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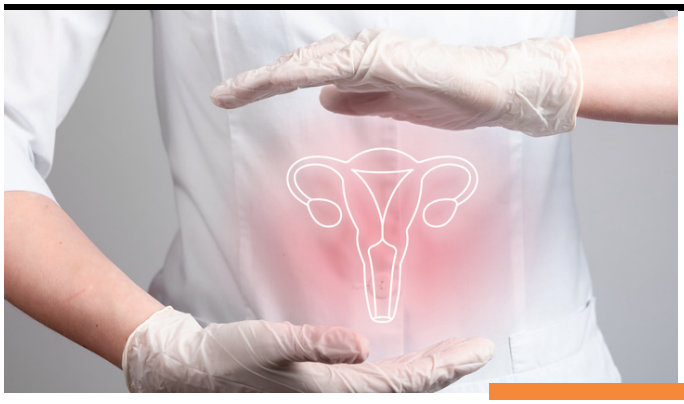
INDORE · OCTOBER 2023 · UPDATE 6



role of minimal invasive surgery in ca. ovary

A 45-year-old woman came to Vishesh Jupiter Hospital with a problem of menometrorrhagia for the past year, where her menstrual bleeding was not only heavy and prolonged but also accompanied by continuous lower abdominal pain. Sadly, the pain didn't get better even with medication.

Her menstrual cycles were not behaving normally either; they were happening more. Often menstruation cycles than usual, causing her a lot of distress. Alongside these problems, She had also lost around 4 to 5 kilograms of weight over just a few months and had lost her appetite.

> *When examined on ultrasound (USG), there was a strange 5 cm x 6 cm heterogeneous solid cystic lesion in the right adnexal region, which is around the ovaries. Unfortunately, the right ovary was not clearly distinguishable in the ultrasound images. This made me concerned, that there might be a tumor in her right ovary, and also regarding a mass near her right adrenal region.*

Dr. Renu Dubey Sharma
Consultant- Gynaec Oncologist
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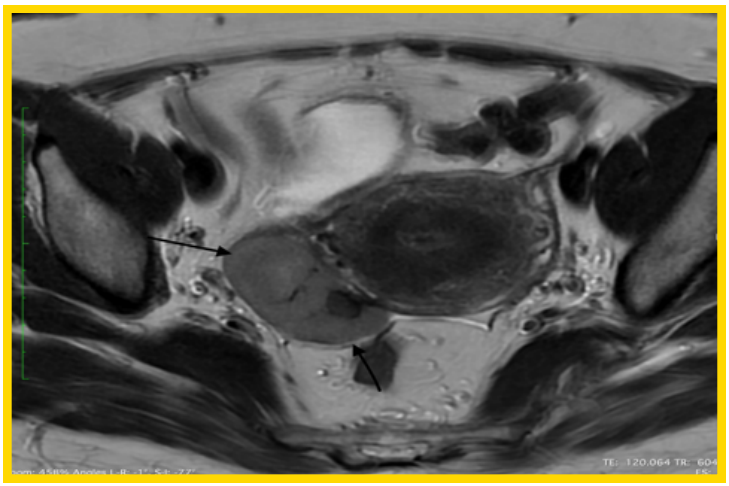
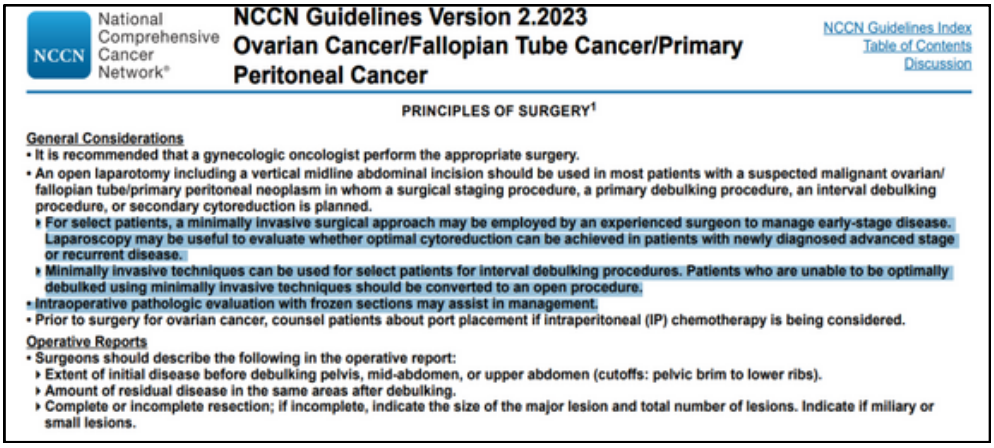
Further imaging, specifically contrast-enhanced magnetic resonance imaging (CEMR), This scan showed that the mass in her right adnexal mass region was mostly solid. The mass measures 5 cm x 4 cm x 3 cm and is suggestive of a sex cord-stromal tumor within the ovary,specifically a granulosa cell tumor.



