

SUCCESSFUL PREGNANCY AFTER MALIGNANT OVARIAN TUMOUR

(A Case Report)

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Introduction

We are presenting a case of papillary cystadenocarcinoma of left ovary managed by operative procedure followed by chemotherapy. After two years of laparotomy she had a successful pregnancy terminated by L.S.C.S. due to obstetrical indication.

Case Report

Mrs. S.D. aged 25 years, para 1 was admitted on 10-12-82 with the complaint of abdominal tumour for one month and pain in abdomen since 10 days. Chest-clinically clear, C.V.S.-N.A.D. P/A-ascites present, a cystic lump felt per abdomen 4" x 3". On pelvic examination uterus was anteverted normal size, felt separate from the lump and through left fornix lower pole of lump felt, right fornix was shallow.

Abdomen was opened by midline subumbilical incision. As soon as peritoneum was opened thick fluid came out. The lump was identified—arising from left ovary. There was small hole in the ovarian lump from which thick fluid was seen to be coming out. The ovarian pedicle was quite broad. The other ovary was ap-

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parently normal, a wedge biopsy was taken and sent for histopathological examination.

Tissue from one of the loculi and from cyst wall of ovarian tumour on histopathological examination revealed papillary cyst adenocarcinoma. Tissue from other ovary was normal. As the case was diagnosed as malignant ovarian tumour, radiotherapist was consulted and chemotherapy started from the 14th post-operative day, Cyclophosphamide one amp. (500 mg.) I.M. weekly was given for 7 weeks followed by one tablet (50 mg.) daily for one month. The patient was discharged with the advise to come for follow-up every month. Unfortunately, she did not turn up for regular check-up and after six months she came with vague lump in abdomen associated with pain which was tender on palpation. She was admitted in the radiotherapy unit and Cyclophosphamide (500 mg.) I.M. weekly was given for 6 weeks. She responded dramatically to the drug and was discharged with the advice to take one tablet (50 mg.) daily for one month and to come for follow-up.

She came to O.P.D. on 5-10-84 with 38 weeks pregnancy. She was admitted for safe confinement. Spontaneous labour started on 21-10-84, L.S.C.S. was done as the presentation was mentoposterior, and a live female baby was taken out. Tissue from right ovary was taken and sent for histopathological examination. It was again normal. Post-operative period was uneventful. The patient was discharged from hospital with a healthy baby.