Objective: Primary tubal cancer is rare tumor that histologically and clinically resembles primary ovary cancer. The purpose of this study was to evaluate the clinical experiences of patients with primary tubal cancer.

Methods: Age, symptoms, parity, CA-125, menstruation history, preoperative diagnosis, mode of surgery, PAP smear, lymph node metastasis, ascites, grade, stage, chemotherapy, sonography findings. The 6 patients with primary tubal cancer were diagnosed and treated in the Department of Obstetrics and Gynecology, Ajou Medical Center from March 1998 to March 2004.

Results: The mean age of patients was 53.3 years. The symptoms were vaginal spotting, abdominal pain, abdominal discomfort, dyspnea. The only one patient was diagnosed as primary tubal cancer. Four patients were diagnosed as primary ovary cancer and one patient was diagnosed as endometriosis. At Postoperative pathology, 5 patients were serous papillary adenocarcinoma and 1 patient was transitional cell carcinoma. Three patients were Stage III, others were each I, II, IV. Postoperatively, multi-drug chemotherapy was given to six patients. Following method were CA-125, CT scan.

Conclusion: Fallopian tube cancer is rarely diagnosed preoperatively. The treatment approach is similar to that used for ovarian cancer and includes primary surgery comprised of total abdominal hysterectomy, bilateral salpingo-ophorectomy and staging followed by chemotherapy. The prognosis is similar to primary ovary cancer.

Struma ovarii showing clinical characteristics of ovarian malignancy

Background: Struma ovarii is a rare form of ovarian neoplasm, composed entirely or predominantly of thyroid tissue and generally a benign germ cell tumor of the ovary. Ascites have been reported in approximately 15-20% of all cases. However, the combination of struma ovarii and elevated CA125 has rarely been reported.

Case: We experienced a rare case of a postmenopausal woman with benign struma ovarii associated with massive ascites, a complex pelvic mass. There was marked elevation of her CA 125 level. The clinical impression was ovarian malignancy. Surgical excision of the ovarian mass induced immediate resolution of the ascites and a normalization of the serum CA 125 level. No recurrence of the ascites or of the tumor has been observed during the 10-month follow up.

Conclusion: Struma ovarii can mimic ovarian malignancy clinically, particularly if complex and associated with ascites and an elevated CA 125 level.