Personal Study Of Ovarian Tumors In Babylon City

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SUMMARY:

A retrograde study of (375) patients with ovarian tumors was made in Babylon from 1978 to 2000 , the age group varied from 13 to 65 years ,and it involved all stages of life , before marriage , during or with out pregnancy , and after menopause.
We conclude that benign ovarian tumor carry a high percentage of complete cure , while early detection of ovarian carcinoma was a bit difficult because of their vague and different presentation and behavior in addition to their incomplete and inadequate response to all types of treatment and carry a high percentage of recurrence or mortality.

الخلاصة :

تمت دراسة مفصله لـ 375 مريضة تشكو من أورام المبيض خلال السنوات 1978 – 2000 م كانت الأعمار تتراوح بين 13–65 سنه شملت الدراسة جميع المراحل الحياتية قبل الزواج أثناء الحمل وما بعد الولادة وحتى بعد سن توقف الأعمار تبن من خلال الدراسة لـ 374 أنثى وواحدة خنثى بان أورام المبيض صعوبة كبير في التشخيص وخاصة في المراحل الأولى مع وجود الحميدة تحمل نسبة عالية من الشفاء التام واما الشخص المبكر للأوار الخبيثة فهناك زيادة في حالة المضاعفات الوفيات .

Aim of study:

Early detection of ovarian tumors is essential for proper and successful management and carry high percentage of cure.

The management of ovarian tumors whether functional, benign or malignant, involves difficult decisions that may affect the woman's hormonal status, fertility, or presence of cancer.

Introduction :

Ovarian tumors are a common problem in Gynecology and obstetrics (1-4). There are 2 types of ovarian tumor and these are benign and malignant

The occurance and behaviour of ovarian tumor in Hilla as shown in our study were mostly benign. From 375 cases , only 13 cases were malignant as shown in table no. 1

Benign ovarian tumors include:
A- Epithelial neoplasms (5,6)

B- Gonadal stromal tumors

C- Non intrinisic connective tissue tumor ovarian fibroma (10)

D- Germ cell tumor (such as)
bening cystic teratoma (dermoid) (3,9)

Epithelial tumors constitute more than 60% of all ovarian tumors and more than 90% of malignant tumors(7) , and this group include

1. serous tumors 38%
2. muncinous tumors 10% to 20%
3. endometrioid tumors 15% to 20%
4. clear cell tumors 5% to 10%

Germ cell tumors constitute
15% to 20% of all neoplasm, 45 are malignant, and this group includes (2,8)

1. dysgerminoma 25%
2. endodermal sinus tumor 1%
3. embryonal carcinoma 5%
4. immature teratoma 25%
5.choriocarcinoma
6.mixed germ cell tumor 8%

Gonadal stromal tumors
Constitute 6% of all ovarian tumors, and this group include granulosa tumor 1% to 3% .

Material and Methods :

From my own experience in gynecology and obstetrics in the last 23 year in Hilla from 1978 until 2000. I did personal study of 375 patients with ovarian tumors in Hilla teaching surgical hospital and Babylon hospital for maternity and children.

All patients were female except one which was intersex.

Ovarian tumors occur at any age group and it occurs in all stages of life (before marriage during pregnancy or without pregnancy and after menopause) .(2)

It affect different occupation (student, nurses ,doctors , engineer , teachers , farmer , house wife and workers).

Presentation:

We can divide them into 5 categories

1. Asymptomatic discovered accidentally during gynecological examination , antenatal , postnatal,

examination and during checking and periodic examination for females in the family planning or infertility clinic .

2. Symptomatic which include various symptoms :

Abdominal discomfort.
Dull pelvic ache.
Abdominal distention.
Dysmenorrhia .
Dysparenia.
Menstrual disturbances .
Infertility .
Urinary symptoms as retention of urine and frequency of micturation
Gastric disturbances (nausea , vomiting , epigastric pain , indigestion and constipation).

3. Simulate some acute surgical problems as
acute appendicitis
renal colic
biliary colic
intestinal obstruction

4. Some time it presented as medical problems such as dyspnea , cashaxia , pleural effusion , ascitis , jaundice and anemia .

It might be associated with other gynecological diseases such as ectopic pregnancy , myomas , during hysterectomy , with obstructed labor or after pureperum .

The appropriate diagnosis depend on the

1-history.
2- Clinical examination (abdominal and pelvic examination)
3- Ultrasound scanning
4- X-ray of the abdomen and pelvis
5- Laparoscopy
6- Surgical laparoscopy (in last years)
7- Laparatomy and histopathological examination
8- up to date way of Diagnosis of ovarian tumors depends on:
1- Symptoms.
2- Signs.
3- Investigations.

Pelvic ultrasonography, particularly trans vaginal ultrasonography, with or with out color Doppler, may be helpful if the tumor is indistinguishable from a functional cyst (4 to 8 cm, cystic to palpation). The malignant potential of an ovarian tumor may be evaluated with the ultrasonic scoring system. Ascore of 7 or more is strongly suggestive of a malignant mass.

