

A Rare Presentation of Endometriosis with Recurrent Ascites which Mislead

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ABSTRACT

Objective: Endometriosis is rarely a cause or manifests as recurrent haemorrhagic ascites, which may mimic ovarian malignancy or infective disease. This case draws attention to this unusual condition, and could present a diagnostic dilemma for attending clinician. **Methods:** We report a case of unusual presentation of endometriosis in a patient who presented with recurrent ascites. **Results:** A 49 years old woman, Para 3 presented with acute abdominal distension, ascites and a slight raised CA 125, raising the suspicion of ovarian malignancy. Otherwise, ultrasound and computed tomography (CT scan) evaluation were negative. Peritoneal tapping draining chocolate and bloody fluid, were negative for tuberculosis and malignancy. Interestingly, she had a similar presentation in 2015 and was treated as gut tuberculosis based on omental biopsy with return as granulomatous inflammation, with negative acid-fast bacilli (AFB) stained. Unfortunately, the ascites recurred after 4 months of completed treatment, for which thorough investigations were repeated to exclude all possibilities be it liver, renal, heart, viral, and autoimmune disease; all results were negative. She was managed conservatively for 2 years, with repeated peritoneal drainage when she was symptomatic. Repeat diagnostic laparoscopy and biopsy performed, noted extensive pelvic adhesions and with few endometriotic spots at lateral pelvic wall. Though these findings were similar to the initial scope done in 2015, this time the final histologic report was compatible with endometriosis. Gonadotrophin releasing hormone (GnRH) analogues were started to manage the symptoms, with good positive effect and to date, her ascites has resolved and not recurred. **Conclusion:** Endometriosis associated with ascites is a rare phenomenon that may mislead physicians, thus resulting in wrong therapy being applied initially. Operative assessment and histologic confirmation is essential for diagnosis, although recognition of the disease presentation sometimes can be challenging, as the eyes do not see what the mind does not know.

Frozen Section: The Gatekeeper for Radical Ovarian Cancer Surgery

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ABSTRACT

Background: The ability to accurately diagnose ovarian malignancy pre-operatively enables the appropriate radical surgery to be performed. Frequently, it involves omentectomy and pelvic and para-aortic lymphadenectomy. Due to the poor specificity of various pre-operative diagnostic approaches, there is a significant proportion of patients who are over-treated when in fact the tumour is benign. Conversely, there are others under-treated or under-staged, and thus require a second surgery. **Objectives:** The main objectives of this study are: 1) To compare the positive predictive value (PPV) and negative predictive value (NPV) of frozen section with other standard diagnostic modalities. 2) To demonstrate the reduction in the over-treatment and under-treatment rate following the incorporation of intra-operative frozen section (IFS). **Methods:** A retrospective observational study on all suspicious ovarian tumours with intra-operative frozen section (IFS) managed in Hospital Tengku Ampuan Afzan from January 2014 until December 2017. The degree of radicality of the surgery was determined by the result of IFS. The performance of various diagnostic methods was compared with full histology. The planned and the actual surgeries performed were evaluated. **Results:** Forty patients were included in this study. The risk malignancy index (RMI) has a positive predictive value (PPV) and negative predictive value (NPV) of 60% and 20% respectively. CT scan has a similar PPV and a marginally higher NPV of 61% and 33% respectively. Combining the RMI and CT scan resulted in almost similar PPV and NPV i.e. 60% and 33% respectively compared to CT scan alone. IFS have the highest PPV of 100% and NPV of 75%. Unnecessary oophorectomy, hysterectomy, omentectomy and nodal dissection were avoided in 9.5%, 9.5% and 23.0% of patients respectively. We were also able to ensure that proper staging hysterectomy and staging omentectomy and nodal dissection were performed in 5.0% and 14.2% of patients respectively. Thus avoiding a second surgery in 19.0% of patients. **Conclusion:** Performing IFS in patients with suspected ovarian malignancy prevents both the risk of overtreatment and unnecessary second surgery. IFS should be the standard of care in managing women with suspected ovarian cancer.