Volume-6, Issue-1, January - 2017 • ISSN No 2277 - 8160 IF : 3.62 | IC Value 80.26

Original Research Paper Gynaecology

CLINICOPATHOLOGICAL STUDY ON OVARIAN MASSES

Dr. K Vandana Professor Department of Obstetrics & Gynaecology. Alluri Sitarama Raju Medical College Eluru, Andhra Pradesh 534005.

Dr. K Vandana Central Library Alluri Sitarama Raju Medical College Eluru, Andhra Pradesh 534005.

ABSTRACT

AIMS AND OBJECTIVES: Ovarian masses are one of the major causes of gynaecological problems. To study the distribution of age, parity, symptoms, ultrasound findings, laterality, size and histological pattern of ovarian masses. **MATERIALS AND METHODS:** It is a retrospective study of women who had surgical management for ovarian masses, from may 2011 to april 2013 at ASRAM general Hospital, Eluru,Andhra pradesh. **RESULTS:** There were 62 cases of ovarian masses during 2 years study period. Majority of cases occurred in the reproductive age group with the youngest patient being 17 years of age and the oldest,68 years. Most common age group is 21 to 40 years.Ovarian masses are also frequently encountered in post hysterectomised patients. Most of the patients (59.6%) presented with abdominal pain either acute or chronic. Majority of ovarian cysts are benign with few cases being malignant. The most common type of ovarian tumor was serous cystadenoma (43.5%). **CONCLUSIONS:** Our study reveals that the presentation of ovarian tumors is variable. They manifest a wide spectrum of incidence, clinical symptoms and histological features. Epithelial tumours are the commonest variety of ovarian tumours followed by Germ cell tumours. Serous cystadenoma was the most common benign tumor.

KEYWORDS : Ovarian tumours , Epithelial cell tumours, Germ cell tumours.

INTRODUCTION

- In Asian countries ovarian tumours occur at a rate **of 2-6 new cases per 1,00,000 women per year.**
- Ovarian carcinoma is the **fourth** most common cancer in females and the **fourth** leading cause of death among cancer deaths.
- Pathology of ovarian neoplasms is one of the most complex areas of gynaecology.
- Ovaries gives rise to a variety of tumors than does any other organ.
- Diagnosis of ovarian malignancy is often late.
- Unlike cervical cancer, identification of high risk population and ideal screening method for ovarian malignancy are not available.
- Aetiopathological factors of ovarian tumours is done in this study to identify the high risk population,

So that subsequent screening procedures may be under taken periodically which would help to diagnose the neoplasm at its earliest stage for better prognosis.

AIMS AND OBJECTIVES

- To study the clinical and demographic profile of ovarian masses.
- To study histopathological correlation.

MATERIALS AND METHODS

It is a retrospective statistical hospital based study of women, who had surgical management for ovarian masses, from the month of may 2011 to april 2013 at ASRAM medical college, Eluru, Andhra pradesh.Total number of cases were 62.

RESULTS

AGE IN YRS	NUMBER OF CASES
11-20	4 (6.45%)
21-30	13 (20.9%)
31-40	20 (32.2%)
41-50	17 (27.4%)
51-60	5 (8.06%)
More than 60	3 (4.83%)

This table shows the age wise distribution of the patients with ovarian tumours ,maximum number of cases being from the age group 31-40(32.2%) and least number of cases being from age>60yrs(4.83%).

PARITY	NUMBER OF CASES
NULLI	11
1-2	33
3-4	13
>4	5

This table shows the parity wise incidence of ovarian tumours.

PRESENTING COMPLAINT	NUMBER OF CASES
ABDOMINAL PAIN	CHRONIC-31 , ACUTE-6
INCIDENTALLY DIAGNOSED	11
ABDOMINAL DISTENSION	10
MENSTRUAL SYMPTOMS	3
URINARY SYMPTOMS	1

This table shows the presenting complaint of cases , maximum number of cases being presented with abdominal pain(37 cases) and only one case presented with urinary symptoms.

POST HYSTERECTOMISED CASES

YEARS FROM HYSTERECTOMY	NUMBER OF CASES
<10 YEARS	7
10-20 YEARS	3
>20 YEARS	1

This table shows the presentation of ovarian tumour after Hysterectomy.

