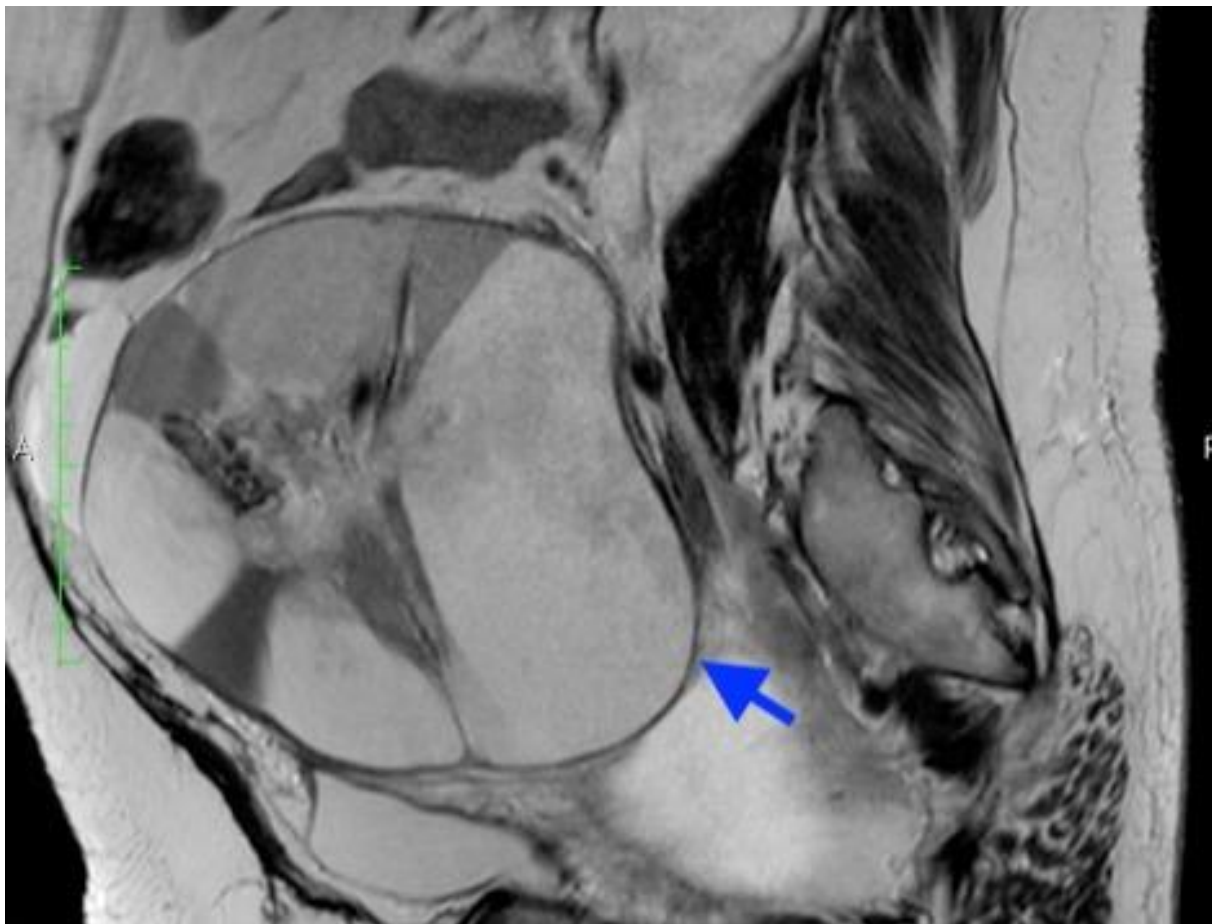


Ovarian metastases from colic adenocarcinoma

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A 58 years old woman had a medical history of diabetes mellitus, high blood pressure, and hysterectomy for fibroma in 2017. She had a laparoscopic carcinologic sigmoid resection with mechanic colorectal anastomosis for colic adenocarcinoma. The histopathological exam showed a well differentiated Lieberkuhnian adenocarcinoma classified pT3N2a with negative resection margins. The adjuvant chemotherapy was based on FOLFOX protocol. Four months after the colic resection, pelvic pain appeared. Computed tomography and magnetic resonance imaging showed a cyst-solidary mass of 20 cm in diameter occupying the pelvis with adherence to the gallbladder, the uterus, and the intestines (Figure). An exploratory laparotomy was decided in multidisciplinary reunion. An oophorectomy was performed for this right ovarian mass.



Based on this presented case which diagnosis would you have taken?

1. A primitive ovarian tumor.
2. An ovarian metastasis from colic adenocarcinoma.
3. An ovarian cyst.
4. A pelvic cyst.

Answer: Ovarian metastases from colic adenocarcinoma.

Our case illustrated an ovarian metastasis taking place in 0.8-7.4% of colorectal adenocarcinomas [1]. Its cyst solidary aspect was similar to primary ovarian cancer rendering the diagnosis challenging. It constituted a condition with a poor prognosis since the 5-year survival was 9% with a median survival of 19-29.6 months unless a completed resection with chemotherapy was carried out [2,3].

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