KRUKENBERG TUMOR

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CASE

A 36 yr old patient came with history of 4 months amenorrhoea
with complaints of, pain in abdomen on and off since 1 month and nausea since 2 days.

Menstrual History:
Menarche-14yr, P/M/H-Reg/30days/4-5 days/moderat flow/ painless LMP-12.11.2020

Obstetric History :
Married since 20 yrs of NCM - P2 L2 A0 D0
P1- Male/ 19 yrs/ FTNVD
P2- Male/ 18 yrs/ FTNVD
She has undergone minilap tubal ligation 17 yrs back

Past history:- No H/o HTN ,DM ,TB ,Asthma ,Drug allergy,
Thyroid disorder, No H/o any surgeries in past.

Family history - No history of gastrointestinal tract/ ovarian/ breast cancer in family

General Examination:- Pallor +, Icterus, cyanosis, clubbing, lymphadenopathy: absent

Breast examination: both breasts normal, No lump palpable

Vitals - Temp - afebrile, PR- 84 bpm, BP- 120/80 mmHg

P/A- Abdomen distention present below umbilicus occupying hypogastric and both iliac quadrants, TL scar + healthy & non tender
Mass palpable arising from the pelvis ~ 20-22 weeks size occupying hypogastric, and both iliac quadrants of the abdomen
Mass is firm to hard in consistency, freely mobile from side to side with restricted mobility above downwards Mild tenderness is present over the mass

- P/S- Cervix vagina healthy, minimal white discharge +
- P/V- Firm to hard mass felt ~ 20 weeks size Uterus not felt separately
  Firm to hard nodular mass felt in right fornix
  Firm to hard nodular mass felt in posterior fornix
- Usg pelvis on 17/3/21
  Uterus is AV, slightly bulky measures 92x 35x 58mm
  ET: 6.7mm
  E/O well defined multilobulated solid mass measuring 14x8 cm above uterus without line of demarcation between fundus and mass. There is E/O blood flow noted within it. Small calcification is seen within it. E/O free fluid is seen around it with low level echoes and fine septae.
  Right ovary: not visualized
  Left Adnexa: Congested with small ovarian tissue seen
  Blood flow is noted in mass with mild arterial and venous flow in it.
  Impression: F/s/o large multiloculated solid mass
- CT (A+P) with contrast
  Liver, GB, pancreas,spleen and kidney :Normal
  Uterus: Enlarged
  Lobulated solid mass of size 12x15x 8.5cm is noted in relation with fundus of the uterus. It shows diffuse enhancement after IV contrast. Mass is mainly supplied by uterine arteries
  Findings more in favor of subserosal fibroid
  However ovaries are not seen separately.

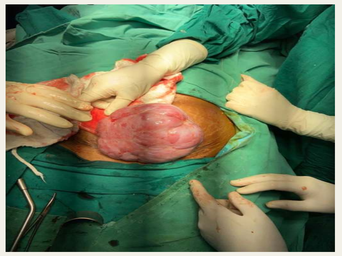
BLOOD INVESTIGATIONS

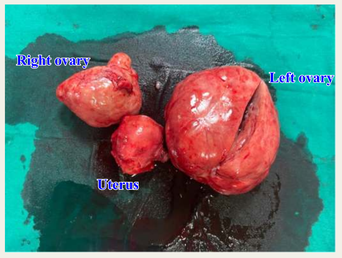
- Hb: 8.2
- Tlc : 8400
- Platelets 3,91,000
- RBS: 125
- Urea: 18
- Creatinine: 0.8
- Sodium: 138
- Potassium: 4.5
- Serology : negative
- Aptt(p) : 37.4 (c) 30
- Pt (p): 19.4
- INR 1.5
- Ca 125: 19.3

MANAGEMENT

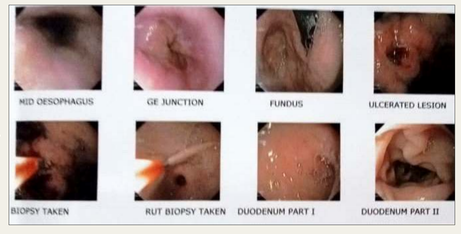
- After transfusing blood and taking fitness patient was posted for exploratory laparotomy on 22/3/21.

INTRAOPERATIVE FINDINGS





- Minimal ascitic fluid +
- Left side huge irregular firm to hard mass + replacing the entire ovarian tissue, mobile
- Right side moderate size same type mass +
- Uterus bulky hyperemic
- Anteriorly bladder advanced
- Posteriorly sigmoid densely adherent to post wall of uterus.
- Intraoperative call given to surgery, sigmoid colon could not be freed, hence subtotal hysterectomy with bilateral salpingo oophorectomy was done.
- Ascitic fluid was sent for cytology
- Patient gave history of constipation and PR bleeding ocassionally since 2yrs.
- Post operatively surgery consultation was done
- P/R: Grade 2 haemorrhoids + at 6 and 7 o'clock position
- No skin tag/ fissure/ fistula/growth felt
- Adv : Colonoscopy sos biopsy to rule out sigmoid growth
- Ascitic fluid was found to be negative for malignancy
- HPR
- Uterus: not involved ,
- Ovarian surface and fallopian tube not involved
- Malignant metastatic cancer from non ovarian primary seen in both ovaries
- Surgical pathological and immunohistochemistry report - Metastatic adeno carcinoma with signet-ring forms.
- Endoscopy done to rule out stomach cancer.
  findings- stomach - There is thickened fold with ulcerated lesion on anterior wall of body of stomach.
  Multiple biopsy taken



- Biopsy of stomach – Poorly differentiated signet cell adenocarcinoma- stomach.

DISCUSSION

- Krukenberg tumors are metastatic ovarian cancers and make up about 30-40% of metastatic cancers to the ovary.
- Their incidence is 2% of the ovarian cancers and are usually bilateral.
- Primary sites are: stomach, colon, appendix, breast or biliary tract.
- They have a very poor prognosis and most patients die within 1 year.