

# The tumour board

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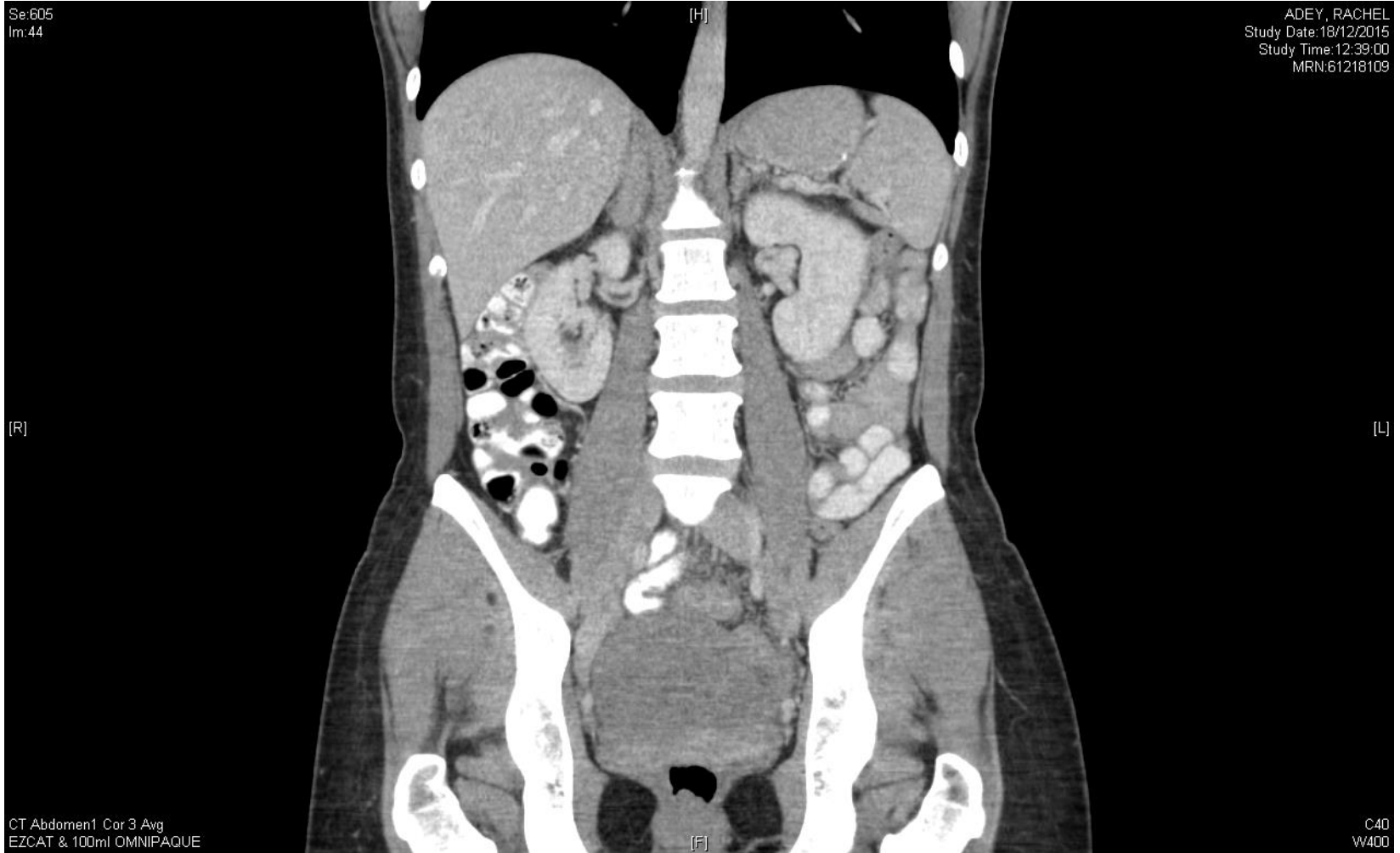
Mr Summi Abdul, Consultant, Gynae oncology, Derby

