PRIMARY FALLOPIAN TUBE CARCINOMA

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ABSTRACT: Fallopian tube carcinoma is a very rare malignancy we report a case of stage 1c cancer. Primary Adenocarcinoma is usually unilateral. Surgery is the mainstay of treatment. Chemotherapy is good adjuvant treatment postoperatively.
KEY WORDS: Primary / Fallopian Tube / Adenocarcinoma

INTRODUCTION: Fallopian carcinoma is a rare malignancy of female genital tract, contributing 0.1%-0.4% of all gynecological malignancies[1]. Patients with carcinoma of fallopian tube are thought to present with classical triad of abdominal pain, abnormal bleeding and pelvic mass. Patients are usually postmenopausal and nulliparous.

CASE REPORT: A 55 year old woman, Para 6, menopause since 12 years approached to gynecological outpatient department of Sultania Zanana Hospital, Gandhi medical college Bhopal on 15 Feb, 2009 with complaints of lower abdominal pain since 6 month and post menopausal bleeding since 2 month. On examination her vitals parameters were stable. Systemic examination revealed no abnormality. On per abdomen examination there was no mass palpable. Per speculum examination showed cervix flushed with vagina. Per vaginal examination revealed uterus to be atrophic, retroverted firm mass of 6x6 cm palpable in left formix.

Patient was admitted and investigated, ultrasonography showed left sided pelvic mass possibly ovarian origin of 6x6 cm. The other ovary and uterus appeared normal, upper abdomen did not reveal any mass. Her endometrial and cervical biopsy done which showed atrophic endometrium and chronic cervicitis. Patient was taken for laparotomy on 4/9/10 with presumptive diagnosis of pelvic mass/ovarian mass. On opening the abdomen uterus was atrophic, left sided ovary was normal, left side tube was dilated and was 9 cm long, distal end forming a solid mass of 7x5x4 cm. Right sided tube normal, right ovary was enlarged. Peritoneal fluid after saline wash was collected for cytology. Liver, spleen, undersurface of diaphragm, paracolic gutters, omentum, paraaortic region and pouch of douglas were visualized and explored to see any metastatic deposits all were found free of any metastasis. Total abdominal hysterectomy with bilateral salpingoopherectomy with pelvic and arotic lymph node biopsy was performed.

Histopathological examination revealed Papillary Adenocarcinoma of left fallopian tube extending into sub mucosa, muscularis, and serosa of fallopian tube. Endometrium, myometrium, cervix and right side fallopian tube and both ovaries were negative for metastasis. Peritoneal saline wash and pelvic lymph nodes were found negative for malignancy. Thus patient was diagnosed to be a case of primary fallopian tube carcinoma by TNM staging T1cN0 M0 & by FIGO stage-IC.

Patient was sent to oncology department and was advised post operative chemotherapy consisting of cyclophosphamide& cisplatin with prehydration and serial monitoring of complete blood count, renal and liver function tests. Such courses were given every three weekly interval, six cycles were given with regular follow up of 3 to 6 monthly then yearly.

DISCUSSION: Primary fallopian tube carcinoma is rare malignancy and is usually unilateral. The presenting symptoms are perimenopausal or post menopausal bleeding pervaginum. Classical triad of symptoms i.e. Profuse vaginal discharge, pain and adnexal mass, so called "hydrops tubae profluence" first described in 1916 by Latzko, is rarely reported[2].

The most common finding on physical examination is a palpable pelvic or abdominal mass. Preoperative diagnosis of fallopian tube carcinoma is seldom made prior to surgery[3]. The most commonly use staging method is the International federation of gynecology and obstetrics FIGO surgico pathological staging system[4]. It is based on tumour penetration through layers of tube.

