PRIMARY CARCINOMA OF FALLOPIAN TUBE

(A Case Report)

by

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Primary carcinoma of fallopian tube is a rare condition, still more rarely diagnosed. In Indian literature only 24 cases of primary carcinoma of fallopian tube have been reported (Moghe and Lal, 1979).

CASE REPORT

Mrs. V.W. 45 years P8 + 1 was admitted on 10th September, 1980 for generalised enlargement of abdomen along-with dull ache all over for 2 months. She denied any history of fever, vomiting, loss of appetite or weight. She had non-offensive watery vaginal discharge for the last 2 years and she had excessive bleeding during periods for the past 10 years.

Obstetrical history: Married for 30 years. She had 8 full term normal deliveries, last child birth was 14 years ago. Past and family history—non contributory.

Abdomen was protruberent with flanks full. There was an irregular nodular mass that seemel to be arising from pelvis about 5″ in diameter, more to the right of midline, mobile and nontender, Ascites ++.

On vaginum examination, cervix pointed forwards, uterus retroverted multiparous size. Nodular mass felt per abdomen could be felt through anterior and right fornices.

Investigations: Blood Hb. 9.8 G%. Routine investigations within normal limits. Ascitic fluid-protein 4.3 G%. No malignant cells, abundant mononuclear leucocytes and some histiocytes were seen. Vaginal cytology: Superficial and intermediate cells seen with no malignant cells.

At laparotomy on 16-9-80; straw coloured ascitic fluid escaped when abdomen was opened by 5″ long midline infraumbilical inncision. Uterus, left tube and ovary, right ovary were normal. Medial 2″ of right tube appeared normal, ampullary part was enlarged to 3″ x 2″ and there was a tumour 5″ x 4″ originating from fimbrial end of right tube. Panhysterectomy was carried out. There was some pultaceous material in pouch of Douglas. There was no evidence of secondaries in omentum, gut or liver-Paraaortic lymphnodes were not enlarged. Abdomen closed after instilling 400 mgm endoxan in peritoneal cavity.

Specimen: External surface showed a capsule and prominent blood vessels. Cut surface of the tumour was greyish white to yellowish. Tumour was friable and areas of hemorrhages were also seen. Part of fallopian tube measuring 5 x 0.5 cm appeared normal and cut surface showed patent lumen.

Histopathological examination: Uterus-endometrium in proliferative phase. Cervix—chronic cervicitis. Ovaries and left tube revealed no pathology. Right fallopian tube tumour was papillary adenocarcinoma (Figs. 1 and 2).

Postoperative period was uneventful except for rise of temperature to 102°F on 2nd and 3rd postoperative day. After removal of stitches on 8th day, injection Thio TEPA 30 mgm I/V biweekly x 1 wk. 45 mgm in 2nd week, 30 mgm in 3rd week was administered after a check on haemoglobin, TLC, DLC and platelet count. Patient was discharged on 8-10-80 in good condition on injection Thio TEPA 30 mgm I/V every fornigtht and there has been no evidence of recurrence of tumour on examination clinically as well as on skiagram of chest at discharge and at follow up every 3 months till 21st September, 1981. Radiotherapy was not administered initially on account of ascites and subsequently because of good response to chemotherapy and it has been kept in reserve in case of any recurrence of the tumour.

Reference

1. Moghe, K. V. and Kasturi, Lal: J. Obstet. Gynec. India. **29:** 1090, 1979.

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See Figs. on Art Paper IV