A lower abdominal or pelvic X-ray film will identify calcified structures and may show encapsulated cyst of low density fluid.

The serum Ca 125 titre often helps to distinguish between benign and malignant masses, particularly in a post menopausal patient. When clinical evaluation, pelvic ultrasonography and Ca 125 titre all suggest malignancy, the positive predictive value of the combination approaches 100% in post menopausal women. Such patients should be referred to a gynecologic oncologist for laparotomy.

Laparoscopy is helpful in distinguishing between a uterine myoma, a quiescent hydrosalpinx, and an ovarian tumor but it will not distinguish between a functional cyst, abenign neoplasm or an encapsulated malignant ovarian neoplasm.

In general laparotomy is preferable to laparoscopy in the ultimate evaluation of an adnexal mass unless the entire mass can be removed laparoscopically for histological examination.

Cervical smear is helpful for early detection of malignancy of the female genital tract including ovarian cancer.

Results:

From all 375 cases, only 13 case was malignant ovarian tumors and the types was

Type	Number	Percentage
Serous cystadenocarcinoma	3	23%
Mucinous Cystadenocarcinoma	3	23%
Malignant teratoma	2	15.3%
Malignant Brenner	2	15.3%
Border line malignancy	2	15.3%
Dysgerminoma	1	7.6%

And from total 375 cases , 362 , case was benign ovarian tumors and the types was

Type	Number	Percentage
Serous cystadenoma	150	41.4%
Dermoid	90	24.8%
Twisted haemorrhagic and gangrenous cyst	71	19.6%
Chocolate cyst	30	8.2%
Fibroma	8	2.2%
Brenner	3	0.8%

Also regarding the stage of life in which the patient presented is shown in this table

The stage of life	Number	Percentage
Before marriage	95	25.3%
During pregnancy	35	9.3%
Without pregnancy	150	40%
After menopause	35	9.3%

Discussion :

In our study about ovarian tumors , we found that the ovarian tumors had a different presentation as asymptomatic or symptomatic or may presented with other pathology.

From the total 13 with malignant ovarian tumors, we found that dysgeminoma was highly malignant and carried high mortality rate and it associated with ascities and pleural effusion.

While from the total 362 case of benign ovarian tumors , we found high percentage of cases (150 case , 41.4%) was serous cystadenoma and secondly was dermoid in (90 case , 24.8%) .

Also we found that family history play an important role in the presentation of case and this was seen between sisters , daughters , cousin.

Regarding the follow up the patients with benign ovarian tumors, we found that there was high recurrence rate (in about 16 case) at the same side or the opposite the opposite side , while the other complication was infertility and malignant changes.

Follow up of patients with malignant ovarian tumors, we found that complete cure more 10 years seen in 4 patients, while other complications like recurrence and pseudo preitoni and intestinal obstruction seen in other patients.

Death of 4 patients occur 5 years post operatively.

We compare our result with the (Ovarian Cyst in General Surgical Practice) by prof. Abdul Ghany AL- Sabbagh journal of Babylon university No. 4 / 2004:

Ovarian cyst in an important health problem in female life. Should be kept in mind with every initial presentation of lower abdominal pain.

Conclusion:

Ovarian tumors is an important problem in female life, it can occur any age and it have various presentation and vague symptoms. The suspicion with early detection and good management for each particular case is essential.

Recommendations:

Regarding ovarian tumors we must

1. Keep them in mind.
2. Think about them.

3. Germ cell tumors of the ovary, uncommon but aggressive tumors seen most often in young women or adolescent girls, are frequently unilateral, and are generally curable if found and treated early.(1-3)
4. size and histology were the major factors determining prognosis for patients with malignant mixed germ cell tumors of the ovary.(4-6) .

5. In the absence of obvious metastatic disease, accurate staging of germ cell tumors of the ovary requires laparotomy with careful examination of the entire diaphragm, both paracolic gutters, pelvic nodes on the side of the ovarian tumor, the para-aortic lymph nodes, and the omentum. The contralateral ovary should be carefully examined and biopsied if necessary.

Ascitic fluid should be examined cytologically. If ascites is not present, it is important to obtain peritoneal washings before the tumor is manipulated.

6. In patients with dysgerminoma, lymphangiography or computed tomography is indicated if the pelvic and para-aortic lymph nodes were not carefully examined at surgery. Although not required for formal staging, it is desirable to obtain serum levels of alpha fetoprotein (AFP) and human chorionic gonadotropin (HCG) as soon as the diagnosis is established since persistence of these markers in the serum after surgery indicates unresected tumor.(1)

7. cervical smear (cytology) is very helpful in early detection of ovarian carcinoma.

8. serial ultrasound studies are recommended for patients with vague abdominal or pelvic discomfort including transvaginal sonography.

9. regular follow up of patients with ovarian tumors is essential including laparoscopical examination.

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