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Case Report

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A case report on cystadenocarcinoma ovary

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ABSTRACT

Cystadenocarcinoma is a malignant form of a cystadenoma and is a malignant neoplasm derived from glandular epithelium, in which cystic accumulations of retained secretions are formed. The neoplastic cells manifest varying degrees of anaplasia and invasiveness, and local extension and metastases occur. Cystadenocarcinomas develop frequently in the ovaries, It is the most common malignant ovarian tumor. We report the exploratory laprotomy with debulking with left ovarion cystectomy, left oophorectomy, adhesiolysis .Tissues were sent for histopathological examination which showed – mucinous papillary cysladenocarcinoma of left ovary. Her CA-125 was 49.70 u/ml. Then post operative CT scan of abdomen was done (1 month after diagnosis) – it revealed residual lesion posterior to urinary bladder. Also done with chemotherapy with carboplatin and paclitaxel 3 weekly X 6 cycles. Suspected to have reoccurrence and explored, underwent exploratory laprotomy and adhesiolysis

Keywords: Cystadenocarcinoma, Immunonutritive therapy.

INTRODUCTION

Cystadenocarcinoma is a malignant form of a cystadenoma and is a malignant neoplasm derived from glandular epithelium, in which cystic accumulations of retained secretions are formed. The neoplastic cells manifest varying degrees of anaplasia and invasiveness, and local extension and metastases occur. Cystadenocarcinomas develop frequently in the ovaries, [1] where pseudomucinous and serous types are recognized. Similar tumor histology has also been reported in the pancreas, although it is a considerably rarer entity. [2]

It is the most common malignant ovarian tumor [1]. Contains complex multi-loculated cyst but with

exuberant solid areas in places. It usually presents with omental metastases which cause ascites.

Ovarian cancer occurs in the ovary of a woman's reproductive system and accounts for about three percent of all cancers in women. In 2010, 21,888 women were estimated to have been diagnosed with ovarian cancer in the United States and 13,850 women were estimated to have died of this disease [1]. Ovarian serous cystadenocarcinoma, the cancer being studied by TCGA, is a type of epithelial ovarian cancer and accounts for about 90 percent of all ovarian cancers [2]. Women aged 65 and older are most affected by ovarian cancer. As a result of the lack of effective screening tests, most women are

diagnosed with advanced cancer. View additional information on ovarian cancer.

Confirmed that mutations in gene *TP53* are present in more than 96 percent of ovarian cases. The *TP53* gene encodes a tumor suppressor protein that normally prevents cancer development.

Analyzed gene expression patterns and found signatures that correlate with poor or better survival. Patients whose tumors showed a gene expression pattern associated with poor survival lived a period 23 percent shorter than patients without that signature [3].

Affirmed the existence of four distinct subtypes of ovarian cancer through examination of RNA transcription and DNA methylation patterns.

Substantiated observations that patients with mutations in their *BRCA1* and *BRCA2* genes have better odds of survival than patients without mutations in those genes. Approximately 21 percent of tumor cases in this study exhibited *BRCA1* and *BRCA2* mutations [4].

Identified therapeutic opportunities by searching for existing drugs that might correct a genomic error that causes a patient's ovarian cancer. The search yielded 68 genes that could be targeted by existing Food and Drug Administration-approved or experimental therapeutic compounds.

CASE PRESENTATION

A 52 year old female was admitted in Yashoda Hospital, Hyderabad, with complaints of abdominal pain, nausea, vomitings, abdominal distension and shortness of breath. She had past history of Hysterectomy since 8 years in 2002 due to fibroids. Reported with laprotomy with debulking with left ovarion cystectomy, left oophorectomy, adhesiolysis .Tissues were sent for histopathological examination which showed – mucinous papillary cysladenocarcinoma of left ovary. Her CA-125 was 49.70 u/ml.

Then post operative CT scan of abdomen was done (1 month after diagnosis) – it revealed residual lesion posterior to urinary bladder.Underwent chemotherapy with carboplatin and paclitaxel 3 weekly X 6 cycles from March 2010 to July 2010 at Yashoda Hospital and Indo-American cancer institute and research centre.Also subjected to CT whole abdomen with contrast revealed – residual lesion still.

Suspects reoccurrence and explored, underwent exploratory laprotomy and adhesiolysis At this juncture, she happened to know about Dr. Appa Rao and started his trearment in Dec 2010. she reported with c/o vomiting on and off, loss of weight and loss of appetite. Pain and fulness of abdomen since 3 months.

Dr. Appa Rao asked to have CT scan, which revealed a large mass lesion in the right iliac fossa and right lumbar region.She underwent debulking + cyst marsupilisation + adhesiolysis + intraperitoneal carboplatin instillation at Nizam's Institute on 17 May 2013.The tissue was sent for histopathological examination. There was no evidence of malignancy in the material studied – features were consistent with corpus luteal cyst.

After starting immuno –nutritive therapy with Dr.Appa Rao she has recovered .In the meanwhile she had some complications with the mucinous cyst after treating that surgically she is leading a healthy life.She is not continuing with immuno therap and taking homeopathy as supportive medicine. We can expect long lasting results with immuno therapy compared to other therapies.

DISCUSSION

As Cystadenocarcinoma, is a most protracted with recurrence of the symptoms in nature,it is difficult to treat these cases with the existing regimes. This is a case with complaints of abdominal pain, nausea, vomitings, abdominal distension and shortness of breath .Cystadenocarcinomas develop frequently in the ovaries, It is the most common malignant ovarian tumor Various newer therapies are still under study. The protocol designed by Dr. Appa Rao is beneficial to many cases..

CONCLUSION

A 52 year old female was admitted in Yashoda Hospital, Hyderabad, with complaints of abdominal pain, nausea, vomitings, abdominal distension and shortness of breath. She had past history of Hysterectomy since 8 years in 2002 due to fibroids.

It is a case of carcinoma left ovary, S/P operative and chemotherapy CT study, histopathological examination reveals – mucinous papillary cysladenocarcinoma of left ovary. Her

CA-125 was 49.70 u/ml. A large well defined hyperdense (3-60hu) mass lesion in the pelvis extending to right iliac fossa and right lumbar region with indistinct fat resulting in proximal bilateral hydronephrosis.

She has reported to Dr. Appa Rao, with laprotomy with debulking with left ovarian cystectomy, left oophorectomy, adhesiolysis.

The patient found no improvement in her condition with the previous treatment and then she visited Dr. Appa Rao's clinic and was started on immunonutritive therapy.

Treatment schedule and follow up

Injection Human normal immunoglobulin (12 mg) and histamine dihydrochloride (0.15 mcg), (Belongs to any manufacturer). Two vials once in three days (3 doses) followed by two vials once in a week until 8 weeks. Aceclofenac 100mg twice a day for one month. Prednisolone tapered and maintained 5 mg per day. Ranitidine 150 mg once a day in the morning. Tomato, Banana fruit, Prawns and milk were restricted in nutrition.

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