Case Presentation - Ovarian Cancer

Alex Mutombo, MD PhD
Kinshasa University Hospital, DR Congo
15 February 2020
ESMO Summit Africa
Disclosures

I have not conflict of interest”
Diagnosis

**June 2012:**
- 56-year old woman, P5G5
- No particular antecedent
- experienced abdominal pain and early satiety during 2011, treated by general practitioners
- developed abdominal distension and experienced a gradual deterioration in health
- Physical Examination: severe abdominal swelling, breathing difficulty
Management

• Ultrasound examination revealed massive ascites and pelvic mass.
• CA125= 40 iU/ml
• Laparotomy:
  - Ascites: 3000 ml clear yellow ascitic fluid
  - Right ovarian tumour 20 X15 X 9 cm adherent to uterus posterolateral edge and ileon ;
  - nodular omentum.
• Total abdominal hysterectomy + bilateral salpingo-oophorectomy and omentectomy, and removal of all evidence of gross disease
Pathology report of the surgical specimen

- Grade 3 serous papillar carcinoma of ovary;
- Endometrial hyperplasia.
- Pathology assessment showed Stage IIIC epithelial ovarian cancer
Post-surgery

• Treatment plan: Cisplatinum – Doxorubicin - Cyclophosphamide
• From July 2012 to November 2012, the patient received 4 cycles of chemotherapy.
• abdominal distension and pain were alleviated
• Lost to follow-up (financial toxicity?)
Recurrent ovarian cancer

• April 2013 (5 months later): readmission with:
  • pelvic pain, abdominal distension, cachexia
  • Ultrasound examination revealed a 15 X 10 cm pelvic mass, ascites and slight right pleural effusion.
  • progressive deterioration of the condition with poor performance status
Question: What to do for relapse in this context?

1. Further course of chemotherapy?: mono(platinum) Vs polychemotherapy
2. Surgery followed by chemotherapy
3. Continued observation (palliation)
Evolution

• We performed several course of abdominocentesis -> bloody ascites which was reforming some days after extraction
• The patient condition continued to decline
• Impairement of renal function
• Worse performance status
• Death by multiple organ failure in May 2013
Discussion: Challenges

• Due to weak health system:
  - patients pay for health care and chemo drugs out of pocket:
  - most patients are seen at advanced stages and therefore the treatment is only palliative.
  - some workup (laparoscopic biopsy, CT Scan, CA-125) are not always feasible for some patients
• Most patients with ovarian cancer have a disease recurrence and poor survival.
THANK YOU