



INTRODUCTION

Tubo-ovarian abscess (TOA) is a recognised complication of pelvic inflammatory disease, most commonly affecting women of reproductive age. The most common cause is ascending infection from the genital tract into the peritoneal cavity. Surgical intervention may be indicated, but in practice medical management with antibiotics is often trialled to avoid over-intervention. We present a case of a TOA in a post-menopausal woman, highlighting a secondary benefit of surgical intervention: accurate histological diagnosis.

CASE REPORT

A 52-year-old post-menopausal woman presented to the Emergency Department with a weeklong history of lower abdominal pain, which had been initially treated as suspected diverticulitis with antibiotics by her General Practitioner. Computed Tomography and ultrasound scans demonstrated a heterogenous mass in the right adnexa, subsequently treated as a TOA with intravenous antibiotics for 72 hours, and she was discharged after clinical and biochemical improvement. After being discharged, the patient re-presented with ongoing discomfort, fatigue, and bloating relieved by bowel movements, and was discharged as inflammatory markers were unremarkable. At a third presentation, she presented with a ruptured TOA radiologically. She was taken to theatre for surgical management, however on laparoscopy there was widespread turbid fluid and omental cake. Cytology revealed high-grade serous ovarian cancer (HGSOC). Stage IV FIGO Grade 3 HGSOC was treated with chemotherapy and extensive surgical resection.



Figure 1



Figure 2

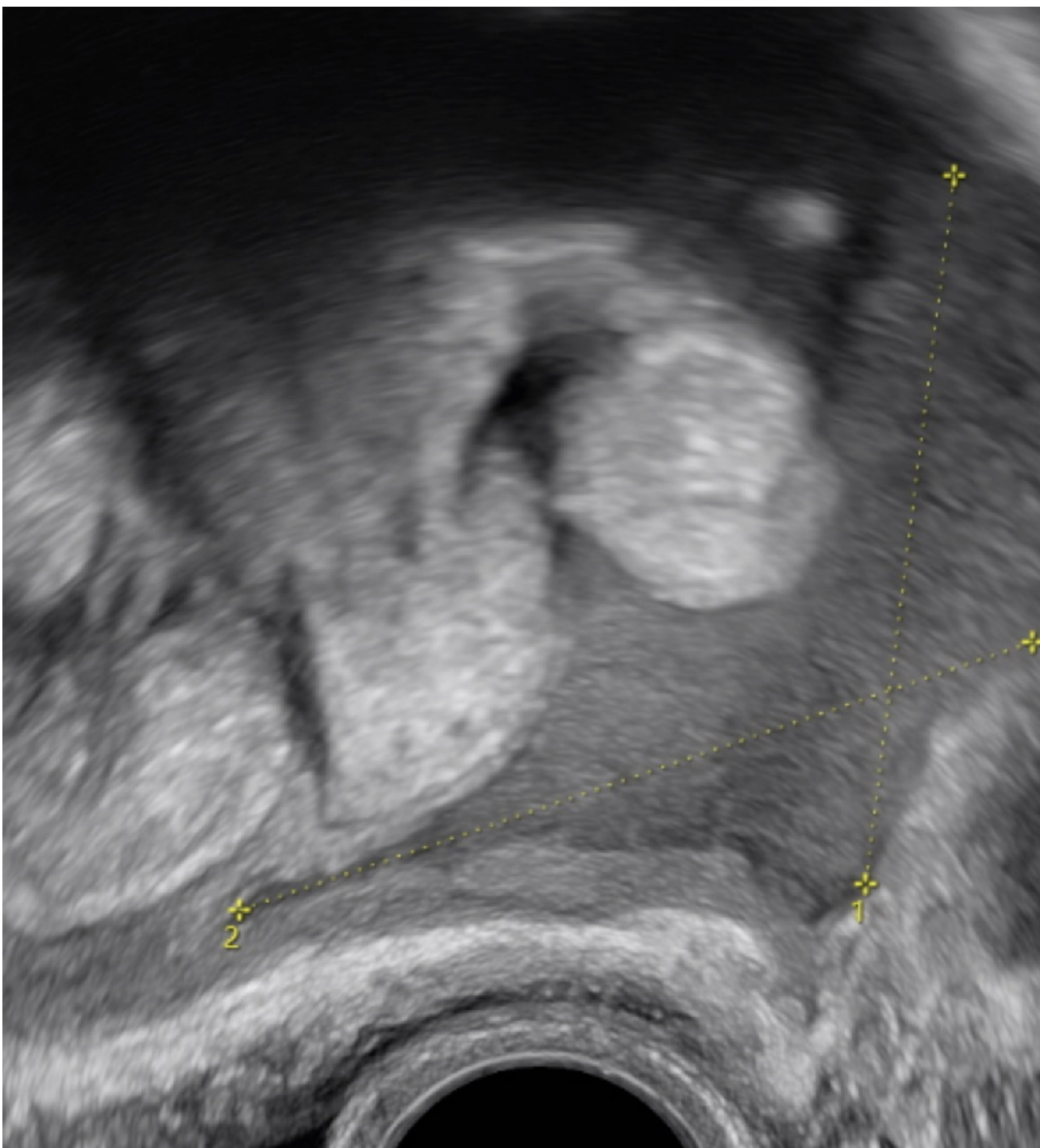


Figure 3

Figure 1: Ultrasound scan 3D image at the time of the original diagnosis of a right tubo-ovarian abscess. Figures 2-3: Ultrasound scan 2D images of the original diagnosis

DISCUSSION

10% of TOAs occur in post-menopausal women. TOA in this population may be often associated with concomitant gynaecological or colorectal malignancy; rates that have been reported vary but has been reported to be as high as 47% [1]. The proposed mechanism is that cancerous lesions in the pelvis may cause destruction of local anatomy and enable subsequent anaerobic growth in this area.

CONCLUSIONS

Non-specific symptoms associated with certain malignancies result in late diagnosis, particularly ovarian cancer. Post-menopausal women with TOA should be investigated for possible malignancy.

References
1. Athanasios G Protopapas, Emmanuel S Diakomanolis, Spyros D Milingos, Alexandros J Rodolakis, Sophia N Markaki, Georgios D Vlachos, Dimitrios E Papadopoulos, Stylianos P Michalas, Tubo-ovarian abscesses in postmenopausal women: gynecological malignancy until proven otherwise?, European Journal of Obstetrics & Gynecology and Reproductive Biology, Volume 114, Issue 2, 2004, Pages 203-209,ISSN 0301-2115, <https://doi.org/10.1016/j.ejogrb.2003.10.032>. (<https://www.sciencedirect.com/science/article/pii/S0301211503005554>)