Primary ovarian sarcoma is a very rare type of ovarian tumor and represents less than 2% of the malignancies. It can be classified into carcinosarcoma, leiomyosarcoma and no differential sarcoma being the first one and the most common. This tumor is predominantly unilateral and solid; however it is related with a poor prognosis having a median survival of 18.7 months. The variation of symptoms makes it difficult to have an accurate diagnosis prior to surgery, and the abdominal pain is the principal sign to be aware of; and metastasis are frequent in the greater prognosis at diagnosis moment but other structures can be involved. This case report presents a 21 year-old female patient with ovarian cystic left oophorectomy who arrives with the initial diagnosis of simple left ovarian cystic (brother with testicular cancer relevant antecedents). Begins with intermittent colic pain during two months, which intensifies later on, presenting abdominal distension and an anexial mass with probable tumoral activity. According to the gynecologist report, it does not depend on the ovarian. For a correct approach, a thorax, abdominal and pelvis TAC was made and submitted to surgery during which cystic areas were found near the bladder, peritoneal masses that produce hemoperitoneo, ovarian ipsilateral and epliplon infiltration. During the transopertative study, it was confirmed the presence of fusocellular pleomorphic with extensive necrosis. After surgery, patient is sent to radiotherapy and continues in treatment waiting for results. According to research, prognosis is influenced by FIGO classification, age and CA125 that can not be useful for the follow up in patients with ascites. The treatment is related to the subgroup despite this has not been found relevant results in survival and continue as controversial point specially in the possible benefits given with the different combinations and the results depend on each patient.

Biography

Angélica Millán Flores is a 7th semester Medicine student from the Medicine School of Universidad Autónoma del Estado de México.

grupooncologicodetoluca@gmail.com

Notes: