CARCINOSARCOMA OF OVARY AND ITS MANAGEMENT, A CASE REPORT AND REVIEW OF LITERATURE

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ABSTRACT

Carcinosarcoma of ovary is also known as malignant mixed mullerian tumour. It is a very rare entity and accounts for less than 1% of all ovarian tumour. It has overall worst survival and poor prognosis. Primary optimal cytoreductive debulking surgery is a crucial part of treatment. Adjuvant taxane and platinum based combination chemotherapy should be recommended after primary surgery. We report a case of carcinosarcoma of ovary treated with surgery followed by platinum and taxane based combination chemotherapy.

Keywords: Carcinosarcoma, Management, Ovary

INTRODUCTION

Carcinosarcoma of ovary is a rare variant of ovarian carcinoma. It accounts for less than 1% of all ovarian tumours and fewer than 400 cases had been reported in the literature (Harris et al., 2003). Histologically, tumour cells are composed of both carcinomatous and mesenchymal components. It has aggressive clinical course and poor overall survival rate (McCluggage, 2002). There is no effective chemotherapeutric regimen or radiotherapy exists. Optimal cytoreductive surgical debulking is crucial treatment and FIGO stage is the only prognostic factors (Brown et al., 2004). We report a case of carcinosarcoma of ovary which was successfully treated with surgery followed by chemotherapy.

CASES

A 68 year postmenopausal female was complained of pain in left side lower abdomen. Ultrasound of abdomen and pelvis showed a mixed solid and cystic mass in the left adnexa. Contrast enhanced CT scan showed a heterogenous enhancing mass in the left adnexa consisting of both solid and cystic components. Serum CA-125 was 112 U/ml. Further investigation ruled out distant metastasis.

Figure 1: Normal looking uterus with left sided ovarian tumor measuring 9 X 7 X 6 cm, which is brownish-black in colour with a lobulated surface. Cut section is varigated with extensive areas of hemorrhage and necrosis
Optimal cytoreductive debulking surgery (total abdominal hysterectomy, bilateral salpingo-ophorectomy, omental biopsy, appendicectomy and pelvic lymph node dissection) was done under general anaesthesia. Gross specimen examination showed normal looking uterus with a brownish black coloured solid mass in the left ovary (figure-1). Microscopic examination revealed carcinosarcoma of the ovary (figure-2a, 2b). Immunohistochemical examination revealed positivity of vimentin, Pan-CK and epithelial membrane antigen (EMA) (figure-3a, 3b, 3c). Patient was received six cycles of combination chemotherapy of paclitaxel and platinum based regimen. Follow up serum CA-125 was within normal limit and CT scan showed no residual, recurrent or metastatic lesions. Now, she was kept under regular follow up.

**DISCUSSION**

Among all gynaecological tumours, ovarian malignancies have the highest mortality and lowest 5-year survival in the United States. Majority of patients are Caucasians and are advanced at the time of surgery (Chang et al., 1995). In female genital tract carcinosarcomas are usually arises in the uterus with less frequently in the ovary, vagina and cervix, and a tendency to affect the elderly population (Toole et al., 1982). Carcinosarcomas contain both malignant epithelial and sarcomatous components. The epithelial component may be serous, endometrioid, undifferentiated carcinoma, clear cell adenocarcinoma or
Case Report

Carcinosarcoma of the ovary is rare with very aggressive clinical course. They usually present at advanced stage at the time of diagnosis. Optimal debulking cytoreductive surgery followed by adjuvant platinum and taxane based combination chemotherapy should be done. Despite aggressive treatment, prognosis and overall survival of carcinosarcoma of the ovary is poor. The poor prognosis in this rare tumour emphasizes the need of collaborative prospective studies to better understand the molecular changes of MMMT and to design new therapeutic regimens for improvement of overall survival.

Conclusion

MMMT or carcinosarcomas of the ovary are rare with very aggressive clinical course. They usually present at advanced stage at the time of diagnosis. Optimal debulking cytoreductive surgery followed by adjuvant platinum and taxane based combination chemotherapy should be done. Despite aggressive treatment, prognosis and overall survival of carcinosarcoma of the ovary is poor. The poor prognosis in this rare tumour emphasizes the need of collaborative prospective studies to better understand the molecular changes of MMMT and to design new therapeutic regimens for improvement of overall survival.

REFERENCES


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