

EP11.26: Exploring the correlation between laparoscopic peritoneal carcinomatosis index and imaging techniques in advanced ovarian cancer.

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Background

Ultrasound enables dynamic, non-invasive assessment of peritoneal and bowel disease and estimation of the Peritoneal Cancer Index (PCI). CT, PET-CT and diffusion-weighted MRI complement ultrasound, although imaging may miss small peritoneal and mesenteric implants.

Clinical case

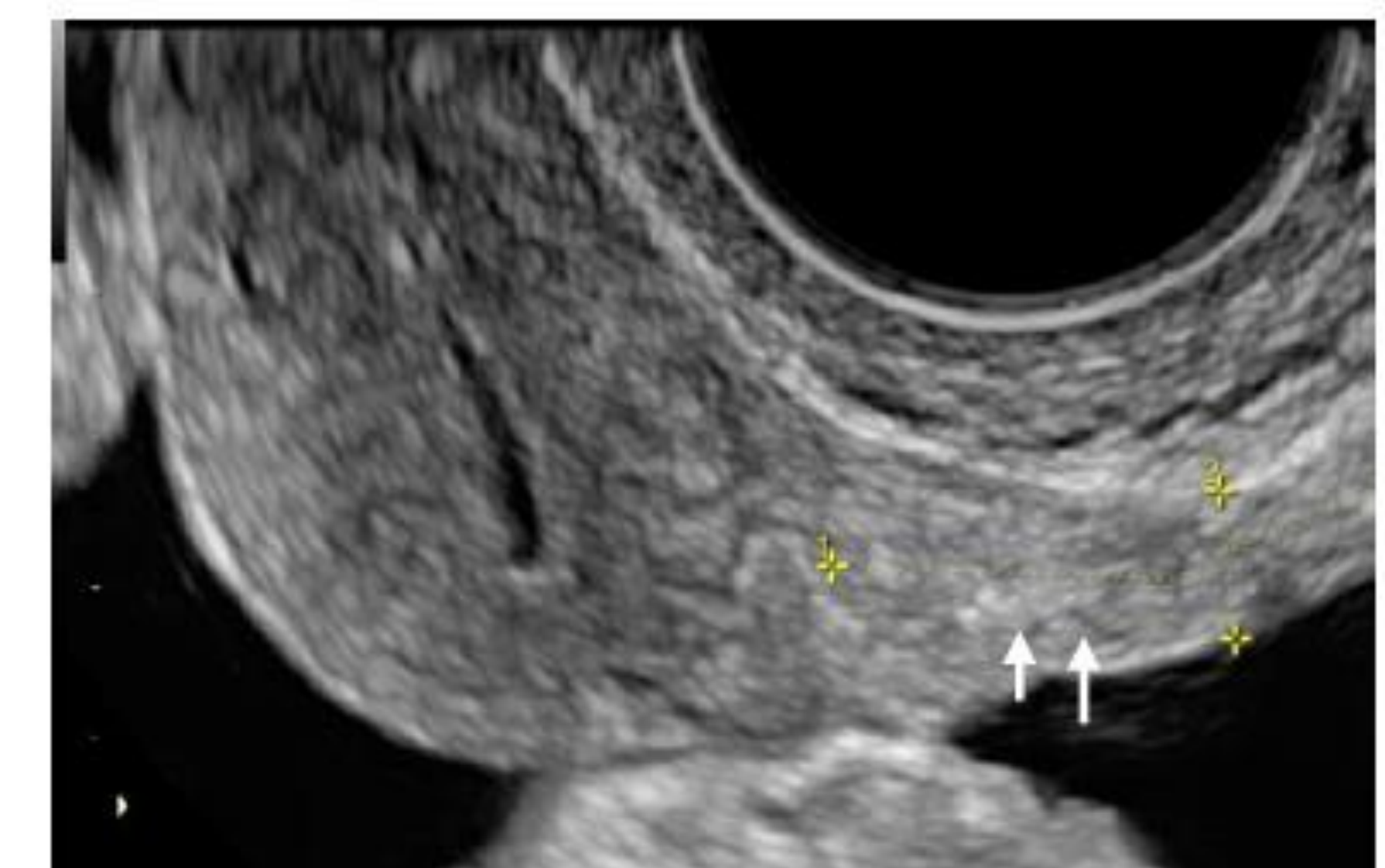
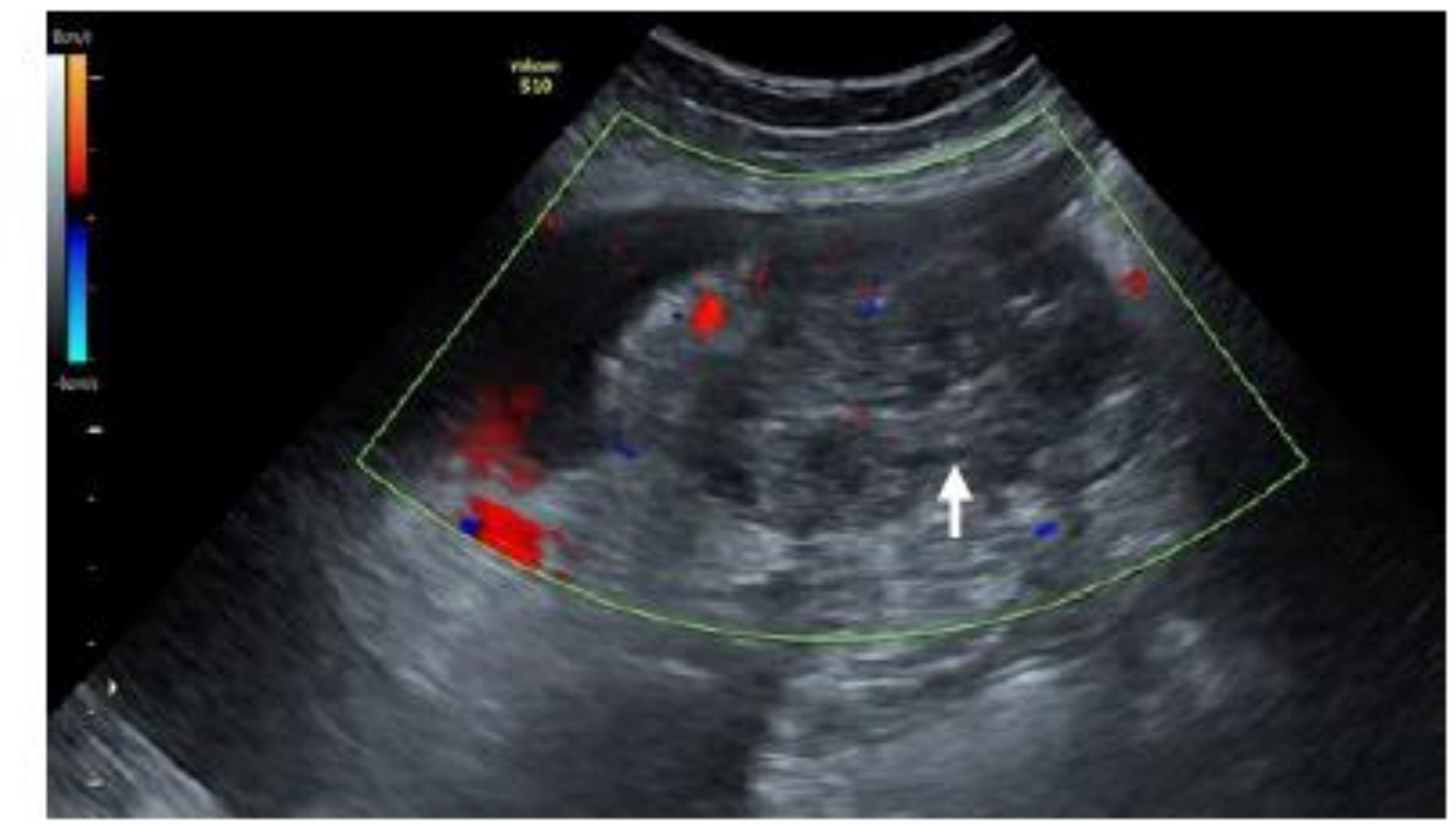
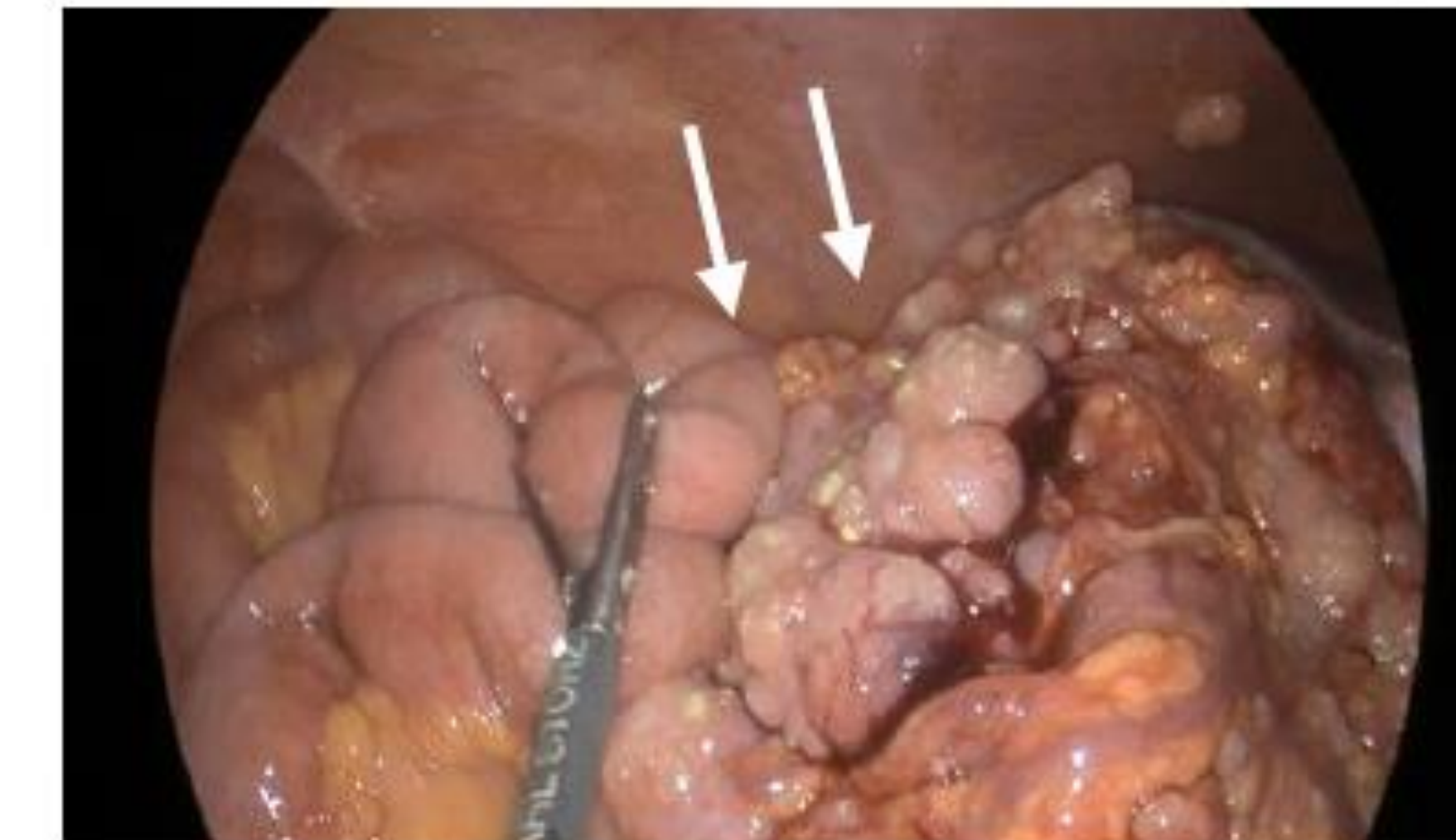
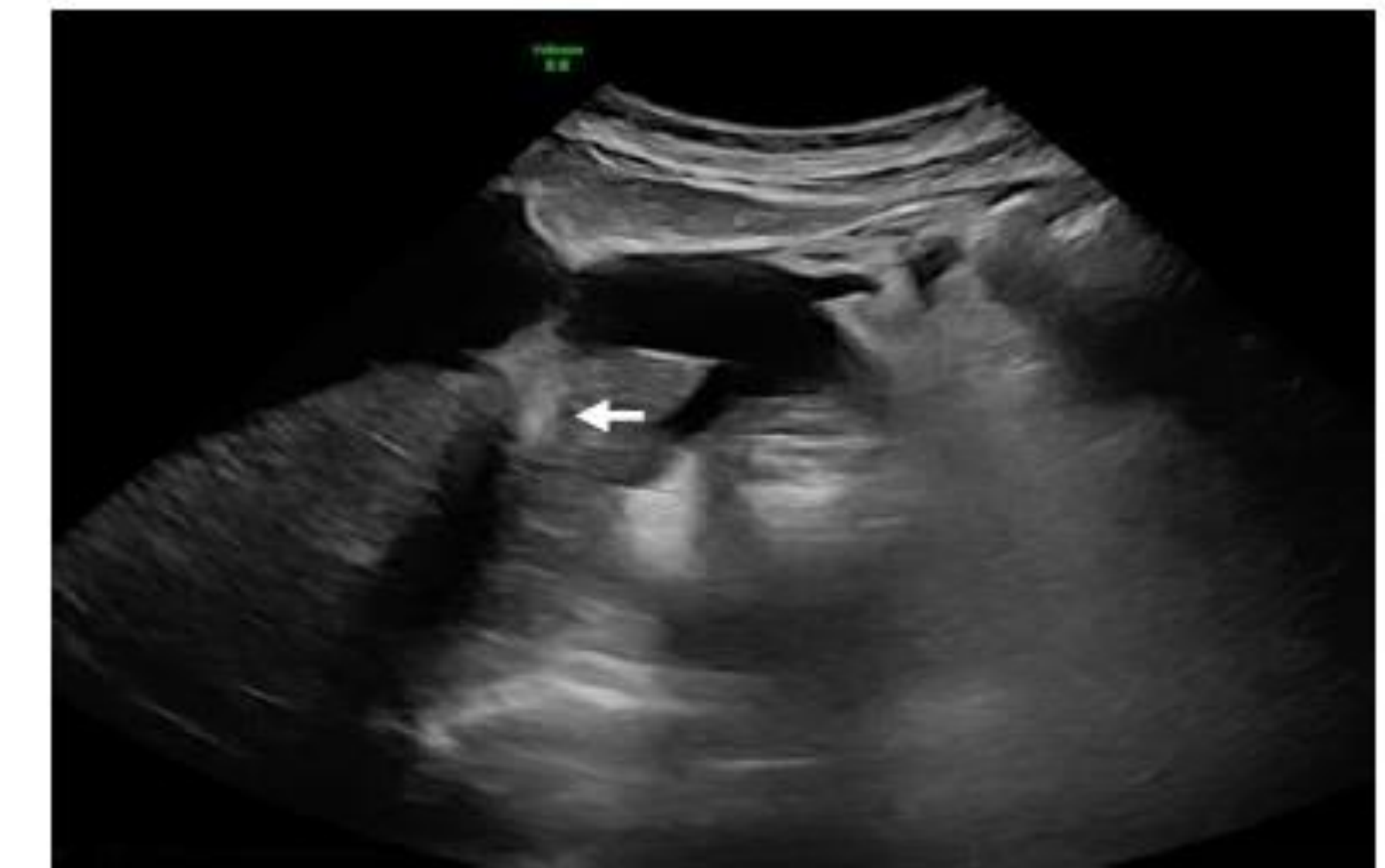