# Case 1

- 41
- PC Heavy irregular periods
- USS- Complex ovarian mass – 9x8 cm
- Ca125=69, ca19.9 =1294
- CT- No extra ovarian disease, No ascites
- Family complete

Se:605  
Im:44

ADEY, RACHEL  
Study Date:18/12/2015  
Study Time:12:39:00  
MRN:61218109



Se:606  
Im:40

ADEY, RACHEL  
Study Date:18/12/2015  
Study Time:12:39:00  
MRN:61218109

[A]

[P]

CT Abdomen2 Sag 5 Avg  
EZCAT & 100ml OMNIPAQUE

C40  
W400

Se:607  
Im:67

[A]

ADEY, RACHEL  
Study Date:18/12/2015  
Study Time:12:39:00  
MRN:61218109

[R]

[L]



CT Thick Axials 5mm  
EZCAT & 100ml OMNIPAQUE

[P]

C40  
W400

Rx ???

# JT 77

- Para 0
- PMH- VH1980 – Menorrhagia, Breast Cancer
- PC- PFR St Elsewhere Dec 2015
- post operatively with excessive pain
- Renal USS performed 17/12/2015

**There is a large complex but largely solid mass in the pelvis, posterior to the urinary bladder and displacing it anteriorly. It measures approx. 152 x 132 x 105 mm.**

- **CA125 = 181**

Se:1  
Im:5376 (F1/1)



**Queens**  
17/12/15 12:09:10

ADM B200512, 28/06/38

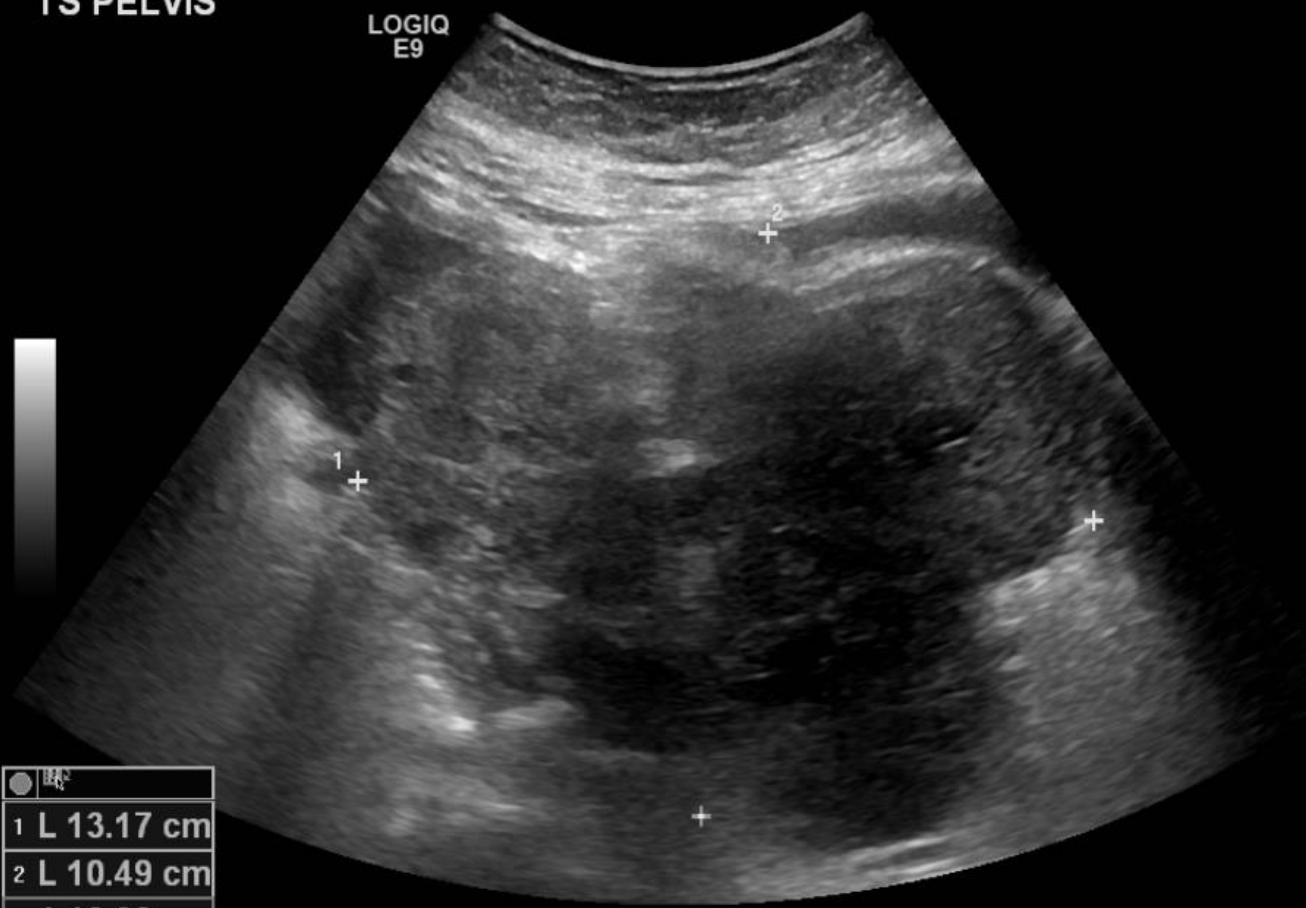
Study Date: 17/12/2015  
Study Time: 11:54:13  
MRN: 61512591

