

An Unusual Presentation of Pelvic Pain: Torsion of Ovarian Endometroid Adenocarcinoma

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Fırat BEKTAŞ, Cem OKTAY

Department of Emergency Medicine,
Akdeniz University Medical Faculty,
Antalya, Turkey.

To the Editor;

A 32 year-old woman presented to the emergency department with a history of abdominal pain, nausea and vomiting initiated 2 days ago. Her complaint started suddenly as a severe sharp pain, and located predominantly in her right lower abdomen and increased gradually. No vaginal discharge or bleeding, melena or hematemesis were recorded. She had a history of breast cancer and mastectomy. She was not taking any medications. Her vital signs were normal. Physical examination was normal except a palpable mass and peritoneal irritation signs on her right lower quadrant and at suprapubic area. Bimanual gynecological examination also revealed the presence of the same mass in the right adnexial area. Serum leukocyte count were 14.600/mm³, other biochemical serum test results were in normal range. Pelvic ultrasound showed a mass of 200x150 mm. After consulting with surgery, urgent laporatomy was decided.

A mass of the right torsioned ovarian origin with a size of 190x165x155 mm was removed with ooferectomy (Fig. 1). Pathological analysis revealed ovarian endometroid adenocarcinoma. Immunohistochemistry staining showed that epithelial membrane antigen and MUC-1 were diffusely positive. Vimentin, placental alkaline phosphatase, alpha feto protein, glial fibrillary acidic protein, synaptophysin, cromogranine and also gross cystic disease fluid protein were found negative.

Endometrioid carcinomas are the second most common form of ovarian epithelial malignancies. They are confined to the ovaries and adjacent pelvic structures in 70% of cases¹. This is an unusual presentation of a large ovarian endometroid adenocarcinoma with torsion to the emergency department.

Reference

1. Russell P, Robboy SJ, Anderson MC. Epithelial/stromal ovarian tumors. In: Robboy SJ, Anderson MC, Russell P, editors. Pathology of the female reproductive tract. 1st ed. London: Churchill Livingstone; 2002. p. 570-5.



Fig.1.

Correspondence (İletişim)

Fırat BEKTAŞ, M.D.

Department of Emergency Medicine
Akdeniz University Faculty of Medicine,
07059 Antalya, Turkey.

Tel: +90 - 242 - 249 61 78

Fax (Faks): +90 - 242 - 227 44 90

e-mail (e-posta): fbektas@akdeniz.edu.tr