The situation is discussed with the woman, which explains everything in detail and answers her questions. They planned the next steps to properly diagnose and treat her condition. With their care and expertise, the woman felt more hopeful that she would soon find relief from her troubles and regain her health.

Following the surgery, the patient experienced a quick recovery and, was able to walk, eat, and drink on the same day. She was discharged on the second day post-surgery.

To address this condition according to the current NCCN guidelines Diagnostic-laparoscopy with Laparoscopic Radical Hysterectomy (LRH) and Bilateral Pelvic Lymph Node Dissection (BPLND) done.



NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2023
Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

NCCN Guidelines Index
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Discussion

PRINCIPLES OF SURGERY[1]

General Considerations
- It is recommended that a gynecologic oncologist perform the appropriate surgery.
- An open laparotomy including a vertical midline abdominal incision should be used in most patients with a suspected malignant ovarian/fallopian tube/primary peritoneal neoplasm in whom a surgical staging procedure, a primary debulking procedure, an interval debulking procedure, or secondary cytoreduction is planned.
  - For select patients, a minimally invasive surgical approach may be employed by an experienced surgeon to manage early-stage disease. Laparoscopy may be useful to evaluate whether optimal cytoreduction can be achieved in patients with newly diagnosed advanced stage or recurrent disease.
  - Minimally invasive techniques can be used for select patients for interval debulking procedures. Patients who are unable to be optimally debulked using minimally invasive techniques should be converted to an open procedure.
- Intraoperative pathologic evaluation with frozen sections may assist in management.
- Prior to surgery for ovarian cancer, counsel patients about port placement if intraperitoneal (IP) chemotherapy is being considered.

Operative Reports
- Surgeons should describe the following in the operative report:
  - Extent of initial disease before debulking pelvis, mid-abdomen, or upper abdomen (cutoffs: pelvic brim to lower ribs).
  - Amount of residual disease in the same areas after debulking.
  - Complete or incomplete resection; if incomplete, indicate the size of the major lesion and total number of lesions. Indicate if miliary or small lesions.

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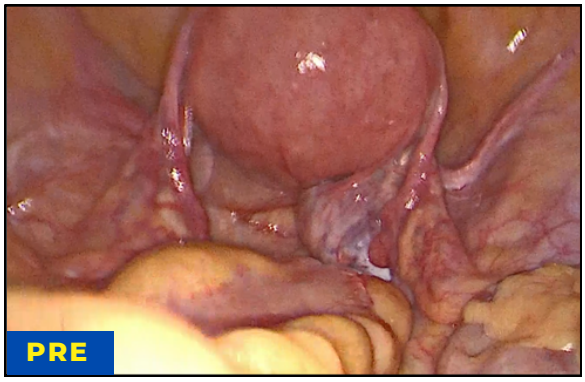
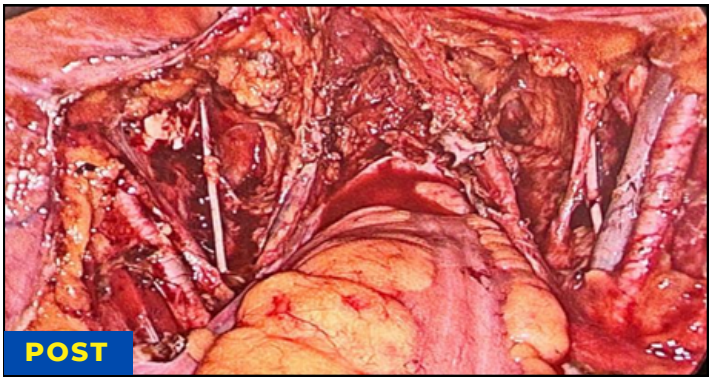
PRE AND POST SURGERY PICTURES ARE SHOWN BELOW :-





HPE Report

- *Features are consistent with Granulosa cell tumour of ovary, Adult type.*
- *No capsular breech is seen.*
- *Both fallopain tubes are free of tumour deposit*
- *All 12 pelvic lymph nodes are free of tumour deposit*
- *Pathological staging: pT1a pN0 Mx*

Early Diagnostic
↓
Early Evaluation and care full case selection
↓
Complete Surgical Care Is Possible With Minimal Invasive Surgery
↓
Early, Painless, and complete Recovery

TAKE HOME MESSAGE

This case underscores the significance of early diagnosis, thorough evaluation, and comprehensive surgical management facilitated by minimally invasive procedures. These approaches offer benefits such as minimal incisions, early recovery, and reduced pain for patients undergoing surgical treatment for ovarian cancer.