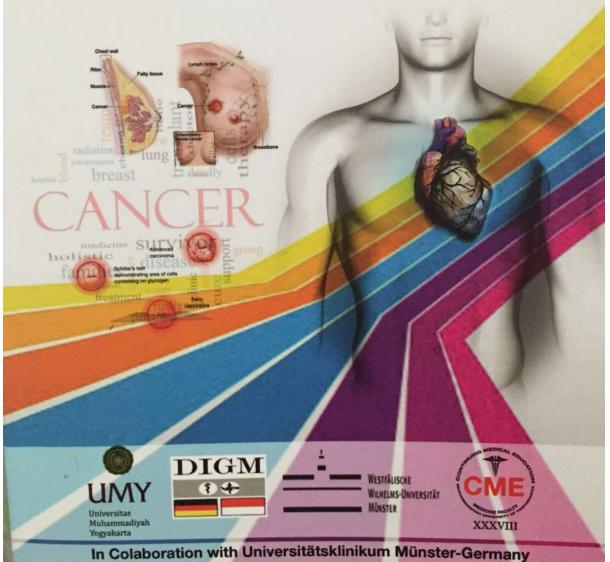


PROCEEDING

An Update on Comprehensive CARDIOVASCULAR AND CANCER Health Care Delivery Service

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OVARIAN CANCER STAGE IIIC IN PATIENT WITH LYNCH SYNDROME

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A Case Report

Introduction:Ovarian cancer is the second most common gynecologic malignancy. Genetic factors is one of the risk of ovarian cancer. The Lynch syndrome refers to Hereditary Nonpolyposis Colorectal Cancer (HNPCC) associated with other cancers, in particular, endometrial, ovarian, urogenital, and other gastrointestinal primaries. HNPCC carriers account for only 1 percent of ovarian cancers.

Aim: To describe a case of ovarian cancer stage IIIC in patient with Lynch syndrome

Method: Case report

Reported: An unmarried woman, 24-year-old, came to Hospital with chief complain an abdominal mass progressively increased in size associated with intermittent pain. She has the history of laparatomy 9 years ago, and the result of pathological anatomy examination showed adeno carcinoma colon mucoides. Her grandmother died because of breast cancer. From physical examination there was a solid mass tumor, fixed, sized 14x12x10 cm3. Abdominal CT-scan showed large heterogeneous vascular mass in the pelvis and lower abdomen displacing adjacent organs and compressing veins, most suspicious for ovarian malignancy. Her findings for Ca 125 was normal (3,83mIU/mI), but CEA serum level was higher (68,8 mIU/mI). From operation showed ascites, two large solid masses with carcinomatous infiltration in uterine, bladder, posterior vagina, pelvic wall and inguinal-pelvic node, and severe adhesion in omentum and mesentery of traverse colon and