

CLINICAL PATHOLOGIC CONFERENCE

March 3rd, 2012

General data:

Admission date : 2011-11-18

Name: 蔡 XX

Age: 53

Gender: female

Occupation: businessperson

Presented by: 醫學系 黃士銘 周宣宇
戴維辰 邱俊哲
彭世匯 周祐羽
游欣穎 曹芳穎
方信為 林怡汎

Chief complaint:

Left ovarian mass was found at out-patient department one month ago.

Discussed by: 婦癌科 林政道醫師
新陳代謝科 盧文聰醫師
影像診療科 黃成之醫師
解剖病理科 葉琦如醫師

Moderator: 解剖病理科 孫建峰主任

Brief history:

This 53-year-old female patient, G2P2 and last menstrual period on 2010/09/15, was diagnosed as bilateral teratoma s/p laparoscopic excision in the USA in 2003 and right struma ovarii s/p laparoscopic right salpingo-oophorectomy (RSO) at CGMH on 2011/01/11. After the last operation, she had well daily activity. There is no lower abdominal tenderness, no voiding nor bowel habit change. Post-operation following up in the USA in May, 2011 showed normal uterus and ovary. However, she was found to have a left adnexal mass at CGMH when following up in October, 2011. Thyroid function and tumor markers were checked and all within normal limit. After discussion with the patient, we decided to perform a laparoscopically assisted vaginal hysterectomy (LAVH) with left salpingo-oophorectomy (LSO) on her. She was then admitted for surgical intervention.

Past History:

Hypertension (HTN) under diet control, well condition.

Diabetes melitus(DM) (-)

Bilateral ovarian teratoma s/p laparoscopic excision in the USA in 2003

Right struma ovarii s/p laparoscopic RSO at CGMH on 2011/01/11

Personal History:

Smoking (-), Alcohol (-), Betelnut (-), No allergy history

Obsteretic History: G2P2, LMP: 99-09-15, Menopause: 52 y/o

Hormone replacement therapy (-)

Family history:

Father had DM, HTN and Mother had HTN

Physical Examination:

T:36.7°C P:62/min R:16/min BP:144/85/mmHg

身高:161.1CM (20111107) 體重:51.8KG (20111107) BMI:19.9

GENERAL APPEARANCE : Fair looking

CONSCIOUSNESS : Clear, E4 V5 M6

HEENT : Sclerae: not icteric ; Conjunctivae: not pale ; Oral cavity : Intact oral mucosa

NECK : Supple; No jugular vein engorgement ; Trachea not deviated ; No lymphadenopathy

CHEST : Breath pattern: smooth, Bilateral symmetric expansion ; Breathing sound: bilateral clear

HEART : Regular heart beat without audible murmur

ABDOMEN : Negative finding

EXTREMITIES : No joint deformity; Freely movable; No pitting edema; Peripheral pulse: symmetric

Gynecological Examination: External genital, Bartholin gland, urethra, vaginal, and cervical OS are normal. She felt abdominal tenderness via physical manual examination. Rectal examination showed smooth rectal surface and an external compression mass.

Laboratory data: (2011-11-07)

WBC	3900/ μ L	BUN	11.9 mg/dL
RBC	4.59 million/ μ L	Creatinine	0.55 mg/dL
Hemoglobin	13.9 g/dL	Estimated GFR	>60 mL/min/1.73 m ²
Hematocrit	41.1%	Glucose(PC)	113 mg/dL
RDW	12.3%	AST/GOT	21 U/L
Platelets	218,000/ μ L	Sodium	143 mEq/L
P.T	10.8 sec	Potassium	3.8 mEq/L
INR	1.0		
APTT	27.1 sec		

Impression:

1. Left ovarian mass, favor teratoma, rule
2. Essential hypertension under diet control

Point of Discussion:

1. The basic information of struma ovarii.
2. Carcinoma associated with struma ovarii.
3. The treatment plans for struma ovarii.