



A case of Ovarian cancer

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Abstract

My patient Mrs Khirid Manisha ,43 yr old,nulligravida ,came to opd with complaints of pain in abdomen since 4-5 months,which was insidious in onset, located in the lower abdomen,dull aching, non radiating,no aggravating or relieving factors. She was admitted in the department of surgery for her above complaints and was posted for a laproscopic cholecystectomy in view of a gall bladder polyp and was diagnosed with bulky ovaries and ascitic fluid tap suggested malignant cells.She also gave a history of loss of appetite and weight.No any bowel or bladder complaints.She was admitted in the department of obstetric and gynaecology and was posted for exploratory laprotomy.

Intraoperatively Evidence of b/l ovarian masses around 8x9 cm with irregular surfaces were noted with involvement of peritoneum • Bilateral Ovarian masses removed and sent for Frozen section which was suggestive of granulosa cell tumour

Her histopathology report was suggestive of -Poorly differentiated malignancy of both ovaries with Lymphovascular emboli and differential diagnosis of metastatic adenocarcinoma and Malignant sex cord stromal tumor was given and IHC advised: CK7, CK20, Inhibin



Biography:

I Dr Gitanjali kumari is a 3rd year PostGraduate resident in the department of Obstetric and gynaecology in Bharati Vidyapeeth university , at Pune ,maharashtra. I had finished my M,b.b.s from KMCmangalore,India.

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