

OBJECTIVE

Primary fallopian tube carcinoma is a rare gynecologic malignancy, comprising approximately 0.14-1.8% of gynecologic malignancies. Preoperative diagnosis is challenging because of its non-specific symptomatology, which in this case presented as a primary gastrointestinal pathology.

CASE STUDY

We report a case of primary fallopian tube carcinoma (PFTC) in a 50-year-old, G3P3 (3003), menopausal woman who presented with right upper quadrant pain clinically suggesting a primary gastrointestinal pathology. However, on further work-up and evaluation (Figures 1,2, 3 & 4), an ovarian pathology was considered and consequently underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy with complete surgical staging and right hemicolectomy (Figure 5, 6, 7 & 8). The final histopathologic result showed poorly differentiated adenocarcinoma of the fallopian tube (Figure 9, 10, 11 & 12). Adjuvant chemotherapy with Carboplatin and Paclitaxel was given.

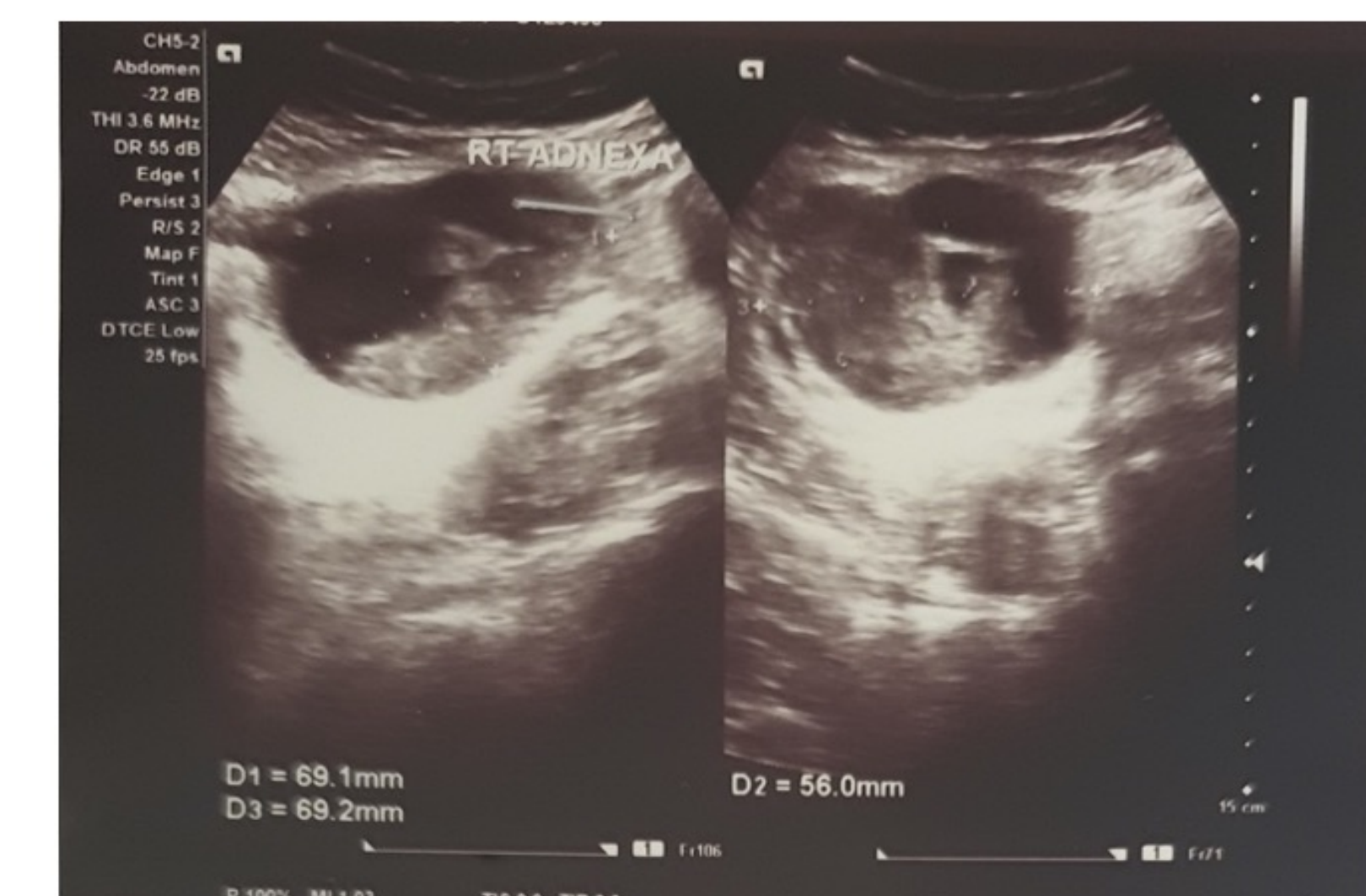


Figure 1: Whole abdominal ultrasound

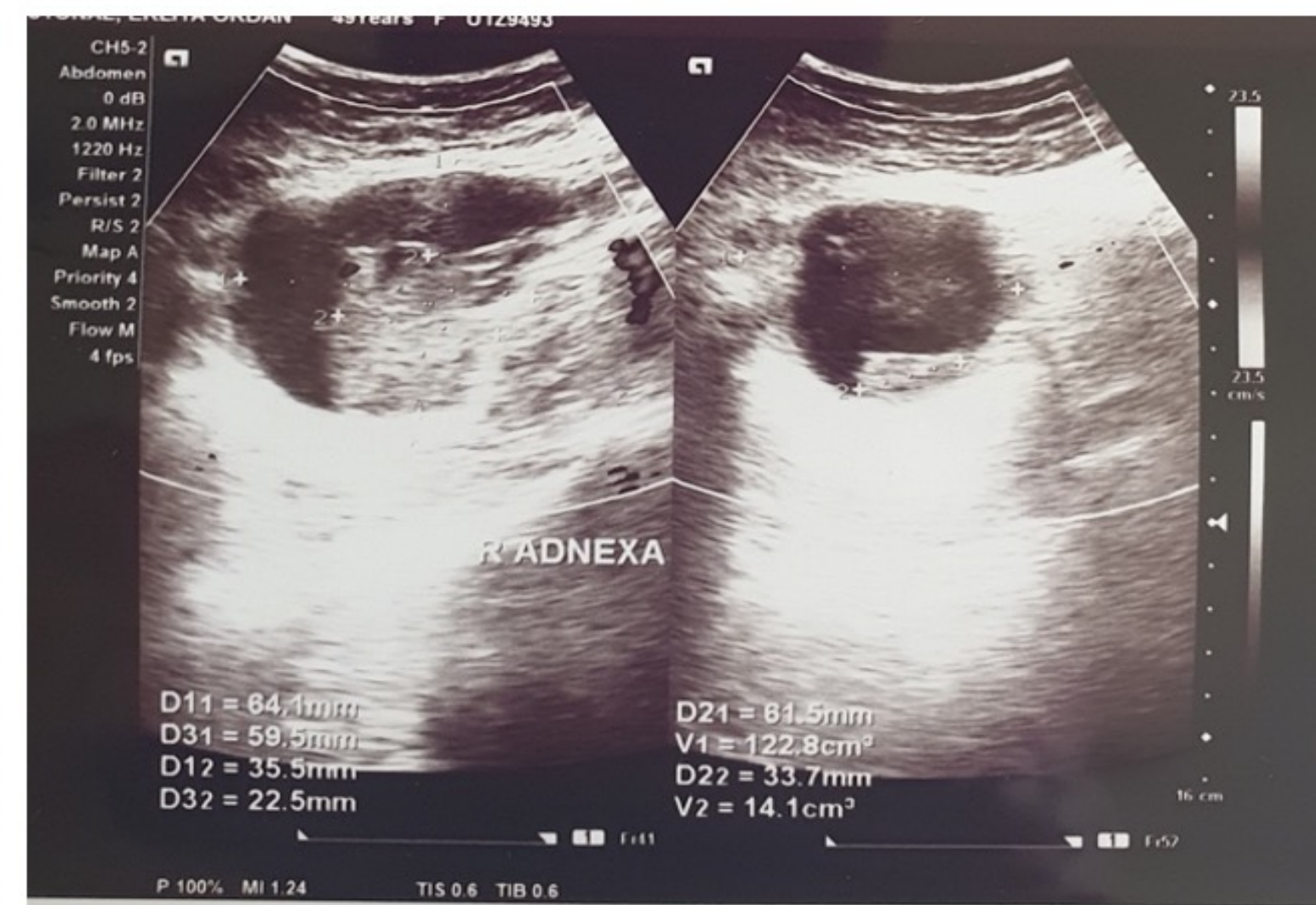
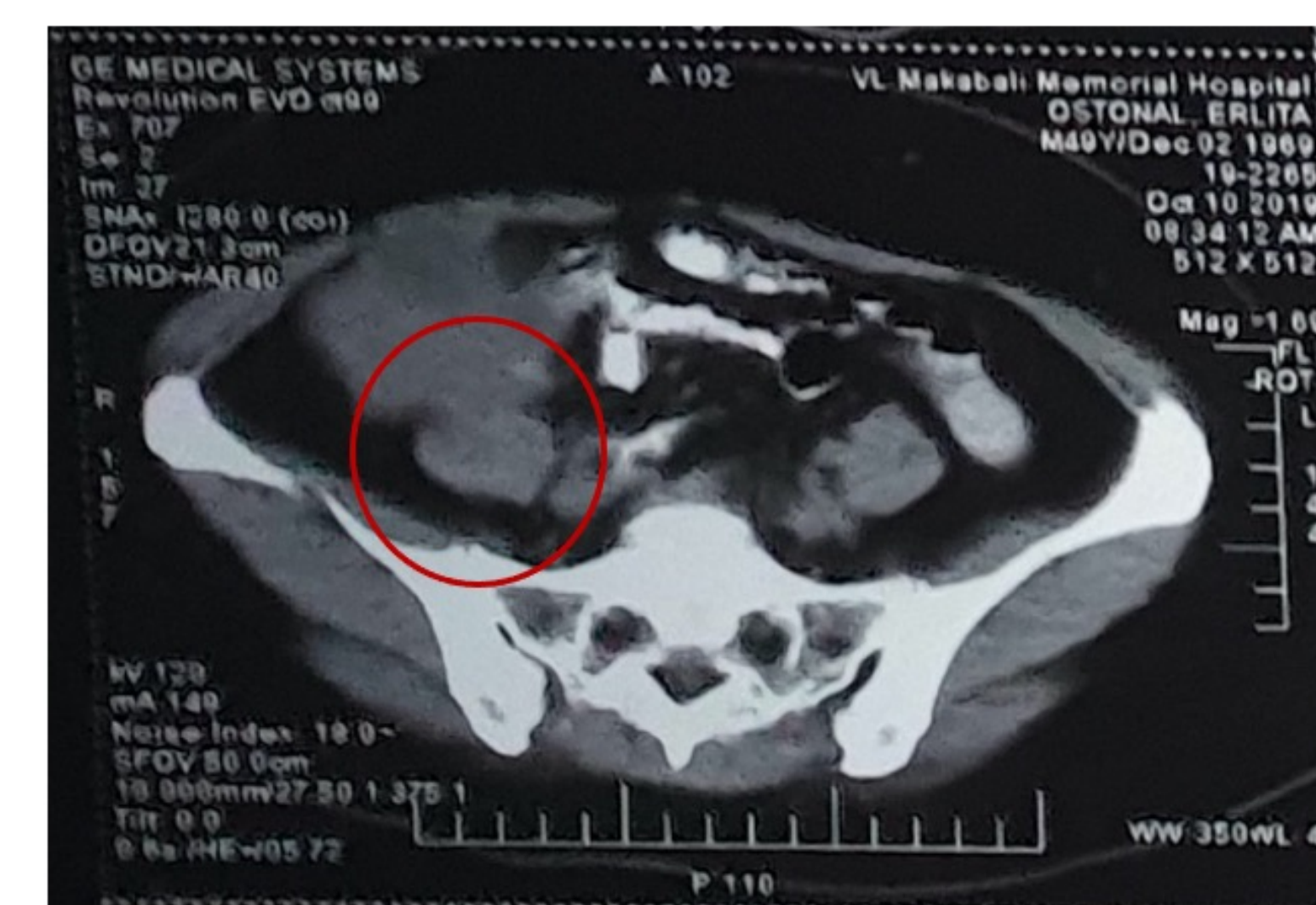
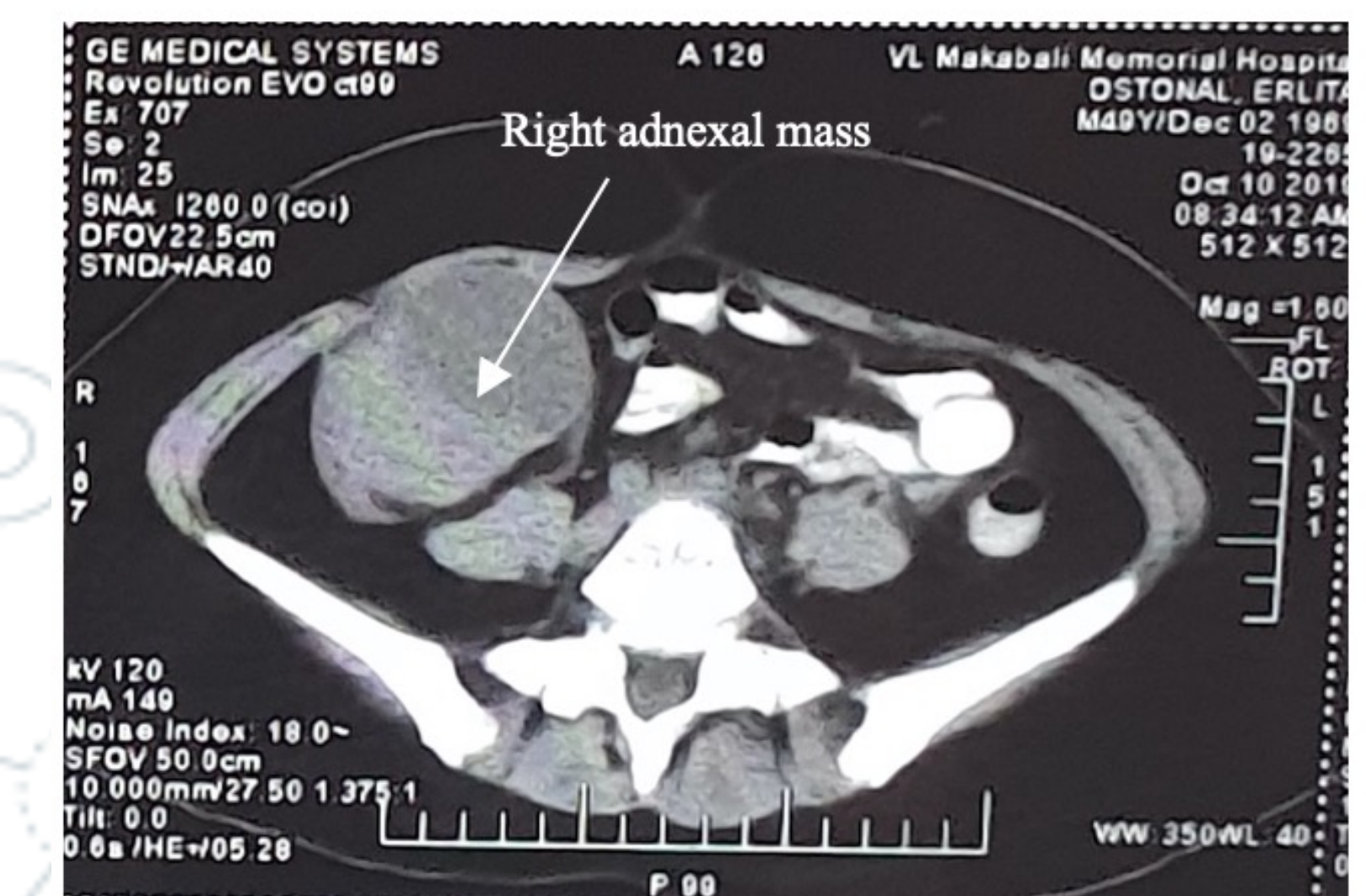


