



CLASSICAL CASE OF PSEUDOMYXOMA PERITONEI SECONDARY TO MUCINOUS ADENOCARCINOMA OF THE OVARY.

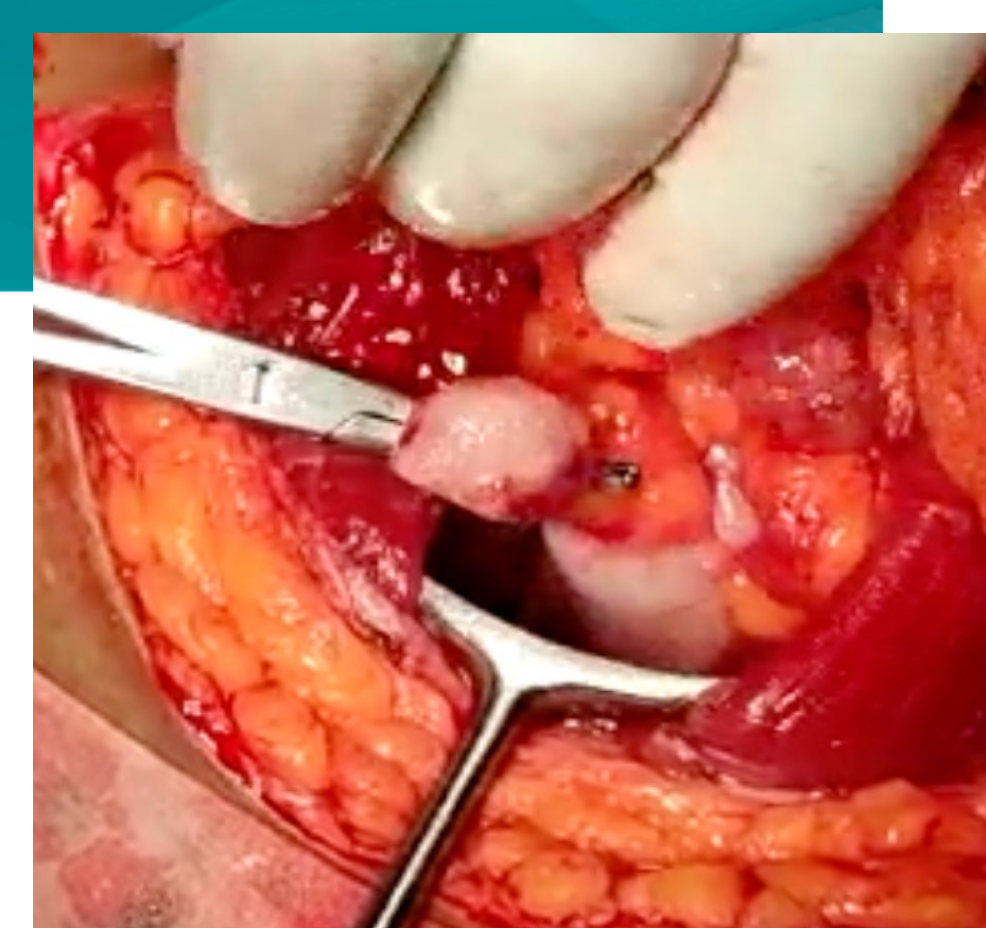
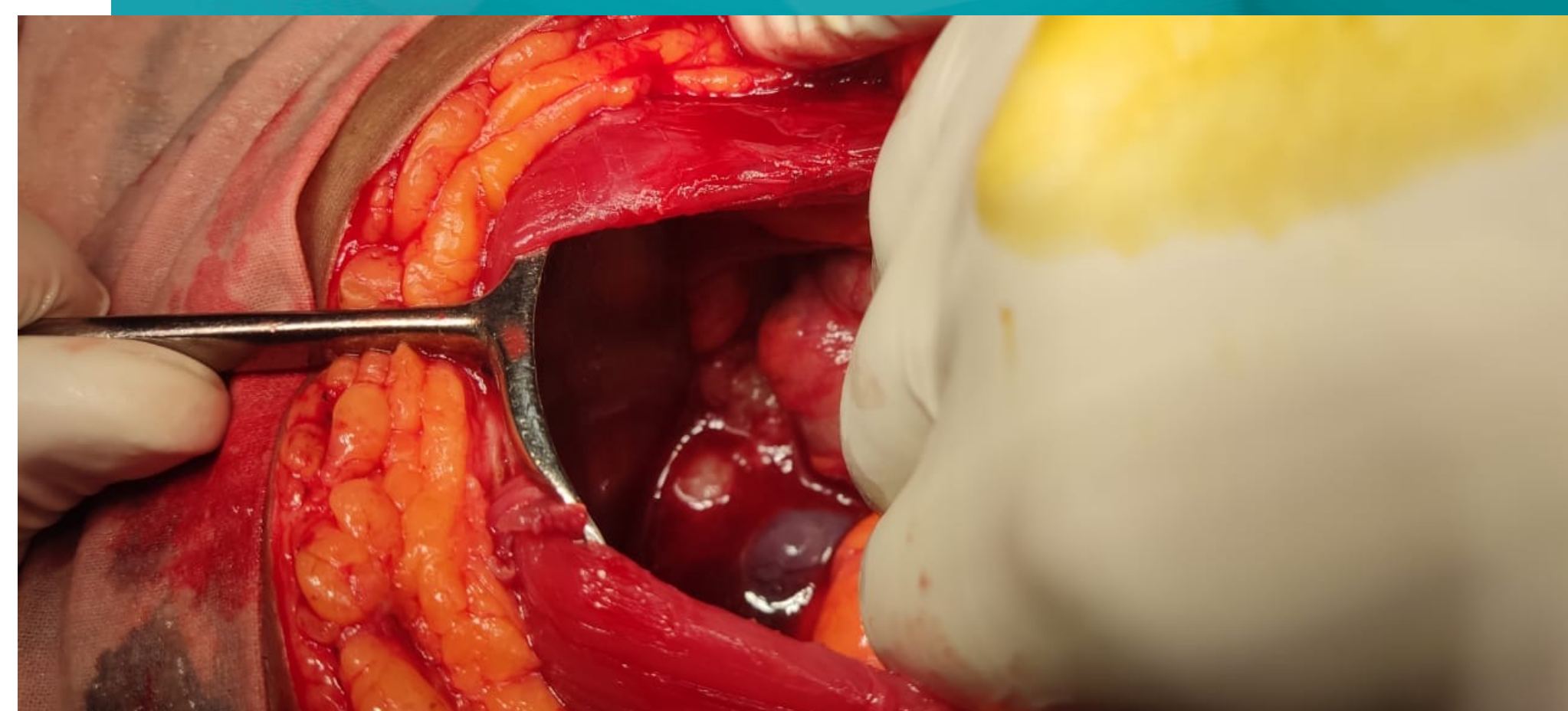
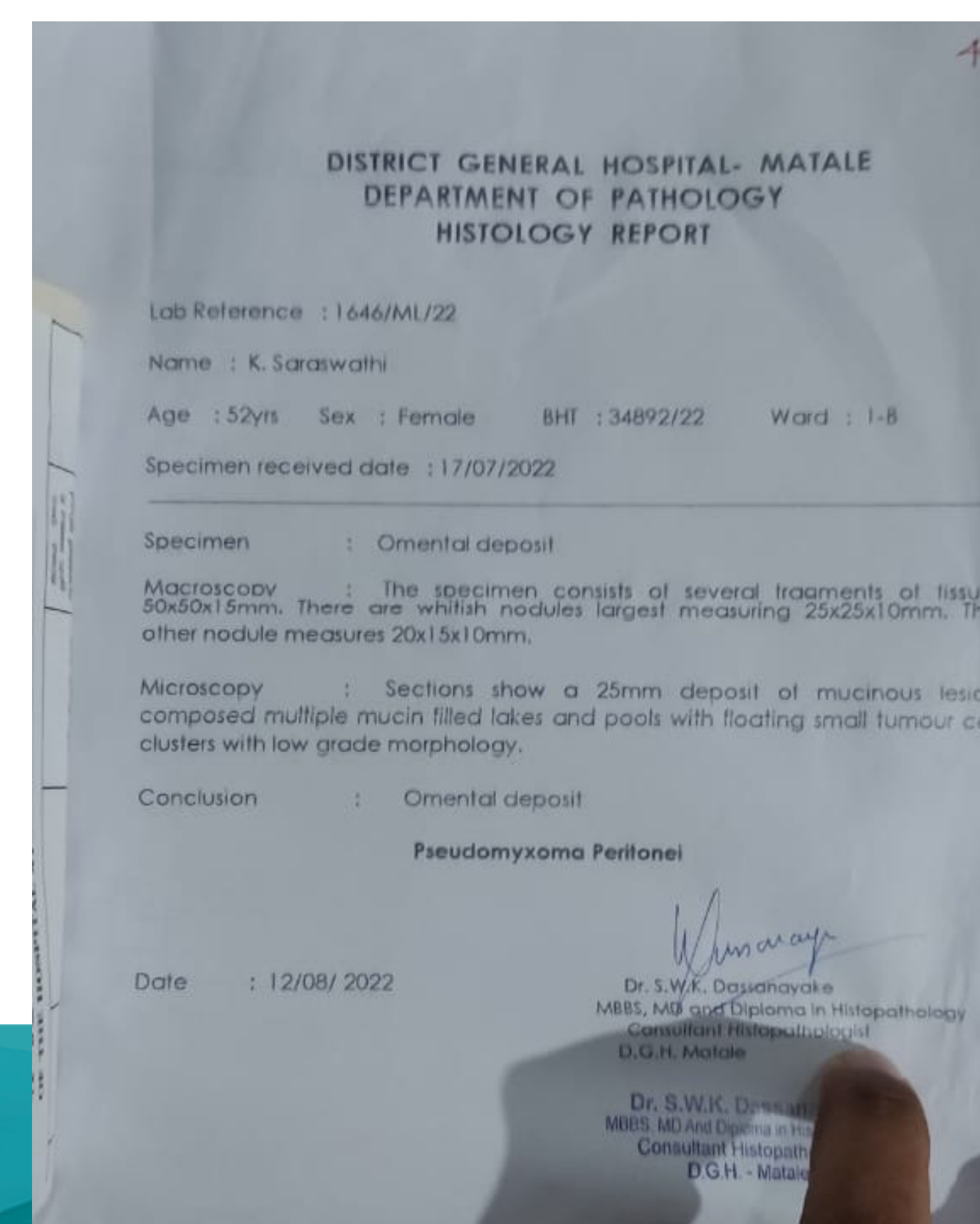
