

A CASE REPORT OF BILATERAL PRIMARY CARCINOMA OF THE FALLOPIAN TUBE

(A Case Report)

by

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Introduction

A case of bilateral carcinoma fallopian tube is reported for its rarity.

Case Report

Mrs. K.S., a 25 years old primiparous patient married since last 6 years was admitted for acute abdomen. The pain started 3 days back, was constant, nonradiating and had increased few hours prior to admission. Associate complaints were (1) fever with chills since last 2 days, (2) vomiting, loose motions without blood and mucus and distention of abdomen since last 1 day.

The patient was conscious, toxic, febrile with tachycardia, and tachypnoea with blood pressure of 90/60 mm Hg. Abdomen was distended with guarding and rigidity with rebound tenderness in right iliac fossa.

The vagina was hot and tender and cervical movements were painful. Uterus was retroverted tender and of normal size. Both fornices had irregular, adherent masses the size and shape of which could not be appreciated. Specular examination showed profuse leucorrhoea.

A clinical diagnosis of acute appendicitis secondary to pelvic inflammatory disease was made and the patient explored. Pultecious material was seen all over the small intestines,

uterus and adenexa. A right sided T.O. mass was seen to be adherent to the posterior surface of the uterus and the anterior surface of the pelvic colon. Left tube showed a pyosalpinx. Considering the age of the patient a right salpingoophorectomy and a left salpingectomy was done. Peritoneal lavage was given and abdomen closed in layers. Postoperative recovery was uneventful.

Histopathology

Gross

Right T.O. mass: Greyish white irregular mass of 10 x 7 cms. size with multiple bossing. Cut section showed yellowish white pultecous material in apparent loculi. A necrotic growth at the ampullofrimbrial end which had invaded the ovarian tissue was seen.

Left Tube: A retort shaped 7 x 5 cm. greyish white mass whose cut section showed yellow pultecous material in apparent loculi.

Microscopy (Right T.O. mass): Chronic Salpingitis with a papilloalveolar carcinoma which had infiltrated the ovarian cortex.

Left Tube: Chronic salpingitis with neoplastic changes suggestive of carcinoma in situ at multiple sites in the mucosa. Final diagnosis was a stage IIa papilloalveolar adenocarcinoma of the fallopian tube.

Further management by way of panhysterectomy followed by radiation was considered.

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Probable primary sites and metastases were ruled out by the following investigations: CHG, liver function test, IVP, Ba meal and enema and fractional curettage.

Patient was re-explored 2 weeks later through the previous incision. Dense adhesions

were found on the peritoneum and in the pelvis. Surgery of such a scale would not have improved the prognosis of the patient. The operation was thus abandoned. Post operative recovery was uneventful. Patient has been referred to Tata Hospital for radiotherapy.

(Case No. 1234)

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