staging. In early-stage disease, fertility-sparing surgery can be performed without affecting overall survival. When a borderline ovarian tumour is diagnosed after primary surgery for presumed benign disease, histological review and discussion in a multidisciplinary team consisting of Gynaecologists and Oncologists recommended for the best management.