

RESEARCH ARTICLE**A CASE REPORT UNUSUAL RECTAL GROWTH AS METASTATIC OVARIAN MALIGNANCY****Das KC, Sumeet David, Sanatan Behera, Sana Grace and Shilpa Sunny**

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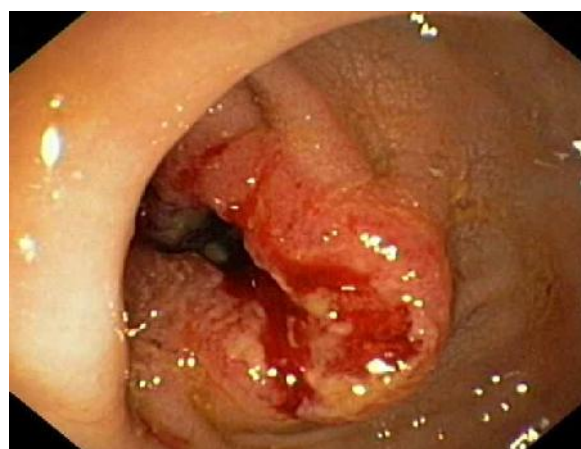
ARTICLE INFO**Article History:**Received 14th, March, 2015
Received in revised form 23th,
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April, 2015**ABSTRACT****Key words:**Rectal polypoidal growth,
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malignancy, post OP.**Copyright** © Das KC *et al.*, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.**INTRODUCTION****Background**

Ovarian cancer is the fifth most common of all women's cancers. The life-time risk of ovarian cancer is 1.4% (1). Patients with Lynch 2 syndrome have a familial predisposition to ovarian, endometrial and colon cancer. The risk of ovarian cancer also increases in women with a family history of ovarian or breast cancer. Most patients have local or systemic metastases at the time of diagnosis (1, 2). Ovarian cancer most commonly spreads transperitoneally to the neighboring organs, such as the rectum, the sigmoid colon and the urinary bladder. In addition to direct and peritoneal invasion, lymphatic and haematogenous dissemination are also common. The most common sites of visceral metastases are the liver and the lungs, whereas the most frequent sites of lymph node involvement are intra-abdominal and para-aortic lymph nodes. Supra diaphragmatic lymph node involvement is very rare (3, 4). In the literature, few cases of axillary lymph node involvement from ovarian cancer have been reported (5, 6). In this study, we report primary ovarian adenocarcinoma metastasized rectum as polypoidal growth mimicking rectal carcinoma.

Case presentation

A 54 year-old woman from Himachal Pradesh presented to us with a chief complaints of large bowel diarrhea for last 5-6

months and She has unintentionally lost 5-6kg over this period. Her previous treatment was for abdominal hysterectomy with bilateralsalpingo-oophorectomy for bleeding fibroid uterus 10 years ago. On physical examination, there was only a nodular mass per rectum, other findings were unremarkable. Mammography and ultrasonography were normal. She underwent colonoscopy (Fig-1) which revealed an ulcerative polypoidal growth on the right wall rectum 5cm from anal verge, Rest part of study till caecum was normal.

**Fig-1** Metastatic adenocarcinoma of Ovary in the Rectum

Biopsy of the rectal mass showed (fig-2) poorly differentiated metastatic adenocarcinoma? Origin from. Immuno his to

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chemistry was done and CK7,WT-1,CA125 and ER were positive, suggestive of carcinoma ovary metastases to rectum, Computed tomography of the thorax was normal, except for an enlarged para aortic lymph node and a mass and thickening at the right lateral wall of rectum. Blood investigation were within normal limit.

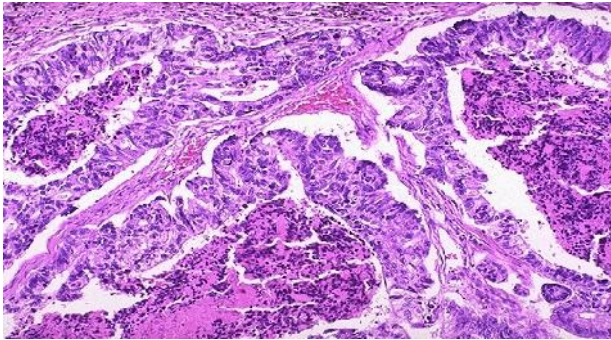


Fig2 Histology of adenocarcinoma rectum primary from Ovary.

DISCUSSION

Ovarian cancer is a major cause of cancer deaths in women, usually presenting with diffuse abdominal dissemination(2,4,5). Even though abdominal lymph node metastases are common, axillary lymph nodes are rarely involved in ovarian cancer (1, 5-8). D VORETSKY *et al.* found a high frequency of metastatic lesions in an autopsy series of 100 patients treated for ovarian cancer (9). The most common metastatic sites of ovarian cancer are abdominal (47%), para-aortic (38%), mediastinal (29%), and pelvic (17%) lymph nodes. However, supraclavicular(4%) and inguinal (3%) lymph nodes are occasionally involved (3, 4). Early stage ovarian cancer is usually asymptomatic, whereas the intraperitoneal spread of disease produces symptoms such as abdominal pain, anorexia, distention of the abdomen and ileus. Parenchymal metastases were detected at a frequency less than 5% at the time of diagnosis(7,8). The most common metastatic sites of visceral involvement are liver (45%), lung (39%), pancreas (21%), spleen (15%), bone (11%), kidney (10%) and brain (6%) (9). The incidence of positive para-aortic lymph nodes was found to be 42% and (67%) in patients with stage III and IV disease, respectively (3).

This metastatic lesion in this case was detected incidentally by colonoscopy 10 years after the patient had undergone bilateral –salpingo – oophorectomy for adenexal mass where biopsy was not conclusive .

In our case, probable some residual ovarian tissue was retained during the past abdominal operation, now turned into malignancy and metastasized to rectum , however neither clinically or radiologically visible lesion was noted in the in the region of ovary bilaterally.

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CONCLUSION

Distant metastasis to sites other than lymph nodes of serous ovarian tumor is rare. The metastatic lesion in this case was detected incidentally by colonoscopy 10 years after the patient had undergone bilateral –salpingo – oophorectomy for adenexal mass where biopsy was not conclusive. The metastatic lesion is usually responded well to treatment with oral Arimidex. This case showed that rectum should be considered as one of rare distant metastatic sites of a serous ovarian tumor and large bowel diarrhea may be due to rectal mucosal irritation.

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