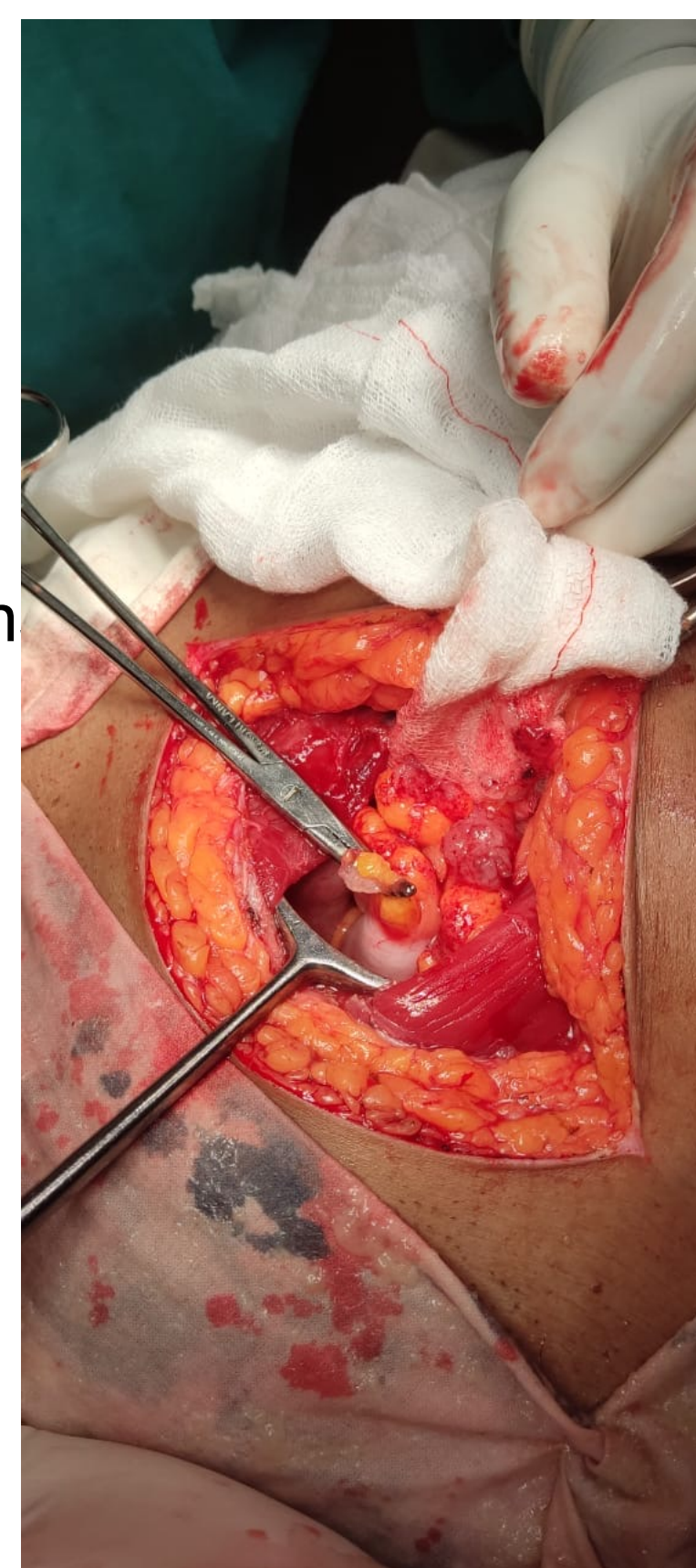
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Objectives