Figure 2: Transvaginal ultrasound



Figures 3 & 4: Whole abdominal CT scan with triple contrast

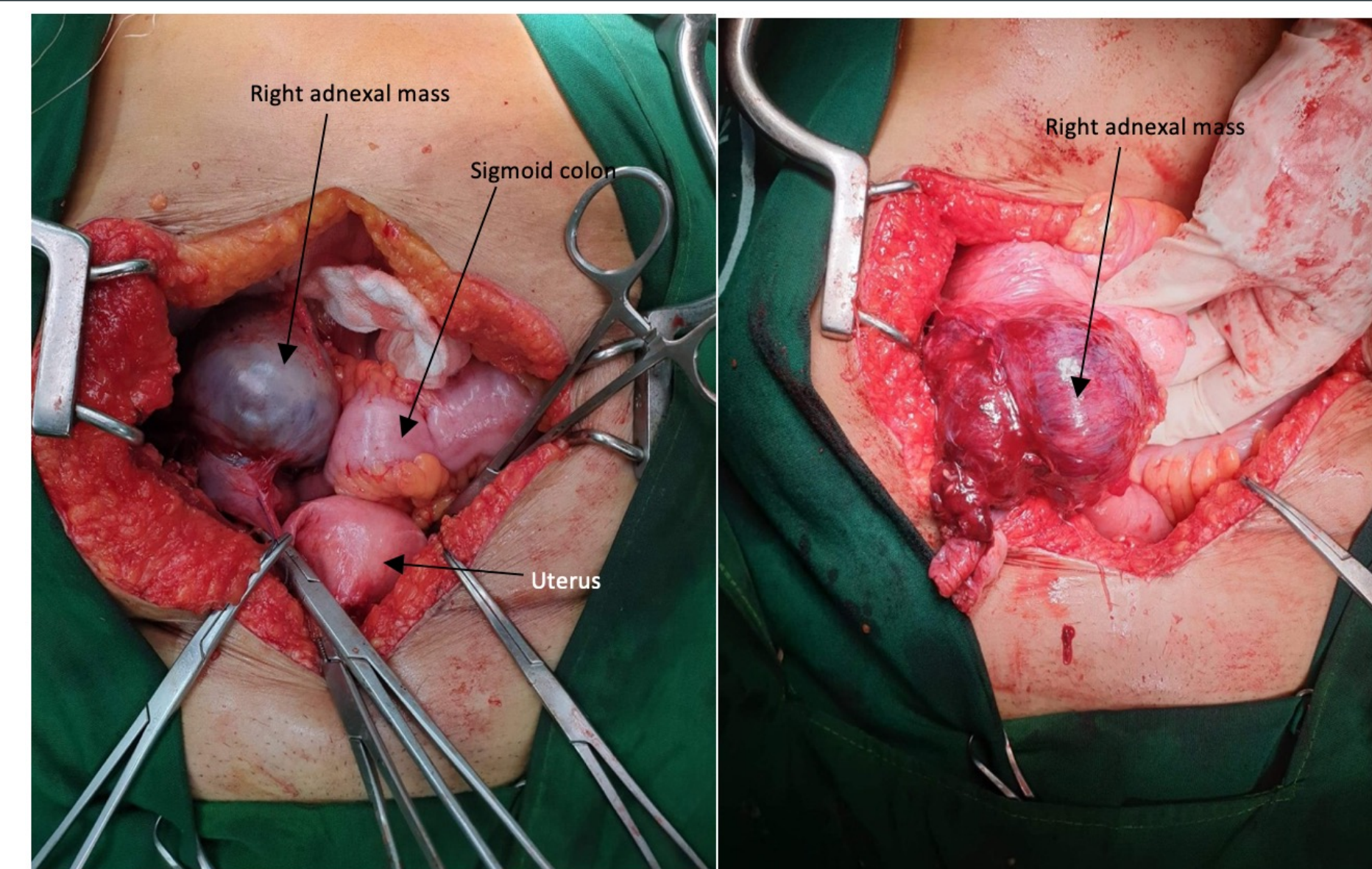


Figure 5 & 6: Intraoperative findings



Figure 7 & 8: Gross specimen of right adnexa and uterus

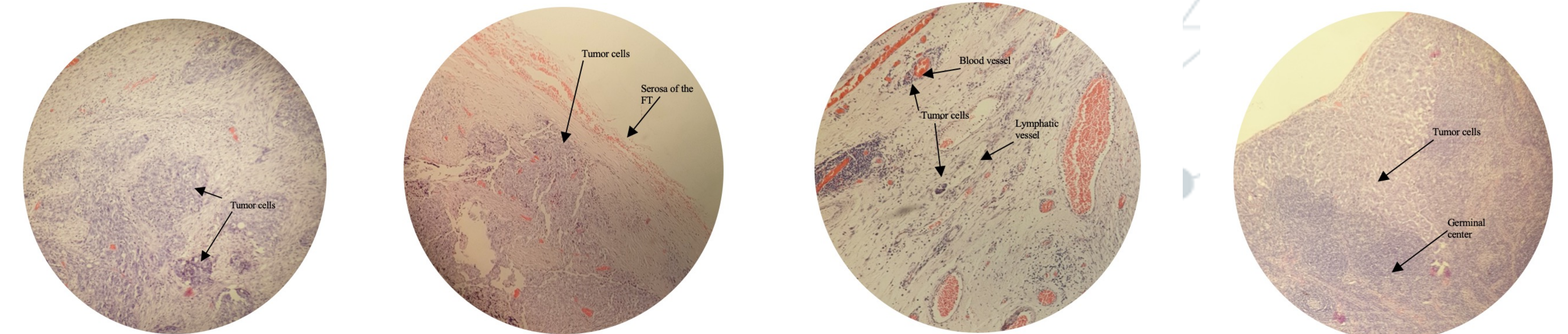


Figure 9: Right Fallopian Tube: Poorly differentiated glandular cells

Figure 10: Invasion of the muscular layer of the Right FT (LPO)

Figure 11: Lymphovascular invasion of the Right FT (HPO)

Figure 12: Lymph node with invasion of malignant cells

DISCUSSION

Due to the rarity of this tumor, histopathologic diagnosis and pre-operative surgical planning are important, in terms of proper diagnosis, treatment, and prognosis. Treatment of primary fallopian tube carcinoma is still patterned with that of ovarian epithelial carcinoma and prognosis remained poor, especially for advanced stages.

CONCLUSION

This case report describes the complexity of diagnosing primary fallopian tube carcinoma preoperatively, which in this case presented as a primary gastrointestinal pathology hence, it is valuable to include primary fallopian tube carcinoma in the differential diagnosis of patients who present with a gastrointestinal mass and adnexal mass specifically with risk factors for PFTC such as inherited BRCA mutations and those with history of hereditary breast carcinoma and ovarian syndromes. In most cases, diagnosing PFTC is through histopathology and the treatment for PFTC is usually similar with ovarian carcinoma but treatment modalities may differ based on the staging of the disease at the time of diagnosis.

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