

Clinical Pathologic Conference

Name of the patient: Mrs. Huang	Presented by : 婦產科 劉宥成醫師/劉瑞德醫師	68255 60187	①12④12
Chart Number: 1041****	Discussed by : X 光科 許銘益醫師	66391	②4
Date of admission: 2014/01/09 2014/02/17	解剖病理科 葉琦如醫師	65835	③18
Date of discharge: 2014/01/15 2014/02/27	Moderator : 解剖病理科 孫建峰醫師	65837	

Chief complaint: palpable mass over left lower abdomen for 2 weeks

Present illness:

This 54 year-old female patient had medical history of diabetes mellitus, hypertension, hyperlipidemia and uterine myoma/endometrial stromal nodules/left endometrioma status post total hysterectomy and left ovarian endometrioma enucleation in 2007. After surgery, she had not visited our outpatient department till this year. Prior to admission in 2014/1, increasing abdominal circumference was felt in couple of weeks. A palpable mass over left lower abdomen was noted, which was not associated with bowel movement changes, abdominal pain, or body weight loss. She visited OPD at CGMH, Taipei on 2014-01-07. Physically, a movable mass was noted over left lower quadrant of abdomen without tenderness or peritoneal sign. Speculum and bimanual pelvic exam revealed smooth vaginal cuff, and a large left sided adnexal mass, 10 x 10 cm by size. Pelvic and Doppler sonography showed a left adnexal nodular complex multi-loculated mass with thin septa. No decreased flow impedance was found in tumor. Tumor markers level of CEA and CA-125 are within normal limits. Based on the above findings, mucinous cystadenoma was impressed. Accordingly, she was admitted for surgical exploration on 2014/1/9.

Past history

- Obstetric history: G3P2AA1,NSD twice.
- Medical history: Hypertension, diabetes mellitus, and hyperlipidemia under medical control for years
- Operation history:
 - 2007-01-26 Fractional D&C
 - 2007-02-02 Total abdominal hysterectomy + left ovarian enucleation due to myoma, adenomyosis, endometrial stromal nodules, and left endometrioma.

Personal history: denied of drug abuse, smoking, alcohol drinking, drug or food allergy

Physical examination:

T:36.5°C P:68/min R:18/min BP:122/79 mmHg, Body height: 153cm, Body weight: 52Kg

GENERAL APPEARANCE: Fair looking

CONSCIOUSNESS: Clear and oriented, E 4 V 5 M 6

HEENT: Sclera: not icteric; Conjunctiva: not pale, Oral cavity: Intact mucosa, no thrush

NECK: Supple and no jugular vein engorgement

CHEST: Breathing sound: bilateral clear, No wheezing

HEART: Regular heart beats without audible murmur, No audible S3 or S4

ABDOMEN: Soft and bulging on left lower abdomen

LLQ firm mass, movable, 10 x 10 cm by size palpable

No tenderness; No rebounding pain, Bowel sound: normal active

BACK: No knocking pain over bilateral flank area

EXTREMITIES: Freely movable, No pitting edema of both legs

PELVIC EXAM: No uterine cervix palpable. Vaginal cuff: smooth, without nodularity

A nodular mass, 10 x 10 cm by size, palpable on left adnexal region.

Laboratory findings: Units

WBC	5300	/uL	BUN	17.2	mg/dL
Hb	12.3	g/dL	Creatinine	0.52	mg/dL
Plt	267000	/uL	AST	21	U/L
Seg	59.4	%	Na	140	mEq/L
PT/INR	10.6/1.0	sec/	K	44.4	mEq/L
APTT	26.3	sec	Sugar	105	mg/dL
CA199	7.08	U/mL	CEA	< 0.5	ng/mL
LDH	130.0	U/L	CA125	8.0	U/mL

Image findings – To be presented

Course and Treatment:

Routine pre-operative work-up was done on admission. Exploratory laparotomy was performed next day, with findings of a lower abdomino-plevic nodular mass, arising from left adnexum. Left salpingo-oophorectomy was done. Postoperative course was uneventful, so she was discharged on postoperative day 5. Because of unexpected finding of ovarian endometrioid stromal sarcoma(ESS) on histo-pathologic report, she was admitted again on 2014-2-17 for further management.

Comprehensive abdomino-pelvic CT was done before complete surgical staging(RSO+omentectomy+BPLD) was carried out on 2014/2/19. PostOP pathology revealed only ESS on right ovary . She was regularly followed up and receiving hormonal therapy at our OPD.

Points of Discussion:

1. Correlation between uterine endometrial nodules and ovarian endometrioid stromal sarcoma
2. Correlation between ovarian endometrioma and endometrioid stromal sarcoma