- Pseudomyxoma Peritonei is a rare malignant clinical syndrome characterized by the presence of mucinous material filled in the peritoneal cavity,
- It occurs mainly due to appendiceal pathologies and rarely can occur secondary to ovarian, bowel, stomach and pancreatic pathologies.
- Incidence is 1 to 4 per million people.



Case Report

- A 53 years old, previously well, menopausal, mother of 3 children presented with mild abdominal distention, chronic pelvic pain, dyspeptic symptoms, loss of appetite and weight loss for 3 months duration.
- She had positive family history of ovarian malignancy. On examination she was a thin built lady with a BMI of 17.2 Kg/m² along with features of recent weight loss.
- On abdominal examination she had a distended abdomen with a pelvic mass and free fluid.
- Vaginal examination revealed a mobile mass in pouch of Douglas.
- On ultrasound examination, found to have a large multilocular cyst with numerous thick septations, thick irregular cyst wall, increased vascularity, echogenic cystic fluid and moderate amount of free fluid which is suggestive of ovarian malignancy.
- Her CA-125 level is 77U/ml and RMI was 693.
- She underwent an exploratory laparotomy and found to have a large mass in left ovary, multiple omental deposits and yellowish mucoid acidic fluid.
- Total abdominal hysterectomy with bilateral salpingoophorectomy was done.
- Multiple omental and lymph node biopsies were taken for histology.
- Peritoneal fluid was sent for cytology.
- Histological diagnosis was mucinous cystadenocarcinoma of the ovary leading to pseudomyxoma peritonei.
- Patient referred for gynecologic oncology unit for adjuvant chemotherapy.

Discussion

- Pseudomyxoma peritonei is predominantly seen among postmenopausal females.
- The exact aetiology remains unknown and the optimal management option for pseudomyxoma peritonei is maximum cytoreductive surgery followed by systemic or intraperitoneal chemotherapy.
- Management is individualized depending on the tumour staging, fertility wishes, extent of the disease and availability of treatment options.
- It has a poor prognosis. Less than 40% has 5 years of survival rate which is mainly due to difficulty in early diagnosis, high risk of relapse and loco-regional metastasis

Conclusion

- Pseudomyxoma peritonei can present with various non-specific symptoms which can mislead the diagnosis.
- Maximum cytoreductive surgery with systemic chemotherapy is the mainstay of the management.
- The multidisciplinary approach helps to improve the clinical outcome