Fatal hematogenous relapse of mucinous borderline ovarian tumor of intestinal type

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ABSTRACT
We describe an unusual case of fatal hematogenous relapse of borderline mucinous ovarian tumour of intestinal type after three years of primary optimal cytoreduction with dissemination to liver, bones and lymphangitic pattern of spread in lungs with resistance to standard chemotherapy.

Key words: Chemoresistant, hematogenous relapse, mucinous borderline ovarian tumor

A 61-year-old lady who has been diagnosed as pathological stage IA (limited to one ovary with no capsule breach) borderline ovarian tumor of intestinal type [Figure 1] in 2008 has come to us three years later with abdominal pain, back pain and exertional breathlessness. Computed tomography evaluation showed liver lesion, extensive lymphangitic pulmonary lesion and scattered vertebral lesion but no peritoneal disease [Figure 2]. Bone scan showed multiple uptakes in axial and appendicular skeleton. Biopsy from liver lesion showed mucin positive adenocarcinoma consistent with ovarian origin positive for cytokeratin 7, cytokeratin 20 CK7, CK20) and cancer antigen 125 (CA 125) and negative for caudal type

Figure 1: Section showing borderline mucinous tumor-intestinal type with goblet cells (black arrow) of ovary (H and E, ×40) and inset (H and E, ×200)

Figure 2: Computed tomography evaluation showed liver lesion and extensive lymphangitic pulmonary lesion and scattered vertebral lesion but no peritoneal disease
homeobox 2 (CDX2) [Figures 3 and 4]. Her upper and lower Gastrointestinal endoscopies were normal. She had progressive disease despite paclitaxel and carboplatin based therapy and failed subsequent secondline therapy before she eventually died of disease related respiratory failure.

Figure 3: Section showing metastatic deposits of mucinous adenocarcinoma (H and E, ×40) and inset (H and E, ×200)

Figure 4: Special immunostains highlight immunopisitivity for Ck 7, Ck 20 and Ca125. (Dab, ×200)

How to cite this article: Louis AR, Gupta SK, Gouda C, Gupta G. Fatal hematogenous relapse of mucinous borderline ovarian tumor of intestinal type. Indian J Med Paediatr Oncol 2013;34:134-5.

Source of Support: Nil, Conflict of Interest: None declared.