Consumption of thought:
A Gynaecological Oncology diagnostic dilemma

King Edward Memorial Hospital
Women and Newborn Health Service

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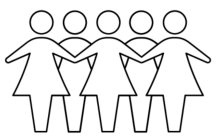
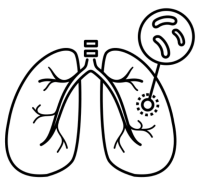
Ovarian Cancer

The second most common gynaecological malignancy and may present acutely, often heralding advanced disease (1).

It is not uncommon for women to present with ascites as the first symptom of ovarian cancer and in the presence of an ovarian mass, this may often be the presumed diagnosis.



- Est. 1,815 new cases of ovarian cancer in 2022 in Australia
- Mortality rate 5.6 per 100,000 women (1)



- Low TB incidence in Australia
- 1,438 cases of TB reported in Australia 2018
- ~mortality rate 0.18 per 100,000 people (2)

Clinical Case

A 55-year-old Congolese female, living in Australia for 9 years was referred to a tertiary state-wide Gynaecological Oncology service with suspected ovarian cancer.

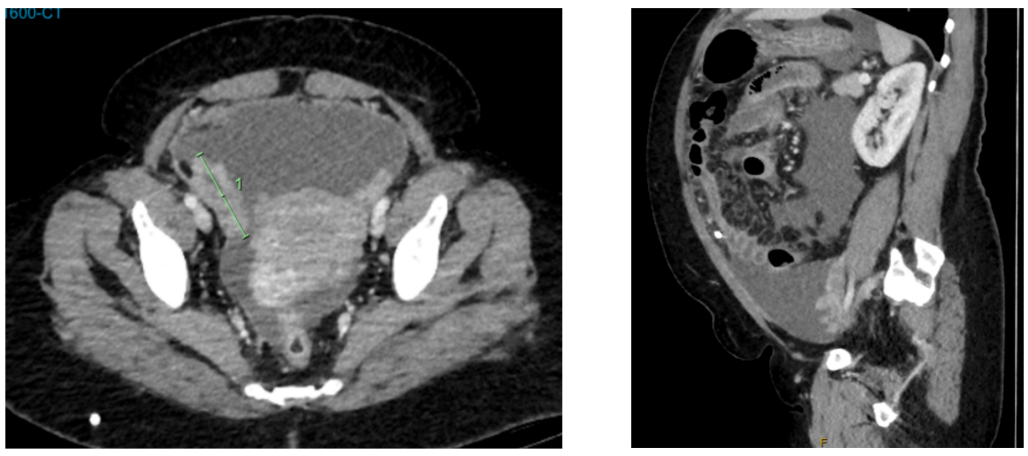
- Vague symptomology of bloating, fatigue, and fevers prompted her presentation.
- Ca-125 was elevated at 2,200.
- Pertinent radiological findings included bilateral ovarian masses, omental caking, and free fluid.

Therapeutic abdominal paracentesis was **negative** for malignancy.

Upon transfer to our care, the patient was found to be septic with an unclear source.

Further medical reviews were sought, with the preponderant diagnosis being that of *'fever secondary to malignancy'*.

The patient's condition deteriorated, and an urgent diagnostic laparoscopy was performed.



Pelvic CT – Coronal and Sagittal views: Bilateral ovarian masses, omental caking and free fluid

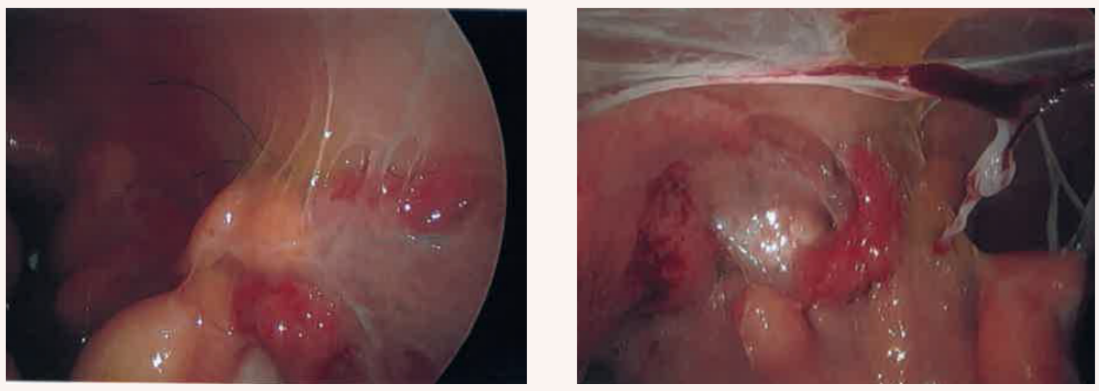
Results

Macroscopic findings were atypical for ovarian cancer and peritoneal biopsy confirmed the diagnosis of abdominal tuberculosis.

The patient's care was transferred to a tertiary general hospital.

Abdominal Tuberculosis

- Peritoneal tuberculosis, presents with ascites and abdominal pain (3)
- Rarer entity in Australia (2)
- Patients may have an elevated Ca-125 (4)
- Can be diagnosed with ascitic fluid analysis, but this may take time and is not always diagnostic. In these cases laparoscopy and peritoneal biopsy should be performed to confirm diagnosis



Intra-operative photos: reactive ascites, generalised peritoneal inflammation and filmy adhesions

As gynaecologists scarcity of experience with abdominal tuberculosis presentations may limit our awareness of this differential diagnosis. Knowledge of this is paramount when the treatment and disease course vary entirely from ovarian cancer.

This case highlights the similarities in clinical presentation of vastly different pathologies and the value of diagnostic laparoscopy to Gynaecologists.

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