**TS PELVIS**

LOGIQ  
E9



●	1	L 13.17 cm
●	2	L 10.49 cm
+	d	13.39 cm
	L	0.00 cm



FR 21

CHI	
0- Frq	4.0
- Gn	58
- S/A	2/1
- Map	F/0
- D	15.0
- DR	66
- AO%	100

5-  
-  
-  
-  
10-  
-  
-  
-  
15-

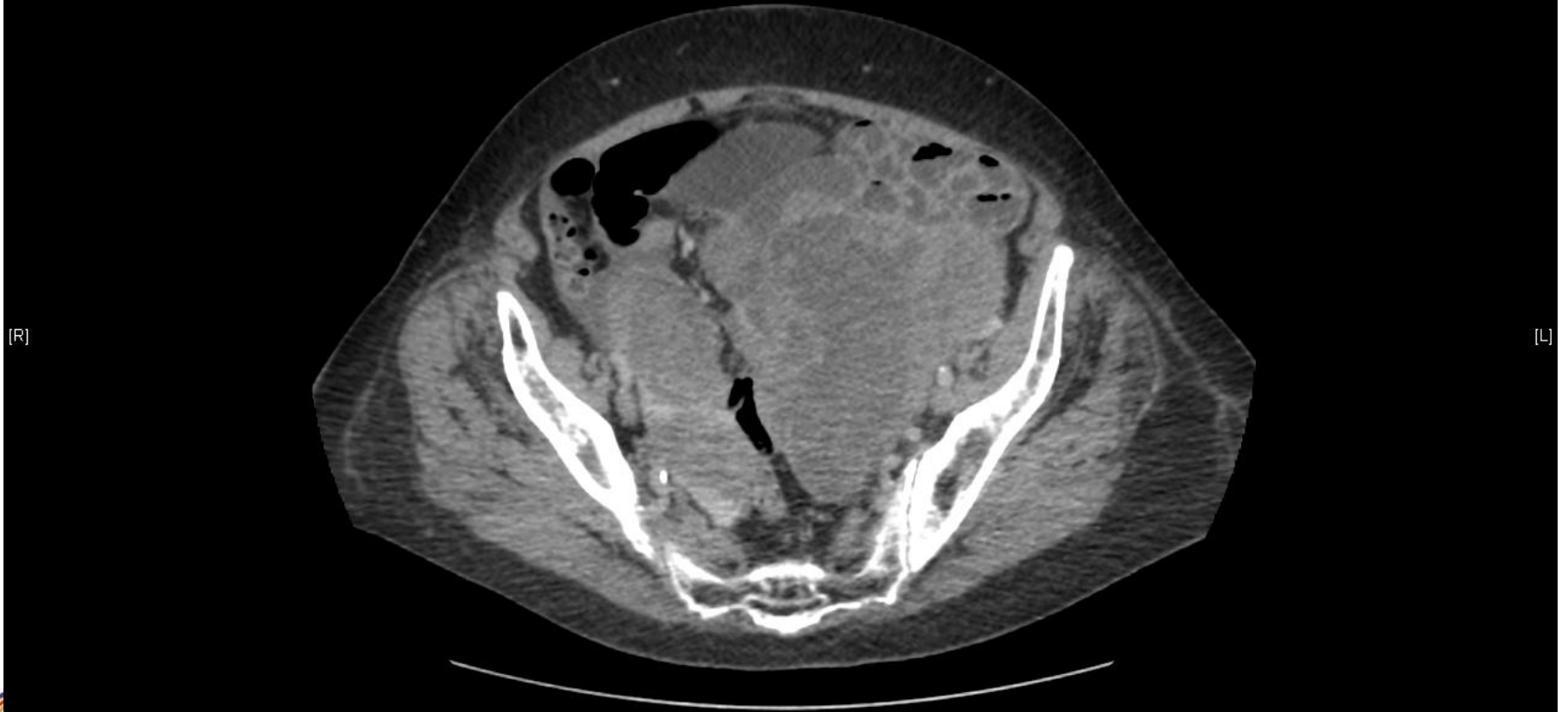






Se:601  
Im:130

Study Date:18/12/2015  
Study Time:15:42:59  
MRN:61512591



[R]

[L]

IV AXIAL ABDO 2mm  
80mls omni300

[P]

