# PRIMARY CARCINOMA OF FALLOPIAN TUBE

## (A Case Report)

by

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*Abstract*

A case of Primary Carcinoma of Fallopian Tube in a woman aged 50 years is reported. Its etiology and pathogenesis are discussed. Indian literature showed that so far 24 cases have been reported.

*Introduction*

Primary malignant disease of fallopian tube is not common. Its incidence amongst the genital cancers is 0.3% and it occurs in women between 40 to 60 years old, with maximum incidence around 50 years (Dewhurst 1976). Its rarity is due to the relative stability of tubal epithelium during the menstrual cycle (Anderson 1971). It has attracted the attention of many observers because of the diagnostic difficulties. Woodruff and Pauerstein (1969) have mentioned 936 cases, out of which 358 are bilateral. In Indian literature 24 cases have been reported, including one bilateral case by Khanna and Mehrotra (1976).

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CASE REPORT

T.Y.P., a 50 years old woman was admitted on 16th June 1976 to the M.G.I.M.S., Sewagram, for pain in abdomen and blood stained vaginal discharge since 1 month. Menstrual cycles were regular with average discharge and without pain. Menopause occurred 5 years back. Obstetrical history revealed 4 abortions each of 4 months gestation. Last abortion was 7 years back.

On examination, patient was emaciated, afebrile with marked pallor. There was no oedema. Pulse was 80/p.m. and blood pressure 118/80 mm. of Hg. On palpation of abdomen, there was tenderness in the lower abdomen and no free fluid in the abdominal cavity. On vaginal examination a tender fixed mass in the posterior and left fornices was palpated. Uterus was mobile and cervix was unhealthy.

**Laboratory Investigations:** Hemoglobin 9.5 gms%, total leucocyte count 8000 p.c.mm. differential count, polymorphs 60%, lymphocytes 39% and eosinophils 1%. Urine showed traces of albumin and occasional pus cell. Urine culture was negative for pathogenic microorganisms. Blood urea was 48%. Random blood sugar level was 90 mg%.

A provisional diagnosis of carcinoma of ovary was made.

**Operation Notes:** An ovarian tumor was seen. A left side tubo-ovarian mass adherent to fallopian tube, intestine and left ureter was seen. Right ovary and fallopian tube appeared normal. Uterus and cervix did not show any abnormality. The tubo-ovarian mass with total hysterectomy and right salpingo-oophorectomy was done.

**Gross Examination:** A left tubo-ovarian mass, measuring 7 cms x 6 cms, adherent to uterine

wall was seen. The tubal outline could be made out at the top of the mass and the ovary was seen adherent to the posterior aspect of the mass (Fig. 1). The cut surface of the tumor mass showed variable appearance as firm greyish white, friable and cystic areas with blood stained thick material, while the left ovary was normal. The right tube was dilated with its fimbrial end adherent to the ovary and the cut surface did not show any significant change.

#### Microscopic Examination

Sections from the left tubal mass showed, mucous membrane thrown into folds with proliferation of surface epithelium, the papillary proliferation arising directly from the epithelium could be seen occupying the tubal lumen (Fig. 2). The high power view showed the atrophied surface epithelium with malignant transformation projecting into the lumen as well as invading the tubal wall (Fig. 3). The anaplastic cells were seen invading the muscle fibres of the tubal wall (Fig. 4). Sections from the left ovary, right ovary, right tube and uterine wall did not reveal any significant change. Sections from the cervix showed non-specific chronic cervicitis.

### *Discussion*

The clinical diagnosis is usually made as ovarian tumor, endometriosis or an inflammatory disease. Goetz (1955) recorded a correct preoperative diagnosis in 0.3% cases and Jones (1965) in 1.2% cases. The reported cases of primary carcinoma of fallopian tube in Indian literature are given in the following Table.

TABLE

| Author | Year | No. of cases reported |
|---|---|---|
| 1. Choudhari and Basu | 1954 | 1 |
| 2. Reddy, *et al* | 1957 | 1 |
| 3. Reddy an Gupta | 1958 | 1 |
| 4. Kehar *et al* | 1960 | 1 |
| 5. Masani | 1960 | 1 |
| 6. Jhaveri and Shah | 1961 | 1 |
| 7. Banerji and Mojumdar | 1964 | 2 |
| 8. Reddy, *et al* | 1965 | 7 |
| 9. Parmar and Fonseca | 1966 | 1 |
| 10. Daruwala | 1970 | 1 |
| 11. Jacob and Bhargawa | 1970 | 2 |
| 12. Monga and Bhagwat | 1971 | 1 |
| 13. Sharma and Ganesh | 1973 | 2 |
| 14. Tiwari and Niazi | 1973 | 1 |
| 15. Khanna *et al* | 1976 | 1 |

Poulsen *et al* (1975) have laid down certain criteria for the histological diagnosis of primary carcinoma of the tube and accordingly in the present case it was observed that the epithelium of fallopian tube was replaced by malignant cells, at places giving rise to papillary arrangement and almost occupying the tubal lumen. The malignant cells invading the tubal wall seemed to be mostly of anaplastic type. Ovary did not show any tumor change. Hence the histologic diagnosis of primary carcinoma of fallopian tube was made.

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*See Figs. on Art Paper VI*