PRIMARY CARCINOMA OF THE FALLOPIAN TUBE

(Report of 5 cases with review)

by

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The female genital tract is the site of large number of primary malignancy of considerable diversity, but many of them are extremely rare. Primary carcinoma of fallopian tube, which is seldom diagnosed before laparotomy (Gusberg and Frick, 1970) is such a rare malignancy. More than 800 cases have been reported in the literature (Samad and Kempton, 1963), with the incidence varying from 0.16 (Lofgren and Deockerty, 1946) to 1.6% (Frankel, 1956), having an average of 0.3% (Corscaden, 1970; Jeffcoate, 1975; Dewhurst, 1976). Publication of large series of such cases were rare excepting some recent reports of 27 cases treated at the Mayo clinic during 20 years (Ranton *et al*, 1965), 13 cases at Women's hospital, Melbourne for a period of 26 years Keneale and Attwood, 1966) and 14 cases during a period of 20 years at Columbus, Ohio (Boutselis and Thompson, 1971). The rarity of this type of tumors suggested the present reporting.

CASE REPORTS

Case 1

Mrs. L.P., 42 years, 2 + 1, married was admitted in R.G.K.M.C. Calcutta with the complaints of serosanguinous and watery vaginal discharge on standing and pain in the lower abdomen. She had left sided radical mastectomy for breast carcinoma. His'ology revealed a schirrious type of carcinoma. Histopathological examination of the endometrial curetting done on 28-5-1971 showed only early secretory endometrium. Pelvic examination showed the uterus enlarged about 12 weeks' size, anteverted, firm with restricted mobility; cervix—hypertrophied and puckered. A firm mass, could be palpated through the right fornix and pouch of Douglas. A provisional diagnosis of fibromyoma of uterus with right sided T.O. Mass was made. Laparotomy was decided upon.

On opening the abdomen, uterus was found to be enlarged about 12 weeks size, firm due to adenomyosis. Right fallopian tube was retort shaped, distended with a firm mass arising from the lateral two-third of the tube adherent to the posterior surface of the uterus at the region of the uterosacral ligament. Adhesions were separated and total hysterectomy with bilateral salpingo-oophorectomy was done. Right ovary, left tube and ovary were apparently healthy. Right fallopian tube was cut open and found to contain a huge fungating and necrotic growth of papillomatous character measuring 14 x 8 x 6 cms. (Fig. 1, 2 and 3). There was no gross evidence of local spread. She was given a course of telecobalt therapy, 36 exposures. The specimen: The right tube was distended with a papillomatous growth measuring 14 x 8 cms. in size. The growth was found to be arising from the mucosa, projecting into the lumen and extending up to serous coat which was apparently smooth. A coagulated jelly like material was found in the lumen of the tube. Histologically the tumor was alveolar carcinoma with malig-

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nant cells of varying shape and size arranged in alveoli. The stroma was scanty and there was involvement of muscle coat. The uterus showed evidence of adenomyosis. She is alive and well till date.

Case 2

Mrs. G.R.H., 45 years multipara, a post menopausal woman took admission in B.S. Medical College, Bankura for watery vaginal discharge. Abdominal hysterectomy with bilateral salpingo-oophorectomy was undertaken with the diagnosis of adenomyosis of uterus with right sided T.O. mass on 27-3-1976. She was discharged after an uneventful postoperative period of 1 month, to come again for follow-up and for histopathological report, which showed adenocarcinoma of the right fallopian tube with adenomyosis of the uterus but the patient did not turn up for follow up. She was admitted to Eden Hospital, through tumor clinic on 26-7-1977 with a small gradually increasing growth arising over the middle of the abdominal scar, which bled freely and pain lower abdomen. Abdominal examination showed a rounded fungating growth 3″ x 3″ palpable at the middle of the right paramedian incisional scar, base indurated and surface covered with slough. One lymph node could be palpated in the left inguinal region. Per vaginum—vagina was about 2″ in length, vault healthy, pelvis clear, vaginal cytology (Pap's stain)—no malignant cells. Biopsy of the growth—picture of papillary adenocarcinoma with evidences of necrosis and inflammatory changes. P.D.—Metastasis from the adenocarcinoma of the fallopian tube over the abdominal scar. She was treated with Endoxan and telecobalt therapy and is well till date.

