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CASE REPORT: METASTATIC SQUAMOUS CELL CARCINOMA OF OVARY

Obstetrics & Gynaecology

Dr Ravindra S Pukale Professor And Head Of the Department Of Obestetrics And Gynaecology, Adichunchunagiri Institute Of Medical Science

Dr Jeesma Kannan Postgraduate, Department Of Obstetrics And Gynaecology, Adichunchunagiri Institute Of Medical Science

ABSTRACT

Introduction : Squamous cell carcinoma (SCC) of the ovary is a rare entity that constitutes less than 1% of the total ovarian carcinoma cases. Regardless of the aetiology, ovarian SCC is an aggressive histologic variant of ovarian cancer with a poor prognosis. Surgical cytoreduction to no visible tumour has emerged as a vital component in the treatment of this disease. Because of the low incidence, there is a lack of consensus regarding postsurgical treatment including chemotherapy and radiation therapy, either alone or in combination. **Case Report:** A 48-year-old woman post hysterectomy status came with complaints of dyspepsia and weight loss since 1 month. On examination, a mass of 16 weeks in size was noted. On bimanual examination cystic mass of about 16-week size, cystic, margins well defined, mobility partially restricted. CT abdomen and pelvis show a large heterogeneous solid mass measuring 12x11x7 cm noted and bilateral enlarged iliac nodes measuring 10 mm. The patient underwent staging laparotomy. Histopathological examination showed metastatic deposits of squamous cell carcinoma of the ovary. The patient is undergoing chemotherapy **CONCLUSION:** Squamous cell carcinoma is a rare malignancy that mainly occurs in older age. The FIGO stage is an independent prognostic factor. Hysterectomy and platinum-based chemotherapy are associated with better survival.

KEYWORDS

Squamous cell carcinoma, metastatic, post hysterectomy

INTRODUCTION

Among all types of ovarian malignancy primary SCC of ovary is a rare entity, with an incidence of less than 2%.[1] Approximately 5–6% of ovarian tumors are metastatic from other organs, most frequently from the female genital tract, the breast, or the gastrointestinal tract. Moreover, SCC of the ovary may be metastatic in 2% of all metastatic ovarian cancer.[2]

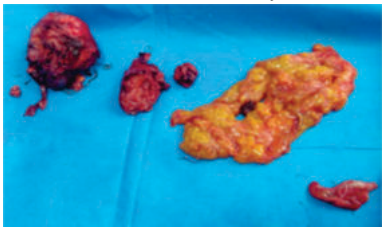
Squamous cell carcinoma (SCC) of ovary is a rare entity that constitutes less than 1% of the total ovarian carcinoma cases. Regardless of the etiology, ovarian SCC is an aggressive histologic variant of ovarian cancer with a poor prognosis. Surgical cytoreduction to no visible tumor has emerged as a vital component in the treatment of this disease. Because of the low incidence, there is a lack of consensus regarding postsurgical treatment including chemotherapy and radiation therapy, either alone or in combination.

CASE STUDY

A 48 year old women post hysterectomy status came with complaints of dyspepsia and weight loss since 1 month. On examination: A mass of 16 weeks size was noted. On bimanual examination cystic mass of about 16 week size, cystic, margins well defined, mobility partially restricted. CT Abdomen and Pelvis showed post hystrectomy status . A large hetrogenous solid mass measuring 12x11x7 cm noted arising in the pelvis abutting the vaginal vault region and extending upwards to the level of S1 vertebra. Soft tissue mass appears to closley abut the posterior wall of the urinary bladder and the anterior wall of the upper rectum without definite wall infiltration .Bilateral enlarged iliac nodes measuring 10 mm. Few subcentimetric para-aortic nodes measuring upto 8mm.CA- 125 was 171 U/mLThe patient underwent staging laparotomy. Histopathological examination showed metastatic deposits of squamous cell carcinoma of ovary, bladder, recctum and intestine. Omentum showed chronic panniculitis, appendix showed chronic appendicitis. Lymph nodes were unremarkable.Post operative period was uneventful .

The Patient Is Undergoing Chemotherapy.

Intraoperative findings: Dense adhesions noted between the bowel loops and rectus sheath. An ovarian mass of 10x11cm noted in the left side. An ovarian mass of 5x6 cm noted in the right side. Bladder and rectal deposits noted. Infracolic omentectomy done.



DISCUSSION

SCC is a rare type of ovarian malignancy which generally arises from malignant transformation in a mature cystic teratoma and less often in endometriosis or Brenner's tumour. The pure primary form which arises denovo is the rarest. It results from metaplasia of surface epithelium of ovary

Possibly first reported case of pure primary SCC was in 1988 by Ben-Baruch C et al.[3] Since then only few cases have been reported. Thus no quoted incidence of pure variety is available in literature. Metastatic ovarian carcinoma comprise of 5-6% of all ovarian cancer. Moreover, SCC of the ovary may be metastatic in 2% of all metastatic ovarian cancer . Majority of metastatic SCC originates by a distinct extension from the cervix.

Various mechanisms have been proposed for origin of these tumours (i) Contiguous spread along the mucosal surface of female genital tract onto the ovary; (ii) Microscopic angioinvasive cervical carcinoma undetected in the areas sampled, with metastasis to the ovary.

Multi modality therapy including aggressive cytoreductive surgery followed by cisplatin based chemotherapy and/or radiotherapy has been proposed to improve survival, however the mean survival in the pure variety of primary SCC is only 11 months.[4]

CONCLUSION

Squamous cell carcinoma is a rare malignancy mainly occurs in older age. FIGO stage is an independent prognostic factor. Hysterectomy and platinum-based chemotherapy are associated with better survival

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