C40  
W400

## CT Scan Report

**‘There is what appears like a large organized haematoma collection in the pelvis with multiple septations**

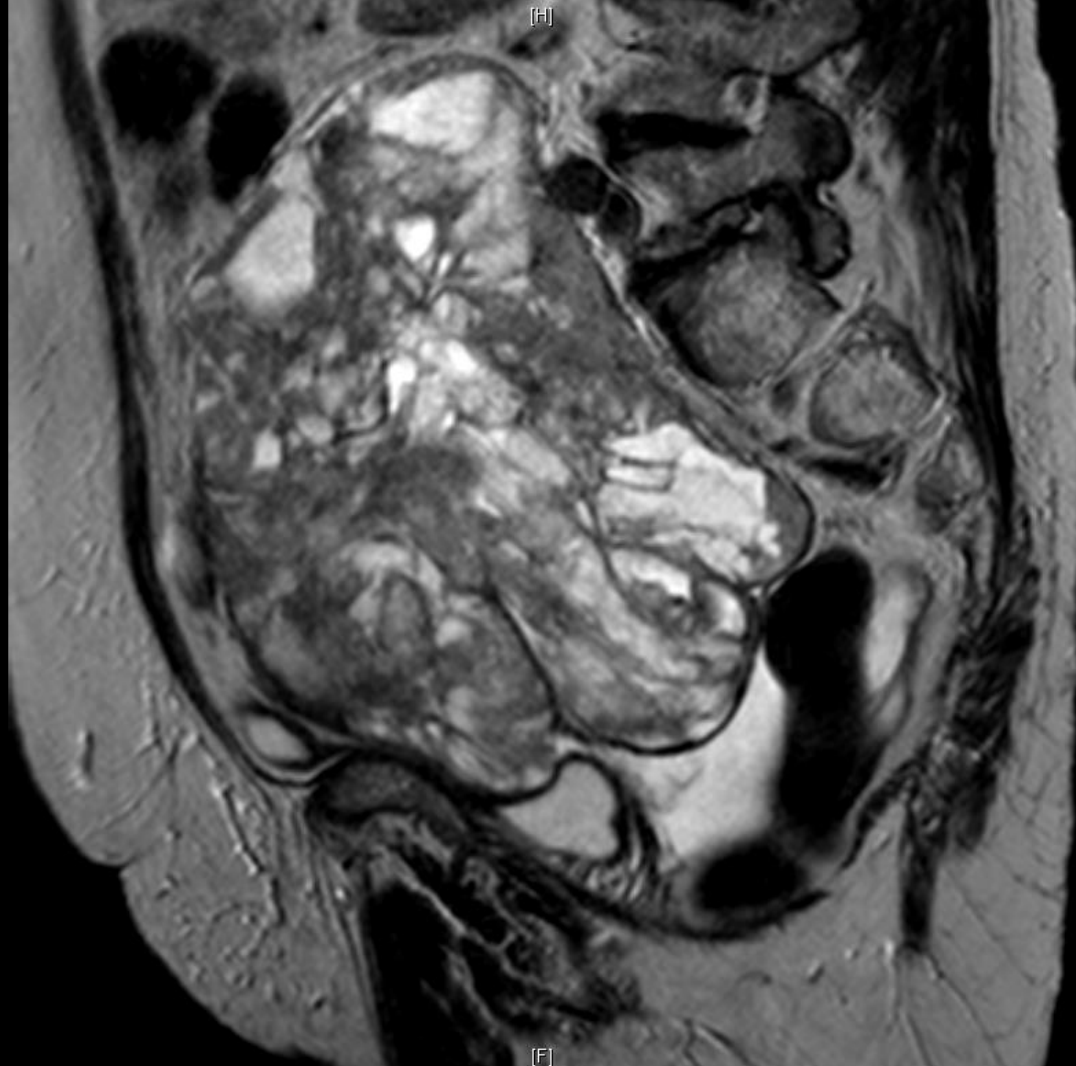
**(patient has had recent pelvic floor repair). This measures**

**approximately 17 cm in craniocaudal extent and about 18 x 16 cm in axial dimensions. A large adnexal mass lesion cannot be excluded. Given the extent and size of this haematoma collection/mass lesion, compression on the adjacent structures and lumbar/sacral plexus is possible.’**

- Admitted direct to ward from Gynae clinic on 30/12/2015
- Severe Pain and difficulty passing urine
- Management ??

Se:601  
Im:22

Study Date:31/12/2015  
Study Time:10:30:07  
MRN:61512591



[A]

[P]

