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Metastatic pelvic masses with unknown primary- A diagnostic dilemma

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BACKGROUND: Pelvic masses following hysterectomy are common findings in gynecological oncology centers. Incomplete preoperative evaluation, inadequate surgery (subtotal hysterectomy/only hysterectomy without salpingo-oophorectomy in postmenopausal women), and delay in histopathological diagnosis are few reasons for missing out on malignant etiologies. The diagnostic dilemma exists because of unknown primary malignancy. This study aims to highlight the various pathologies that present as pelvic masses after hysterectomy and their management based on histopathological examination and immuno-histochemical (IHC) markers.

MATERIALS AND METHODS: This was a retrospective analysis of all women who presented in 1 year duration to the gynecologic oncology department with a history of hysterectomy done outside for with pelvic mass. The data of these women were critically analyzed in regard to their demographic profile, preoperative and postoperative characteristics, histopathological and IHC markers of pelvic mass, management of the disease, and their outcome.

RESULTS: The total number of patients eligible for the study was 17. The median time to presentation after hysterectomy was 5 years (range: 1–20 years). The origin was female genital tract in 16 women and urothelial in 1 patient. Management options of these patients were concurrent chemoradiation/palliative radiotherapy/palliative chemotherapy/palliative care. The overall survival of these patients was dismal.

CONCLUSION: Before proceeding with hysterectomy, thorough evaluation should be done for all patients with even minimal symptoms. Early identification of malignant disease and management by a multidisciplinary team can greatly affect the overall prognosis of the patient

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