Case 3

Mrs. S.B., nullipara, 32 years, married, attended Eden clinic in 1969 with painful irregular vaginal bleeding. She had a D and C operation for infertility. She underwent a laparotomy. The uterus—normal, anterverted and mobile. There was chocolate cyst of right ovary measuring 2″ x 3″. On left side, another small chocolate cyst and there was also a small growth on the lateral end of the right tube looking like papillferous cystadenoma of the size of a big pea. Total hysterectomy with bilateral salpingo-oophorectomy was undertaken. Histopathological report showed primary carcinoma of the fallopion tube. She was followed up for 1 year, a mass of the size of the pea arises from the vaginal vault. She was advised radiotherapy. She did not turn up again.

Case 4

Mrs. S.D., 40 years, 2 + 0 was admitted in 1968 for pain abdomen, white discharge and irregular menstruation and diagnosed as a case of left sided T.O. mass. Laparotomy was undertaken when a growth was found in the right fallopian tube. Panhysterectomy with salpingo-oopherectomy was undertaken. Histopathological report—primary carcinoma of the fallopian tube, an adenocarcinoma. She was advised postoperative radiotherapy which was completed on 17-9-1968. On 16-6-1970 she attended Eden tumor clinic, when an egg sized hard proliferative mass involving vault, bleeds on touch was detected. She was advised radiotherapy which she undertook. She was followed up to 1972 and was doing well.

Case 5

Mrs. S.G., 48 years, para 2 + 0, a postmenopausal woman was admitted in Eden Hospital with picture of left sided T.O. mass and underwent laparotomy in 1971. A growth in the right fallopian tube was detected. Hysterectomy with bilateral salpingo-oophorectomy was done. Histopathological report showed primary carcinoma of fallopian tube—an adenocarcinoma. She was advised postoperative radiotherapy which she underwent. She was followed upto 1974 for a period of 3 years but she had no recurrence. She did not turn up afterwards.

Discussions

Five cases of primary carcinoma of fallopian tubes detected amongst 2152 cases of cancer of female genital tract and treated in Eden Hospital during 1969 to 1979 have been reported. The incidence is therefore 0.2%.

In this series 40% cases were in their menopause, 80% were aged in between 40-50 years and 40% were nullipara. Similar was also the observations of

Boutselis and Thompson (1971), Ranton *et al* (1966) and Fullerton (1940). Though chronic salpingitis is considered as an aetiological factor (Boutselis and Thomson), this was present only in 1 case in this series. All the 5 cases in this series were adenocarcinoma which is considered to be the commonest (Jefcoate, 1975) variety.

Tubal carcinoma may often be associated with other pelvic pathology (Dewhurst, 1971), as was also observed in the present series in 3 cases, adenomyosis of uterus in 2 and chocolate cyst of ovary in 1. In this series 2 cases belonged to stage I (Case 1 and 4), 1 belonged to stage IV (Case 2) and other 2 to stage III or IV according to American college of obstetrics and gynaecology. Stage I cases obviously had better prognosis in this series. In this series 3 cases had metastasis including 1 in the abdominal wall. Meigs (1952) also reported higher incidences of metastasis.

In this series preoperative diagnosis could not be made in any case which was also the observations of Frank (1931) and Sedalis (1961). The classical triad of symptoms, pelvic pain, mass and vaginal discharge was present in 60% cases. Ranton *et al* (1966) also reported classical symptoms in 11% cases.

In this series all the cases were diagnosed after laparotomy which was also the observation of others.

Postoperative radiotherapy was advised in all the cases in this series and in case 2 for abdominal metastasis, both radiotherapy and chemotherapy work undertaken. Sedalis (1969) suggested that postoperative radiotherapy improves the survivel rate.

In this series 2 cases could be followed up to 4 years. Ranton *et al* (1960) quoted 5 year survival rate as 44%.

Summary

Five cases of primary carcinoma of fallopian tubes have been reported. They were diagnosed only after laparotomy.

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