

Incidental Diagnosis of Complex Endometrial Hyperplasia and Serous Borderline Ovarian Tumour Despite Normal Investigations.

E Loughman, J Stokes, E Dunn Obstetrics and Gynaecology, Wexford General Hospital



60-year-old Postmenopausal patient	Presented with Vaginal Prolapse
Failed Ring Pessary Management	USS Pelvis: Right Ovarian Cyst 5.5cm, single septation
Endometrial Thickness: 2mm	Ca125: 19.5 U/ML
Proceed to TAH+BSO	Histology: Complex Hyperplasia & Serous Borderline Ovarian Tumour

Endometrial Hyperplasia

- Majority of endometrial hyperplasia and endometrial cancer present with **per-vaginal bleeding**
- In postmenopausal women, ET of less than 4mm has a **99% negative predictive value** (1).
- Systematic reviews have shown that the probability of EC is **less than 1%** with an ET less than 3mm (2; 3)
- National guidelines recommend, in the context of postmenopausal bleeding, a **cut off Endometrial Thickness of 4mm** (4).

Borderline Ovarian tumours

- Pre-operative diagnosis can be **difficult**, with serum markers being insensitive & up to 20% appearing as simple cysts on ultrasound (5).
- Ultrasound has a sensitivity of 89% and specificity of 73% (6). Ca125 positive rate of **68%** in SBOT (7).
- RCOG guidelines recommend **conservative** management of asymptomatic simple unilateral & unilocular ovarian cysts with a normal Ca125 (5).

Conclusion

For this individual case, the patient was incidentally diagnosed with both complex EH & SBOT with a normal ET & normal Ca125 level. International guidelines would have recommended conservative management based off these results.

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