

# Ovarian Embryonal Carcinoma with Recurrence to Abdominal Wall

Choi Yee Xian, Mohamad Faiz Mohamed Jamli

Hospital Tuanku Ja'afar Seremban, Malaysia

## ABSTRACT

**Introduction:** Ovarian germ cell tumours (OGCT) are the second largest group of ovarian neoplasms (15-20%) and embryonal carcinoma is an extremely rare type (4% of all malignant OGCT). They are thought to be derived from primitive germ cells of the embryonic gonad and behave differently from the common epithelial ovarian cancer. We report a case of ovarian embryonal cancer with recurrence to the abdominal wall. **Case Report:** Ms X, a 26-year-old lady presented with severe pulling tension abdominal pain, requiring morphine infusion as analgesia. 4 months prior to presentation, she had undergone an emergency ovarian cystectomy for twisted ovarian cyst in a private centre. Examination revealed a superficial abdominal mass measuring 20 weeks-size, fixed and firm at the suprapubic region. Ultrasound showed a superficial mixed heterogeneity mass at the suprapubic region with a normal uterus. CT abdomen / pelvis revealed a large heterogeneously enhancing superficial mass measuring 18 X 15 X 10.3cm involving bilateral rectus muscle. Histopathological examination of the trucut biopsy of the mass and reexamination of the previous cystectomy slide confirmed embryonal carcinoma. Excision of the abdominal wall mass was considered but the possible residual big abdominal defect requiring abdominal flap was deemed too aggressive for a young lady. Adjuvant chemotherapy was hence offered to patient first. **Conclusions:** Ovarian embryonal carcinoma affects young women and the aggressive behaviour meant prompt recognition with high index of suspicion is crucial in these cases.

# Metastatic Adenocarcinoma of Right Supraclavicular Lymph Nodes from Primary Ovarian Cancer: A Rare Presentation

Azmaniza Baharudin<sup>1</sup>, Habibah Abd Hamid<sup>2</sup>, Zainab Yahaya<sup>1</sup>

<sup>1</sup>Obstetrics and Gynaecology Department, Serdang Hospital, Selangor, Malaysia, <sup>2</sup>Obstetrics and Gynaecology Department, Faculty of Medicine & Health Sciences, University Putra Malaysia (UPM), Serdang, Selangor, Malaysia

## ABSTRACT

**Introduction:** Extra-abdominal nodal metastasis is a rare occurrence in ovarian cancer. Anatomically, lymphatic spread from ovary will go to pelvic lymph nodes, then through thoracic duct to left supraclavicular lymph nodes. While right supraclavicular lymph nodes metastasis usually result from primary neck or lung malignancies. **Case Presentation:** We report a 28 years-old, single lady who presented to us with progressive distension of abdomen with constitutional symptoms. Examination revealed, a lean lady, with huge abdominal mass, as well as ascites and right supraclavicular lymph nodes enlargement. Imaging with CT scan showed an ovarian mass, with perihepatic nodules, and matted right supraclavicular lymph nodes largest 2.7cm with no other distance metastasis. Histopathology of fine needle aspiration of the right supraclavicular lymph nodes confirmed adenocarcinoma, primary from ovary. She was treated with neo-adjuvant chemotherapy using combination of carboplatin and paclitaxel for 4 cycles, and responded well with tumour shrinkage as well as disappearance of the right supraclavicular lymph nodes, before proceeding with tumour debulking surgery. **Conclusion:** We report a very uncommon case of extra-abdominal nodal metastasis to right supraclavicular lymph nodes from primary ovarian cancer. The challenge of diagnosis may lead to delay in treatment and worsening of prognosis.