T2W HR SAG

DiBV:0

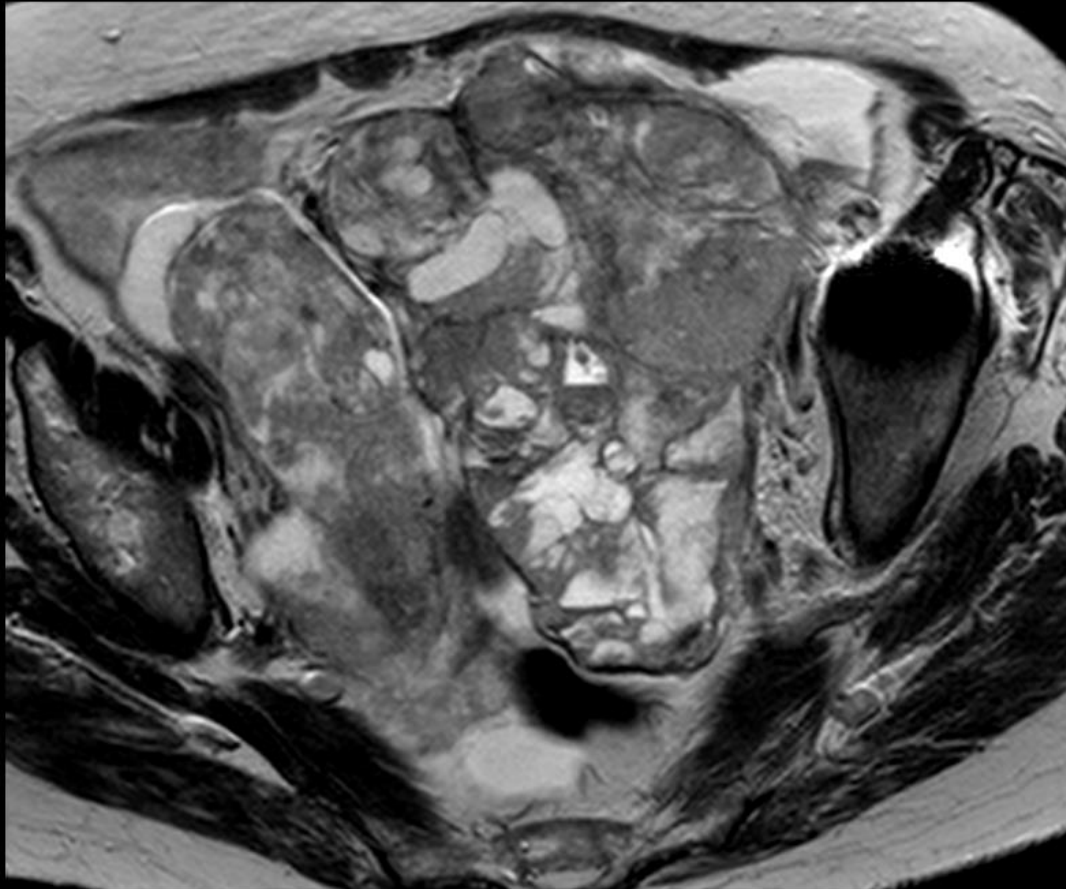
C231  
W402



Se:301  
Im:17

[A]

Study Date:31/12/2015  
Study Time:10:30:07  
MRN:61512591



[R]

[L]

T2W HR AX OBL (3/0.3)

DiEV:0

[P]

C217  
W377

# MRI Pelvis Report

**There is a heterogenous mixed T2 signal intensity mass in the pelvis measuring approximately 16 x 13.5 x 15cm.**

**This appears lobulated but well defined and not infiltrative. There is a further oblong lobulated area along the right pelvic side wall measuring approximately 14cm.**

**The ovarian vessels appear to be contiguous with these masses on**

**both sides suggesting there may be bilateral ovarian pathology. There is contrast enhancement in the solid areas.**



# Gynae MDT 31/12/2016

**Bilateral masses , Slight paracolic omental thickening**

**Rx - ????**

# Operation Note 26/01/2016

Midline Laparotomy, BSO, Washings, Supracolic omentectomy and Hartmans Procedure

Large Bilateral pelvic masses 20cm each side

Infiltrating into large bowel

No obvious omental or upper abdominal disease

No small bowel disease

100ml Ascites

2-3cm residual disease in pelvic side wall

# Final Histology

Left and right fallopian tubes and ovaries:

Carcinosarcoma (Mixed malignant mullerian tumour).

Considered to be of primary fallopian tube origin as STIC (Serous Tubal Intraepithelial Carcinoma) identified within fimbriae of right fallopian tube. Macroscopic features suggest invasion of sigmoid.

Peritoneal Washings- Malignant cells present

Omentum Negative

Rx??

## Outcome

- FIGO Stage 3C Fallopian Tube Sarcoma
- For Sarcoma MDT And Chemotherapy