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Case Report

High Grade Serous Carcinoma of Fallopian Tube - A Case Report

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A B S T R A C T

Primary Fallopian Tube Carcinoma (PFTC) is extremely rare with an estimated incidence of 0.41/100000 population. It has been documented that commonest histopathologic type observed is high-grade serous carcinoma. These tumors are often diagnosed at an advanced stage and are very difficult to diagnose preoperatively. We present a case of high-grade serous carcinoma of fallopian tube in a 38-year-old female. Histological picture was consistent with High Grade Serous Carcinoma of Fallopian tube. Early suspicion and workup lead to the diagnosis at an early stage. An elaborate research should be carried out to understand the etiology, diagnosis, treatment and prognosis of Primary fallopian tube carcinomas.

Keywords: Primary fallopian Tube Carcinoma, High-Grade Serous Carcinoma

Introduction

Primary fallopian tube carcinoma (PFTC) is extremely rare with an estimated incidence of 0.41/100000 population. It has been documented that commonest histopathologic type observed is high-grade serous carcinoma. The tubal epithelium gives rise to high-grade serous carcinoma. This subset of tumors are aggressive and show p53 positivity. These tumors are often diagnosed at an advanced stage and are very difficult to diagnose preoperatively.[1] We present a case of high grade serous carcinoma of fallopian tube in a 38 year old female.

Case Report

A 38-year-old female P1L1, married, with no significant family/personal history presented with complaints of lower abdominal pain along with abdominal distension for 3 months, irregular vaginal bleeding for 2 months. Preoperative findings revealed a Left Ovarian Mass and Left Hydrosalpinx. The Histopathology section received the specimens. Received an ovarian cyst measuring 16 x 15 x 11 cm and Fallopian tube measured 6x3cm.(Figure 1).

Multiple sections from the ovarian cyst shows serous cystadenoma. Numerous sections were taken from the fallopian tube, which showed a cellular tumor. Tumor cells were round to polygonal with severe degree of pleomorphism, prominent nucleoli and occasional mitosis could be identified. At places, the tumor cells were columnar and were forming papillary and glandular structure. Admixed with these areas were solid clusters and sheets of tumor cells. Numerous microcystic structure could be identified lined by non-ciliated epithelium. Histological picture was consistent with high-grade serous carcinoma of fallopian tube (WHO) (Figure 2). The patient after discharge has been referred to oncologist for follow up and management.

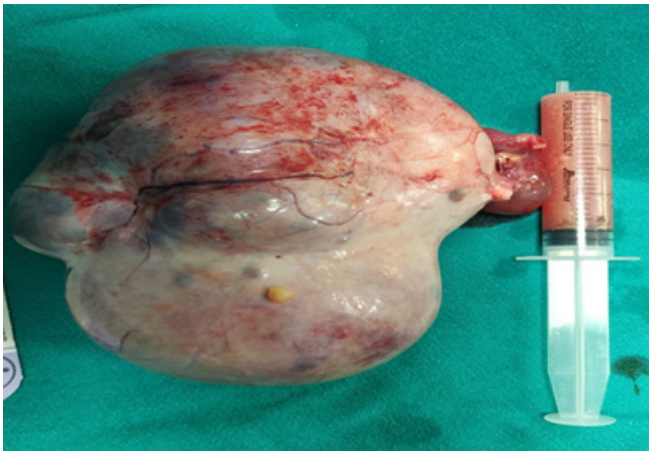

Figure 1

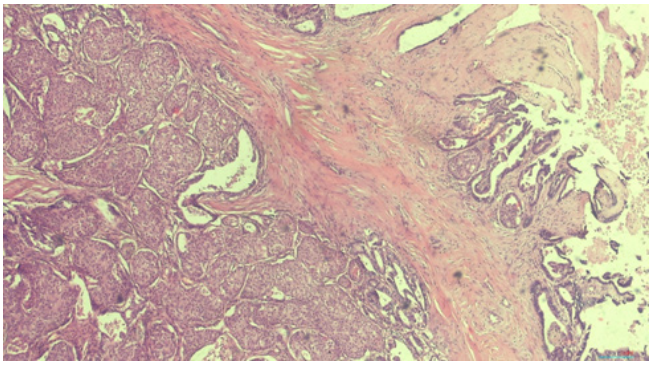

Figure 2

Discussion

Primary fallopian tube carcinoma is a rare entity, which is diagnosed and comprises less than 1% of malignancies encountered in female genital tract. The age group at risk is usually females in 6th to 7th decade. It is rarely seen in females in their thirties like seen in our case report. Nulliparity is often seen in such patients. The spectrum of clinical signs and symptoms includes pelvic pain, vaginal bleeding and vaginal discharge. The patient presents with a pelvic mass. This subset of carcinoma shows strong similarity to epithelial ovarian carcinoma. The resemblance is at clinical and histopathological levels.[2,3]

Preoperative diagnosis of Primary fallopian tube carcinoma in majority of cases is rarely made and accounts for 0%-10% and up to 50% are intraoperatively not diagnosed.[4] All elderly females with vaginal discharge or abnormal genital bleeding who show no lesion on Endometrial curettage must be evaluated for Primary fallopian tube carcinoma. The final diagnosis relies totally on Histopathology and helps in classifying the carcinoma into exact histological subtype. The molecular signature of this group of tumors can be studied and shows p53 positivity. The treatment should be started immediately and includes surgical intervention coupled with postoperative platinum-based combination adjuvant chemotherapy.[5,6] One of the most important factors which determines the prognosis is the stage of disease as per TNM/FIGO classification. This subset of tumor has an affinity to cause lymphatic spread and therefore a lymph node sampling is required while doing surgical staging.[7]

Conclusion

PFTC is a rare tumor which accounts for <1% of all the female genital tract cancers. Early suspicion and workup lead to the diagnosis at an early stage. Since it is a rare entity and there is scarcity of existing literature, an elaborate research should be carried out to understand the etiology, diagnosis, treatment and prognosis of Primary fallopian tube carcinomas.

Conflict of Interest: None

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