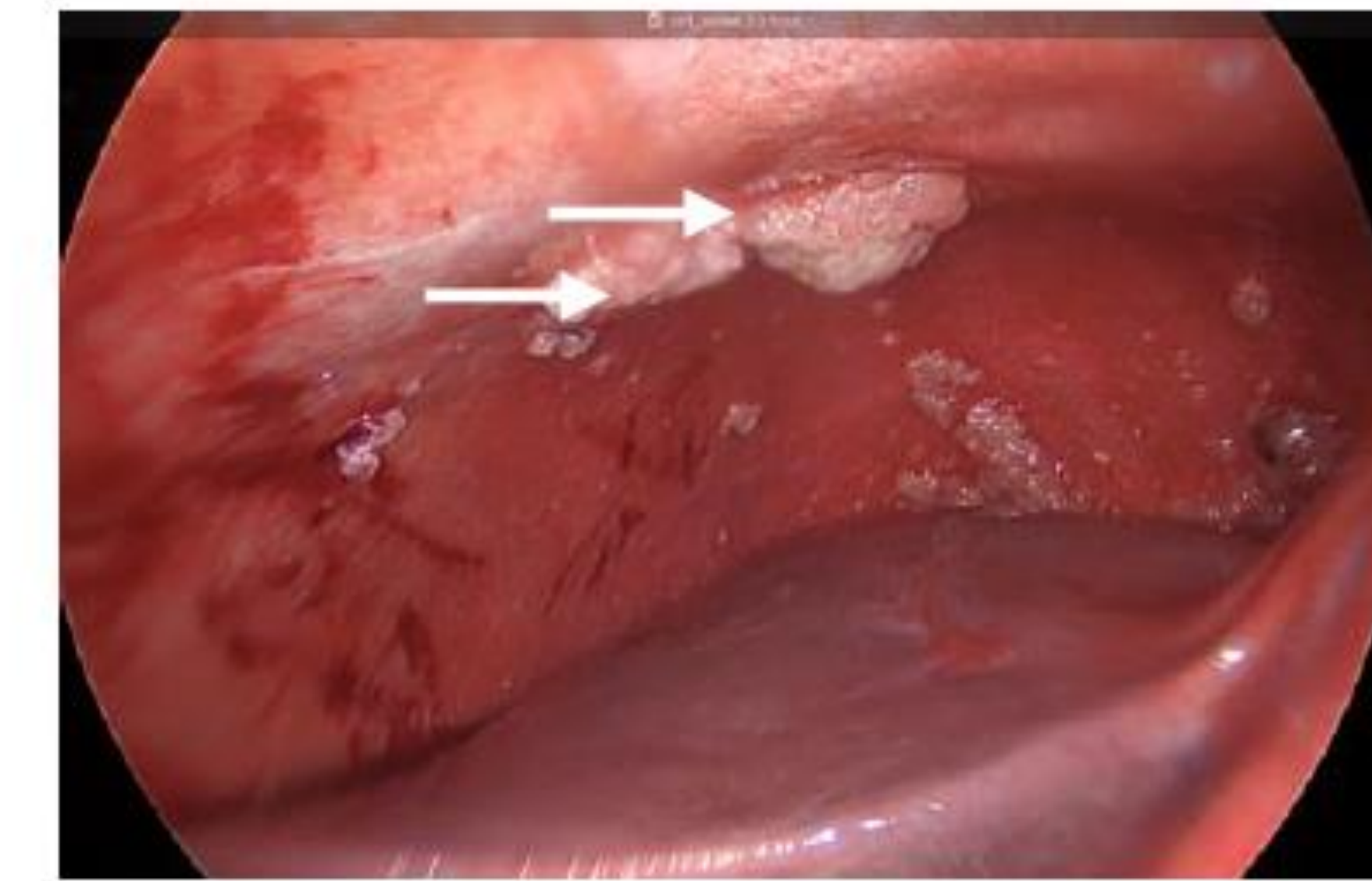
In a 66-year-old patient with FIGO stage IVA high-grade serous ovarian carcinoma, ultrasound and complementary imaging estimated a PCI of 20/39. Staging laparoscopy estimated a PCI of 23/39 and revealed extensive miliary small-bowel and mesenteric involvement.

Discussion

Ultrasound provides real-time, high-resolution, multiplanar assessment without radiation, allowing dynamic evaluation of bowel and peritoneal surfaces. However, small peritoneal and mesenteric implants may be missed. Laparoscopy provides direct visualization but may underestimate PCI because not all regions are accessible.

Conclusion

Combining ultrasound-led multimodal imaging with staging laparoscopy improved PCI estimation, resectability assessment and selection for neoadjuvant chemotherapy.



Laparoscopy – ultrasound correlation. Paired images of carcinomatosis nodules in right diaphragm, falciform/round ligament, great omentum and prevesical peritoneum and vesico-uterine pouch.