

AN UNUSUAL PRESENTATION OF KRUKENBERG'S TUMOUR OF THE OVARY

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Introduction

The diagnosis of Krukenberg's tumour is based solely on its histological characteristics and any metastatic mucus secreting adenocarcinoma may show these features, irrespective of whether the primary be in the stomach or elsewhere.

CASE REPORT

Mrs. S. R., a 35 year old patient was admitted on 21-10-1981 for failure of delivery of the second of the twins. After a period of observation of 8 hours after birth of the first child, oxytocin drip had been started followed by what was diagnosed to be a rupture of the uterus.

The last menstrual period was not known and the patient previously had 4 fullterm normal deliveries. The patient complained of menorrhagia which had gradually progressed over 1 year prior to the pregnancy.

Parital gastrectomy for carcinoma of stomach was performed at the K.E.M. hospital in 1979.

There was a large vertical paramedian scar in the upper abdomen with generalized distension of the abdomen. There was no guarding,

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rigidity or tenderness. Peristalses were present. The uterus could be palpated in the mid-line arising from the pelvis, well contracted and 18-20 weeks in size.

A ballotable mass arising from the pelvis could be palpated besides the uterus. A similar mass could be palpated in the right iliac fossa. No fetal heart sounds could be heard. No other fetal parts could be palpated. There was no evidence of free fluid in the abdomen.

On vaginal examination, a mass approximately 20 cms in diameter in the left fornix and one 15 cms in diameter could be palpated in the right fornix. There was bogginess with marked nodularity in the pouch of Douglas.

An ultrasonography showed an enlarged uterus with echogenic masses in both fornices separate from the uterus and suggestive of bilateral solid ovarian tumours.

Over a period of observation of 15 days the patient developed signs and symptoms of intestinal obstruction. She was treated conservatively but continued to deteriorate and finally expired on 24-11-1981. On autopsy there was matting of the small intestines due to malignant involvement. There was minimal ascites. There were bilateral ovarian tumours which on histopathological examination showed the typical mucin laden, signet ring cells infiltrating a hyperplastic ovarian stroma of spindle shaped cells diagnostic of Krukenberg's tumours of the ovary.

See Fig. on Art Paper VII