

Case #1

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A 23-year-old nun had a physical examination which included thorough abdominal palpation and no mass could be detected. Three months later, she presented with the complaint of rapid and progressive abdominal enlargement. Investigation of this culminated in exploratory laparotomy for removal of a large right ovarian neoplasm which was both solid and cystic, measured 25 x 15 x 13 cm., and weighed 6,000 grams. There were small cul-de-sac implants present which were biopsied and the surgical procedure was of hysterectomy and bilateral salpingo-oophorectomy.

The left ovary and the tubes and uterus showed no unusual features. Following surgery, a course of radiation therapy was given to the pelvis with a total dose of 5,000 rads.

Her convalescence from the surgical procedure and the radiation therapy was entirely uneventful. She thereafter remained well and one year after her initial surgery, a "second look" laparotomy was done. This disclosed persistent implants in the cul-de-sac as well as other implants noted over the parietal peritoneum up into the mid-abdomen. Her convalescence was again uneventful and an additional thirteen months have elapsed since her second operation. At a very recent examination, she appeared entirely well and physical examination disclosed no evidence of tumor.

Gross Pathology: Kodachrome slide of tumor.

Microscopic Pathology: Hematoxylin-eosin stained section.

Points for Discussion:

1. Diagnosis.
2. Are neurogenic tumors of this nature comparable to the ones originating in the central nervous system?
3. What is the correlation between histological appearance and ultimate prognosis in these lesions?
4. Suggested treatment.