

# PREGNANCY ASSOCIATED WITH ADVANCED ADENOCARCINOMA OF OVARY

## (A Case Report)

by

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Cancer of the ovary associated with pregnancy is unusual and that of advanced carcinoma of ovary complicating pregnancy is still more rare.

Advanced malignant ovarian tumour complicating pregnancy is so infrequent that nobody has tried to classify incidence of pregnancy in carcinoma of the ovary beyond FIGO stage II, although ovarian malignancy beyond FIGO stage II complicating pregnancy is present in many series studied. Vrettos *et al* (1969) have quoted that according to Straniero (1967) published cases of malignant ovarian tumour complicating pregnancy in world medical literature were less than 50 until 1963. Straniero added three cases of his own and that gave the incidence of 1:10,904 deliveries in his hospital.

The incidence of adenocarcinoma associated with pregnancy according to Gustafson *et al* (1954) was 1:100,000 pregnancies.

Yamaski *et al* (1975) have reviewed the Japanese literature for past 50 years since 1926, on malignant ovarian tumour

associated with pregnancy and revealed 36 reported cases of malignant ovarian tumours associated with pregnancy and have added 2 cases of their own.

Jubb (1963) revealed 24 cases reported since 1882 and added 10 new cases.

### CASE REPORT

The present case was admitted as a case of advanced malignancy of the ovary and although patient gave history of 3 months amenorrhoea we could not think about pregnancy as secondary amenorrhoea was presumed to be the result of destruction of ovaries by cancer.

Smt. D. aged 33 years, para 4+0, was admitted on November 12, 1978 in Sri Krishna Medical College Hospital, Muzaffarpur for amenorrhoea of 3 months, excessive enlargement of abdomen, difficulty in breathing, general abdominal pain, weight loss and general feeling of weakness, and pressure on the epigastrium.

Patient complained that some enlargement of abdomen was there before the onset of amenorrhoea but abdominal enlargement increased rapidly during 3 months of amenorrhoea. She appeared pale and emaciated, had oedema of both feet and a blood pressure of 115/70 mm of Hg.

Abdominal examination revealed tense abdomen with an irregular firm mass at places. Shifting dullness was not demonstrated clearly but there was impression of ascites. Flanks appeared dull but on turning the patient on her sides flanks still remained partially dull. The whole abdominal cavity was packed with papillary vesicles along with fluid.

Pelvic examination: Vulva and vagina and

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cervix were healthy. Uterus could not be defined due to tense bulging in pelvis and tense abdomen. A few firm nodules were felt through pouch of Douglas.

**Investigations:** Haemoglobin was 9 gm. An X-ray of abdomen did not reveal any abnormality of fetal parts. A pregnancy test on urine was not done. A provisional diagnosis of malignant ovarian tumour with ascites was made.

The size of the abdomen was increasing very rapidly while the patient was admitted in hospital waiting for laparotomy. On November 19th, 1978 a laparotomy was performed. On opening the parietal peritoneum abdomen appeared studded with grape like vesicles. Blood stained ascitic fluid was present.

Uterus was enlarged to 16 weeks pregnancy size, it was soft, fetal parts were palpable and left ovary was replaced with an irregular mass of about 25 mm. size with similar papillary vesicles on the surface of the mass.

Papillary vesicles were present in the abdominal cavity and pelvis. A total abdominal hysterectomy and right sided salpingo-oophorectomy plus as much mass from left sided growth was excised. As much papillary growth as possible were removed from abdominal and pelvic cavities as well.

Post operative period was uneventful except that patient developed ascites again on 10th post operative day which required paracentesis. Patient was started on Endoxon orally from 3rd post operative day but her general condition deteriorated. Patient left hospital against medical advice. A diagnosis of advanced malignancy of ovaries associated with 16 weeks pregnancy was made at the time of performing laparotomy.

Histopathology of the growth showed adenocarcinoma of ovary.

#### Discussion

In this case pregnancy was only 16 weeks size and there was advanced malignancy of the ovaries. It appeared that carcinoma of the ovary was present before the patient became pregnant. Whether the process of spread of malignancy was enhanced by pregnancy remained to be established.

As her general health was very poor and she was a multipara, therefore pregnancy was disregarded at the time of doing hysterectomy. Later on patient refused any treatment and left hospital against medical advice.

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