

腹膜結核結合升高 CA-125 誤為卵巢癌腹膜轉移癌：病例報告 Peritoneal Tuberculosis with Elevated CA-125 Mimicking Ovarian Cancer with Carcinomatosis Peritonei

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INTRODUCTION: Diagnosis of extrapulmonary tuberculosis is difficult. Peritoneal involvement is seen in association with genitourinary and gastrointestinal tuberculosis. CA-125 can elevate in ovarian cancer and peritoneal tuberculosis. We report a case of peritoneal tuberculosis with elevation CA-125 mimicking ovarian cancer with carcinomatosis peritonei.

CASE REPORT: A 56-year-old woman had suffered from abdominal fullness for three months. She had had general malaise, nausea and vomiting two weeks earlier. She had lost about 6 kg during the 3 months. Abdominal sonography revealed ascites. Laboratory data showed normocytic anemia, with hemoglobin 10.3 ng/dL, and CA 125 level elevated to 188.6 U/mL (normal range, < 35 U/mL). Abdominal and pelvic computed tomography (CT) revealed multiloculated ascites in her abdomen and pelvis, thickened peritoneum and bilateral convoluted and dilated fallopian tubes, diffuse stranding of the omentum and small mesenteric nodules, enlarged mesenteric and paraaortic lymph nodes and left ovarian mass. Under the impression of ovarian cancer with carcinomatosis peritonei, she was admitted and exploratory laparotomy was performed. The operative findings included small nodules in the peritoneum, omentum, small bowel loops, uterus, and fallopian tubes and severe adhesions between bowel loops, the left ovary and the pelvic side wall. Surgical diagnosis was carcinomatosis peritonei, so left salpingo-oophorectomy, enterolysis and peritoneum biopsy was done. The final diagnosis from the pathology turned to be tuberculosis peritonitis.

DISCUSSION: There is a high rate of misdiagnosis between advanced ovarian cancer and peritoneal tuberculosis. CA 125 is also elevated in patients with extrapulmonary tuberculosis. On CT images, a smooth peritoneum with minimal thickening and pronounced enhancement suggest peritoneal tuberculosis, whereas nodular implants and irregular peritoneal thickening suggest peritoneal carcinomatosis. We also noted that left adnexal masses, dilated and well enhanced fallopian tubes, and loculated ascites can provide important clues toward correct diagnosis for the infectious nature of tuberculosis.

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子宮平滑肌脂肪瘤與其惡性復發：罕見病例報告 Uterine Lipoleiomyoma with Malignant Change: A Rare Case Report

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INTRODUCTION: Uterine lipoleiomyoma is a rare benign tumor. A 34 years old woman received myomectomy and wedge resection due to large lipoleiomyoma was noted. In the further follow up, adnexal mass and small lung nodules were found. In large studies, 18.8% of patients with the uterine lipoleiomyoma were associated with gynecologic malignancies. We arranged operation for the patient.

CASE REPORT: A 34 years old woman came to our OPD due to pelvic mass. Physical examination showed a mass in the pelvis. The ultrasound showed a 10.9 x 8.5 cm mass in the uterus. The CT survey showed a heterogeneous-attenuation mass lesion with fat content at uterus, size about 8.5 x 7.0 cm. Thus, myomectomy and wedge resection was done. The pathology report showed lipoleiomyoma. Few years later, adnexal mass was found during following ultrasound survey. The CT scan showed fatty tumor extending in the bilateral oviducts with a 2.3 cm cystic lesion at right ovarian. Also, newly nodules in the liver and left lower lobe of lung were found in this survey. Under the impression of recurrent tumor, we arranged operation for the patient.

DISCUSSION: The lipoleiomyoma malignant change is rare. In large studies, 18.8% of patients with the uterine lipoleiomyoma were associated with gynecologic malignancies. It contains variable amounts of fat, fibrous tissue, and smooth muscle. Some may have malignant change. We discuss the image finding of the survey series in our report.