USG FINDINGS

LOCULARITY	BENIGN	MALIGNANT
MULTILOCULAR WITH SOLID COMPONENTS	17	6
UNILOCULAR	39	-
TOTAL	56	6

This table shows the USG findings of the tumour , Unilocular tumors being the maximum (39) , Multilocular being the least(17).

PRESENCE OF ASCITES	BENIGN	MALIGNANT
ASCITES	4	4
NO ASCITES	52	2
TOTAL	56	6

This table shows the presence of Ascites .

CA125 LEVELS	BENIGN	MALIGNANT
RAISED (>35)	13	5
NOT RAISED (<35)	43	1
TOTAL	56	6

This table shows that 13 cases with raised CA125 levels and 43 cases with CA125 levels not raised.

HISTOPATHOLOGY	NUMBER OF CASES
SEROUS CYSTADENOMA	27
MUCINOUS CYSTADENOMA	16
MIXED EPITHELIAL	2
DERMOID	8
BORDERLINE TUMOURS	2
FIBROTHECOMA	1
SEROUS CYSTADENOCARCINOMA	3
MUCINOUS CYSTADENOCARCINOMA	2
MESONEPHROID TUMOUR	1

The above table shows the type of ovarian tumors depending on the histopathological report , the highest number of cases being Serous cystadenoma and only one case of each Fibroathecoma and Mesonephroid tumor.

DISCUSSION

- Our study shows that most ovarian tumour occurs in women of reproductive age group. Peak incidence of ovarian tumour is between 31 to 40 year.
- **Benign** ovarian tumour occur in **all age** group where as **malignant** ovarian tumours are more common in **elderly**.
- Most of the tumors occured in **nulliparous and low parity** (1 to2) women in this study which shows that nulliparity and low parity is significant risk factor.
- The presenting symptoms of ovarian neoplasia are not specific and are often accepted by women as normal changes associated with ageing and menopause.
- In our study **lower abdominal pain** was the commonest symptom similar to **S Kayastha** study and others from **asian** countries, where as many studies done in **western** world found that **distention of abdomen** is commonly associated with ovarian tumour.
- In our study, out of 62 patients with ovarian tumour 90.4% were benign and **9.6%** were **malignant**.This finding is similar to study done by **Jha and Karki** where **16.0%** of the tumour were **malignant**.

In the studies done in **Western** countries, **20.0% to 25.0%** of ovarian tumour were **malignant** which is higher than in Asian countries.

CONCLUSION

- Ovarian neoplasm is one of the most complex tumours of women in terms of histogenesis, clinical behaviour and malignant potentiality.
- Management of benign disease of ovary continues to unfold with new and challenging clinical alternatives.Progress has occurred with regard to ovarian reconstruction.
- The ovarian malignancy is also known as **silent killer**.
- The danger of ovarian neoplasia is its silent feature, unless it is large enough to produce symptoms when it is too late for any scope of therapy.
- Incidence of post hysterectomised ovarian masses is high in our study. It is an issue of debate for elective oopherectomy during hysterectomy for benign diseases.
- Correct decision based on guidelines and clinical scenario should be taken regarding preserving or removing ovaries.
- In those cases where fertility is to be preserved, appropriate decision regarding surgical procedure should be considered and informed consent from the patient should be taken.

REFERENCES

1. BERECK AND NOVAKS text book of gynaecology 1350-1413.
2. Te lindes operative gynaecology 629-841.
3. GG Swamy and N Satyanarayana,Clinicopathological analysis of ovarian tumors – A study on five years samples, Nepal Med Coll J 2010; 12(4): 221-223.
4. Sanita KayasthaStudy of ovarian tumours Nepal Med Coll J 2009; 11(3): 200-202.
4. Pilli GS, Suni KP, Dhaded AV et al. Ovarian tumours: a study of 282 cases. J Indian Med Assoc 2002; 100 : 420-24.
5. Prabhaker BR, Maingi K. Ovarian tumours- prevalence in Punjab. Indian J Pathol Microbiol 1989; 32: 276-81.
18. Sah SP, Uprety P, Rani S. Germ cell tumours of the ovary.