Surgery is the mainstay of treatment. The procedure of choice is total abdominal hysterectomy with bilateral salpingoopherectomy. Chemotherapy seems to have a strong rationale as adjuvant treatment post operatively. Radiotherapy has been used in the past as an adjuvant therapy but its role in the era of effective chemotherapy is less defined and controversial[5].The prognostic factor that directly correlates with survival is the stage of disease at the time of surgery. The overall survival rate in stage-I is 65%, stage-II is 50%-60% & in stage-III & IV is 10%-20%. Thus preoperative diagnosis of fallopian tube carcinoma is seldom made and most of the time diagnosis is made on operating table.[6]

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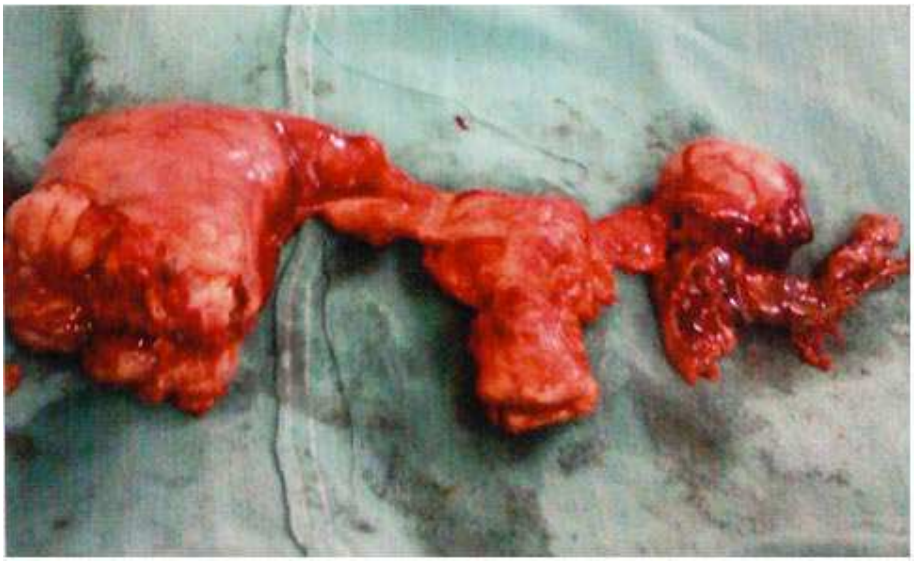

Figure-1 Showing posterior surface of uterus with enlarged left fallopian tube with mass at distal end.

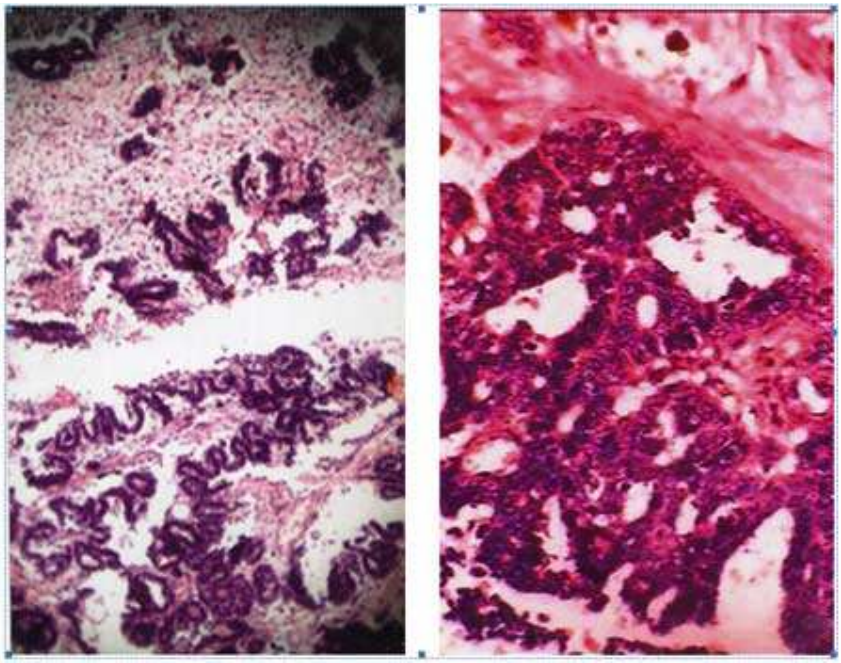

Figure-2 Showing papillary appearance lined with hyper chromatic cells.