

Clinical Pathologic Conference

2013.01.12

病人：黃 XX	Presented by：婦產科	邱健泰醫師
Age：60 y/o	Discussed by：泌尿外科	張慧朗醫師
Sex：female	腫瘤科	廖宗琦醫師
身高：155.5CM	放射腫瘤科	洪志宏醫師
體重：55.2KG	解剖病理科	薛純醫師
BP：87/57/mmHg	影像診療科	潘廣澤醫師
	Moderator：解剖病理科	孫建峰醫師

Chief complaint: Enlarged right ovary with multiple cysts was incidentally discovered

Present illness: This 60 year-old female patient was G4P3(NSD)SA1 and post-menopause for 10 years. She had past-history of renal cell carcinoma with bone and lung metastasis and regularly follow-up at medical oncological outpatient clinics. Abdominal CT showed multiple uterine myomas and incidentally detected a right ovarian tumor. She went to Gyn OPD for further evaluation. Transvaginal sonography showed right adnexal mass 7X5 cm. CEA and CA-125 were not elevated. After discussion, she decided to have surgical intervention.

PHx: 1. right papillary renal cell carcinoma with bone and lung metastasis, s/p right nephrectomy on 2007/11/13 and under interferon treatment

Op Hx: 2007/11/13 right nephroureterectomy with bladder cuff excision

FHx: mother: hypertension

PE: Consciousness : Clear and cooperated

HEENT: conjunctiva not pale

Neck: no palpable neck lymph node

Abdomen

Scar : (+), C/W history of right nephroureterectomy

Costo Vertebral Angle

knocking pain: (-)

Extremity

Freely movement

PV: cervix: smooth uterus: enlarged as GA 10 weeks in size

Right adnexal tumor with local tenderness; CDS: free

Lab data: CEA 2.2 ng/mL, CA-125 9.0 U/mL

WBC 6200, Hb 10.3, Seg 72%, Platelet 170000/uL,

BUN 12.8 mg/dL, Cr 1.03 mg/dL, Na 134 meq/L, K 4.9 meq/L, Cl 100meq/L,

AST 17

Imaging findings: to be presented.

Op method: (2011/05/26) laparotomic RSO (frozen) +ATH+LSO+remove of right

retroperitoneal nodules

Op findings:

- pelvic adhesion
- right adnexal mass 13*10*8 cm, adhered with uterus, bladder, omentum and intestine, with foul abscess-like fluid content
- right salpingo-oophorectomy, frozen: abscess
- multiple papillary-like nodules at right retroperitoneal area near cervix area, remove them and sent for frozen: no pathologic result

Clinical course:

The post-operative condition was stable, and the patient was discharged on 2011-06-02. (Post-OP day 7). The final pathology will be presented. This patient was referred to the ward of medical oncology.

Points of discussions:

- 1: The patient had several neoplasms or a complex disease?
2. Any pathognomonic clinical signs for the disease?
3. What genes are responsible for the disease?
4. Diagnosis and treatment