**Serous tubal intraepithelial carcinoma: an incidental finding in laparotomy for tubo-ovarian mass in woman aged 35 years**

**Rinku Kumari*, Mamta Sharma**

Department of Obstetrics and Gynecology, Government Medical College, Kota, Rajasthan, India

**ABSTRACT**

Serous tubal intraepithelial carcinoma (STIC) is a precursor lesion for high-grade pelvic serous carcinoma. The incidence of STIC is estimated to occur in 0.6% to 6% of women who are BRCA positive or have a strong family history of breast or ovarian cancer. We report a rare case of serous tubal Intraepithelial carcinoma in young woman undergoing laparotomy for tubo-ovarian mass who diagnosed STIC on histopathological examination of specimen. Women diagnosed incidentally at surgery for benign condition should be considered for repeat surgical staging. Etiology and management are similar to epithelial ovarian cancer but stage at diagnosis, lymphatic spread and overall survival appear to be different.

**Keywords:** STIC, Surgical staging, Case report

**INTRODUCTION**

Primary cancer of fallopian tube is rare malignancy of female genital tract. It accounts for between 0.1–1.8% of all gynaecological cancers diagnosed. Commonest age 50-60 year (mean age-55 years). Bilateral disease is uncommon and represents fewer than 25% cases. Serous tubal intraepithelial carcinoma (STIC) is a rare pathologic finding at the time of benign gynecologic surgery. It arises in the distal fimbriated end of the fallopian tube and likely represents a precursor lesion to high-grade pelvic serous carcinoma.

**CASE REPORT**

In January 2020, a 35-year-old P3L3 presented with complaining of acute pain abdomen since 2-3 days and heaviness in lower abdomen since 1 month. Her obs history was 3 full term L.S.C.S. with abdominal sterilization 7 years back. No significant past medical and family history. On per abdomen examination- transverse scar present and Abdominopelvic lump around 18 weeks size which is mobile, cystic and tenderness on deep palpation. On bimanual examination uterus size not made out due to obesity. Her blood investigation was normal and her CA-125 was normal. Her pap smear report shows fungal organisms consistent with candida species. USG report was large cystic mass with internal echoes seen in right lower abdomen. CECT abdomen & Pelvis revealed large thick-walled cystic lesion in right adnexa likely benign cystic lesion of right ovary. Laparotomy planned and intraoperative findings were right tubo-ovarian mass (size around 15x20cm), tube entirely stretched over ovarian mass. Mass was smooth, cystic, mobile with torsion and no ascitic fluid in peritoneal cavity. Contralateral ovary and fallopian tube was normal. Hence Right salphingo-oopherectomy was planned and done. Same sent for HPE. Her histopathological examination report revealed mucinous cystadenoma of ovary and serous tubal intraepithelial carcinoma. Advised her IHC p53, p16, ki67.
DISCUSSION

Primary fallopian tube cancers >90% cases are papillary serous adenocarcinoma (Histology dominance-serous type).1

Fallopian tube cancers mostly secondary to other primary malignancy of ovary, endometrium, GIT, breast and peritoneal carcinomatosis.5

Preoperative diagnosis of primary fallopian tube malignancy is very difficult, especially in earlier stages (Incidence-0.3%).6 If there are symptoms, abnormal vaginal bleeding or profuse watery vaginal discharge are the commonest. These may be associated with vague lower abdominal pain, abdominal distension and pressure. Fewer than 10% of women present with the classic description of hydrops tubae profuens: a palpable pelvic mass that resolves during examination and is associated with a watery vaginal discharge.14 Rarely, it can manifest as an acute abdominal emergency with pelvic pain. Clinical examination will sometimes reveal an adnexal mass.10

The management of fallopian tube cancer same as that for ovarian cancer.11

The modality of treatment is Surgical-washings of peritoneal cavity followed by TAH with BSO along with sampling of pelvic and paraaortic lymph nodes, infra colic omentectomy and appendectomy (similar treatment was advised to the patient).10

Follow-up: annual review of systems, pelvic examination, tumor markers or imaging.

Over all five year survival rate of patients with epithelial tubal cancer is about 33-40% with reported symptom free survival rate of up to 21%.11

CONCLUSION

Women diagnosed incidentally at surgery for a benign condition should be considered for repeat surgical staging. Etiology and management are similar to epithelial ovarian cancer but stage at diagnosis, lymphatic spread and overall survival appear to be different.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Kumari R, Sharma M. Serous tubal intraepithelial carcinoma: an incidental finding in laparotomy for tubo-ovarian mass in woman aged 35 years. Int J Reprod Contracept Obstet Gynecol 2021;10:1698-700.