Ovarian Carcinoma Mimicking Peritoneal Hydatidosis: An Unusual Case

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Citation

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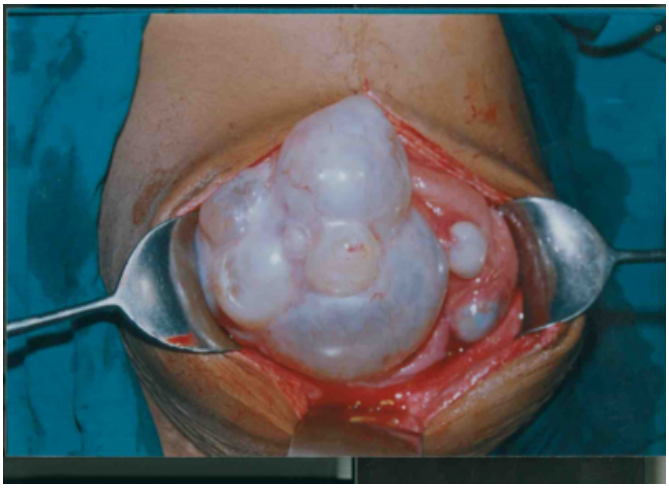
Abstract

Early ovarian carcinoma are asymptomatic while advanced cases present with non-specific symptoms i.e. abdominal distension, vague abdominal pain, early satiety etc. Widespread peritoneal dissemination, omental involvement and ascites are the rule rather then exception in majority of cases. In cattle rearing countries like India where echinococosis is vary common, peritoneal echinococosi may be confused with ovarian carcinoma resulting delay in diagnosis. This is an interesting and unfortunate case where preoperative diagnosis was hydatid disease of peritoneum and true picture was revealed only on frozen section examination.

CASE HISTORY

A 42 year-old female presented with history of fullness of abdomen, intermittent dull aching pain, vague abdominal symptoms for last 6 to 7 months. Abdominal palpation revealed multiple rounded smooth mobile cystic masses. The chest radiograph did not reveal any abnormality. Ultrasonography showed multiple large multiseptated cystic lesions and raised possibility of hydatid disease. CT abdomen showed cystic lesions with no contrast enhancement, fat density of calcific density suggestive of hydatid disease of peritoneum. Being a female patient of this age, the possibility of ovarian carcinoma was kept. Serum marker (CA-125) for ovarian carcinoma and ELISA for hydatid disease were negative. As patient was from endemic area for hydatid disease, she was put on albendazole for 2 months. On follow up, with no response, decision was taken to perform exploratory laparotomy. To our surprise on exploration the picture was of hydatid disease on macroscopic view (Fig-I) but frozen section showed adenocarcinoma of ovary. Total abdominal hysterectomy with bilateral salpingo-opherectomy with omentectomy was done. Patient was discharged on 9th day in satisfactory condition.

Figure 1



DISCUSSION

Hydatid disease can affect every part of body and demonstrates variety of imaging features depending on stage of disease, complications and tissue affected. Immunological and biological tests are complementary to imaging diagnostic procedures and not specific because of number of false negative results (due to no existing hypersensitivity to the antigen even in presence of demonstrable disease)$_1$. Peritoneal hydatid cysts which are very rare (5.67%) can be solitary or multiple, cystic or solid. Radiological and serologic findings can generally help establish the diagnosis of disease, but an unusual anatomic location with atypical imaging features may complicate the differential diagnosis. Peritoneal hydatid disease is usually secondary to hepatic

hydatid but primary peritoneal involvement is also known.[2] The overall prevalence of peritoneal involvement in cases of abdominal hydatid disease is approximately 13%. Ovarian hydatid is rare, only few reported cases in literature as primary involvement.[3] Ovarian hydatid cysts may remain asymptomatic for long and may be discovered incidentally or may cause irritation or compression symptoms. It is very difficult to differentiate hydatid cyst, from other ovarian lesions that may appear to be mostly cystic. Daughter cysts can simulate septal structures that may be seen in cystadenocarcinoma. In situation like our unusual presentation of ovarian carcinoma with absence of ascites, presence of multiple cysts in peritoneal cavity and negative serum marker, it is very difficult to differentiate it from peritoneal hydatid with similar imaging features. Several recent publications propose minimally invasive approach for diagnosis – fine needle guided aspiration – and treatment contrary to the classical attitude that prohibits any blind procedure.[4] Such approach may be of value in such unusual presentation. Authors are of the view that in such condition, even in patients from endemic areas for hydatid disease, possibility of ovarian malignancy should be kept.

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