Successful Pregnancy After Chemotherapy for Ovarian Carcinoma – Case Report

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The recommended management in patients with carcinoma of ovary is optimal surgery (hysterectomy, removal of both tubes and ovaries, omentectomy and debulking of any other tumor deposit) followed by chemotherapy. We may make exceptions in some cases.

Mrs. R., 18 years old female underwent laparotomy in 1993 for bilateral ovarian masses. Preoperative CT scan showed bilateral ovarian masses of heterogenous density, no pelvic lymphadenopathy, liver, gall bladder, spleen were normal. On laparotomy there was a large left ovarian cyst with cauliflower like growth on surface and hard nodular surface. There was also right ovarian surface growth. Uterus, peritoneum, pelvic viscera, intestines, omentum, liver and under surface of diaphragm were smooth. There was no lymphadenopathy. Peritoneal cytology was not taken. A left ovariotomy with right ovarian wedge biopsy was performed. Histopathological examination showed a seromucinous tumor of borderline malignancy in both ovaries. The patient was referred to us.

Slides were reviewed and a report of papillary serous tumor of borderline malignancy with early invasion was given. Post-operation CA 125 level was 45 units. CT scan showed residual tumor in right ovary. The patient was staged as stage IC carcinoma ovary. As the patient was young, married for 8 months and desirous of fertility she was planned for cycles of chemotherapy (Cisplatinum + cyclophosmide). Repeat CT scan after 2 courses of chemotherapy showed a 30-40% decrease in tumor size. After 4 cycles of chemotherapy in 1994 patient developed myelosuppression, mucositis and high grade fever. She was diagnosed to have pulmonary Kochs and antitubercular treatment given to which she responded. A CT scan at this time showed a small solid cum cystic mass in right ovary. Patient refused further chemotherapy because of side effects. Follow up CT showed no increase in this mass. She was on regular follow up till 1997.

The patient then came to us in December 1998 with early pregnancy. She had an uneventful antenatal period, delivered a healthy male child, 4kg, by caesarean section for non-progress of labour. During caesarean right ovary was inspected and palpated, it was normal. The post-operative period was uneventful. She has been adviced close follow up and complete surgery after completing her family.

This case is presented to highlight that conservative surgery and chemotherapy is an option for management of early carcinoma of ovary in young patients needing preservation of fertility. These patients require close follow up and complete surgery later.