

# OVARIAN CANCER CASE PRESENTATION

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and

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(at Broadmeadow Medical Centre)

# The Essence of Woman (and Port Stephens)



# Background

- 50 year old lady
- No significant past history, ex social smoker
- Normal pelvic ultrasound to investigate perimenopausal bleeding 15 months prior to presentation
- Mother died of bowel obstruction in her 70's, cause not identified (was in nursing home with dementia)
- Sister CIN 3
- History from father's side unknown

# Initial Presentation

June 2009

- Saw a different doctor at my practice complaining of increased burping and a 2 days history of abdominal bloating. Period 10 days late.
- No change in bowel habit, nil dysuria, exercising, otherwise well.
- Some relief Dandelion Tea and Zantac.
- On examination BP(Sitting): 100/60  
abdomen soft, lower abdomen slightly tender bilaterally

# Presentation to me

- Presented to me ~~on Saturday~~ <sup>4 days later</sup> morning with ongoing non-specific symptoms:
- Increased abdominal bloating and abdominal discomfort ++
- No constipation, PR bleeding or diarrhoea.
- On examination: Afebrile, abdomen soft, tender centrally

# Dilema

Tina had just been accepted into the army and was leaving the following day for basic training at Wagga Wagga!

# Considerations

- No significant past history
- Brief duration of symptoms
- Non-specific symptoms
- Just passed army medical and fitness examinations
- Will have access to medical care if further problems
- Is actually doing something for self!

# Decision

Yes, will go



# Two days later

- Tina presented to RPAH 2 days later with abdominal swelling and constipation.
- AXR showed faecal loading
- Treated for constipation and discharged

# Two Days Later

- When reached Wagga 2 days later she was “very unwell” and admitted to Wagga Hospital immediately
- CT scan showed large amount of ascites, 3.5x3.5 complex left ovarian mass and omental disease

# Next step

- Transferred to Royal Hospital for Women and had 5 litres ascites drained
- Cytology: Adenocarcinoma consistent with Ovarian primary.

# Treatment

- 3 cycles of chemotherapy (Carboplatin and Paclitaxel)
- Surgery: laparotomy, adhesiolysis, partial pelvic peritonectomy, infra-colic and gastro-colic omentectomy, TAH, BSO, appendectomy
- 3 further cycles chemotherapy (as above)  
=> well and Ca-125 now 8

# Relapses

- May 2010 with elevated Ca-125  
chemotherapy (Carbo/Caelyx May to October  
then just Caelyx)
- January 2011: ascites and elevated Ca-125  
weekly then fortnightly Taxol

# Now

- Continuing fortnightly Taxol at Mater
- Feels well!

# Lessons learnt

1. Greater variety of treatments for Ovarian Cancer with improved prognosis (?) and quality of life
2. Diagnosis of Ovarian Cancer remains a huge challenge due to both lack of symptoms and non-specific nature of symptoms

