



PROCEEDING

An Update on Comprehensive CARDIOVASCULAR AND CANCER Health Care Delivery Service

October, 14th -16th 2014. Asri Medical Center, Yogyakarta

CANCER

radiation awareness chest wall lung deadly therapy

breast

holistic medicine survival advanced carcinoma

Schiller's test demonstrating area of cells containing no glycogen

Edly carcinoma

UMY
Universitas Muhammadiyah Yogyakarta

DIGM

WESTFÄLISCHE WILHELMS-UNIVERSITÄT MÜNSTER

CME
CONTRIBUTING MEDICAL EDUCATION
MEDICINE FACULTY
XXXVIII

In Collaboration with Universitätsklinikum Münster-Germany

OVARIAN CANCER STAGE IIIC IN PATIENT WITH LYNCH SYNDROME

Supriyatningsih

*Obstetrics and Gynecology Department,
Faculty of medicine and health sciences,
Universitas Muhammadiyah Yogyakarta*

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 laparotomy 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/ml), but CEA serum level was higher(68,8 mIU/ml). 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

