Papillary serous cystadenocarcinoma of the stomach, peritoneum and ovary

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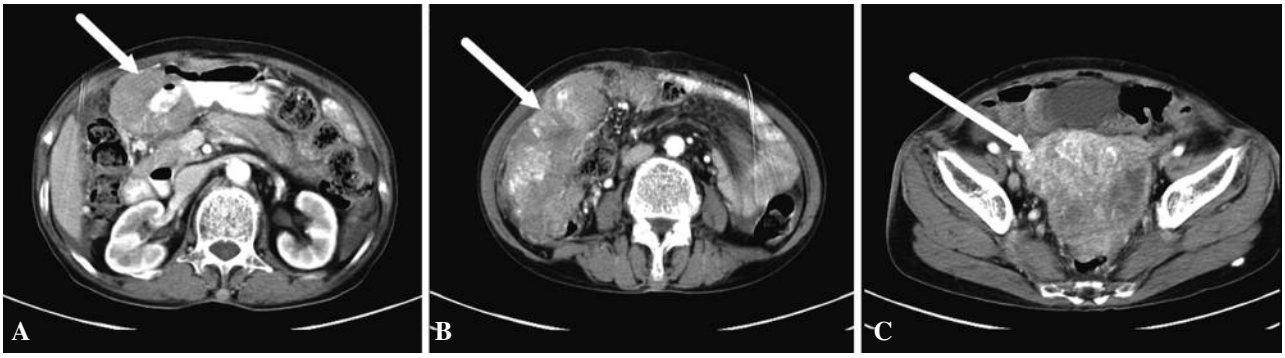

Fig. 1. — CT images showing gastric antrum thickening (arrow) (A), heterogeneous intraperitoneal mass (arrow) (B), and pelvic mass (arrow) (C) with calcified psammoma bodies.

To the Editor :

A previous healthy 60-year-old woman presented to the hospital with an abdominal distention for two months. Physical examination revealed a fixed and non-tender mass over right periumbilical region, measuring about 13 m in diameter. Her serum cancer antigen 125 (CA125) was 3188 U/mL. Computerized tomography (CT) of the abdomen and pelvis demonstrated thickening of wall of gastric antrum with air fluid level (Fig. 1A), huge intraperitoneal (Fig. 1B) and pelvic tumors (Fig. 1C) with heterogeneous calcified psammoma bodies. Sono-guided percutaneous biopsy of the peritoneum and endoscopic antral biopsy both revealed papillary serous cystadenocarcinoma. She refused to undergo debulking surgery. A combination chemotherapy with paclitaxel (Taxol®) + platinum (Cisplatin®) was initiated. After completing a course of chemotherapy (six cycles every 21 days), the tumor decreased in size. The follow-up of CA125 showed decreased level : 76 U/mL.

Papillary serous cystadenocarcinoma of the ovary and peritoneum is a well known tumor in postmenopausal women (1,2). An abdominal mass can be the only initial presentation in most patients. The most specific image presentation in CT is the heterogeneous mass with calcified psammoma bodies (3). The definitive treatment is initial maximal surgical cytoreduction followed by combination chemotherapy with paclitaxel-platinum. The overall prognosis is poor and a 5-year survival rate is between 15 to 20 percent (4-6).

In postmenopausal women with an elevated CA125 and typical CT presentations, papillary serous cystadenocarcinoma should always be considered as a differential diagnosis.

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