

Aggressive malignant ovarian tumour in a young patient

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ABSTRACT

Introduction: We would like to present a case of malignant ovarian tumour which rapidly grew over a period of two months in a 22-year-old female. **Case Description:** Ms. Y is a 22-year-old student with no known medical illnesses and no family history of cancer. She had a one-month history of unresolved fever, despite initial treatment by her GP. Her family brought her to a private hospital where a CT scan showed a large 23 cm ovarian mass with some solid areas.(ROMA) was normal. Emergency laparotomy was done with the initial plan of ovarian cystectomy to preserve fertility and a working diagnosis of leaking/partial torsion of a benign cyst. Intra-operatively, the tumour was solid, and had an area of necrosis with leaking, warranting a salpingo-oophorectomy and omental sampling. The abdomen was thoroughly checked for any metastases. Final HPE came back as a grade 3 malignant stromal tumour with Rhabdoid and Cartilaginous features. She was staged as FIGO 1C grade 3. **Discussion:** Fertility conservation is an important issue to consider in a young female with an ovarian mass. When the intra-operative findings favour malignancy, it is still wiser to do a full staging operation (oophorectomy and omental sampling in this case) rather than cystectomy alone.

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Baffling pyometra in a poorly controlled diabetic patient with stroke

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ABSTRACT

Introduction: We present a case of patient with a distended uterus due to pyometra, in which gynaecological cancer was ruled out. **Case Description:** Madam S was a 76-year-old, Para 6, with a previous stroke six years ago, had been wheelchair-bound for 6 years, and was on blood thinners. Her other medical illnesses include NIDDM,(...) hypertension, high cholesterol, and gastritis. She presented with urinary retention and CT imaging requested by the urologist, showed a very distended uterus filled with fluid and solid material. All the lymph nodes looked normal. Her caregiver reported a history of persistent PV spotting of two months duration. She was referred to a gynaecologist who detected a pyometra, however, the Pap smear and pipelle showed no evidence of malignancy. She underwent suction and curettage under GA, where almost 500 ml of foul-smelling pus was evacuated. She was treated with intramuscular Ceftriaxone as an outpatient. A repeat scan after two weeks demonstrated complete resolution, with the final HPE reported only pyometra with no malignant cells. Her HbA1c was high at 8.6%. **Discussion:** Any episode of post-menopausal bleeding should be investigated for possible cancer (in this case through Pap smear, endometrial sampling, and suction and curettage). Ideally, this patient should undergo a hysterectomy due to possible malignancy, however, in view of all her medical problems, it is safer to proceed cautiously and choose the option with the least possible harm to the patient. Thorough counseling helps in explaining the risks to the patient and her family.