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The analysis of the therapeutic decisions in a patient with gigantic ovarian leiomyoma

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CASE REPORT

A 51-year-old patient was admitted in June 2022 to the Gynecology and Obstetrics Clinic of the University Clinical Center in Gdańsk with the diagnosis of an inoperable tumor of a gigantic size, histopathological type: MCPN — multicystic peritoneal mesothelioma. Diagnosis was made in February 2022 in a different hospital. Patient reported two years of abdominal pain as an only symptom, ultrasound, followed by computed tomography (CT) examination, revealed a great tumor in the abdominal cavity. Histopathological examination and exploratory laparotomy lead to the MCPN diagnosis. Due to the anatomical conditions the tumor was described as inoperable.

After admission to the Clinic in Gdańsk the case was discussed in a multidisciplinary team of surgical oncologists, general surgeons, gynecologists, radiologists, gynecological oncologists and clinical pathologists. The decision was made to treat patient with cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC).

During the surgical procedure the abdominal cavity was opened from the pubic symphysis to 15 cm above umbilicus revealing an extraperitoneal tumor 35 × 28 × 16 cm in size. Adhesions between the tumor, uterus, sigmoid, peritoneum of the bladder and ilium were removed. Tumor was removed, bilateral oophorectomy, hysterectomy and partial omentectomy were performed. Duration of the surgery 270 min. The HIPEC procedure was not performed as intraoperative histopathological examination revealed that the tumor was not a multicystic peritoneal mesothelioma but an ovarian leiomyoma. After 7 days of recovery, the patient left the hospital without any complications. After two weeks histopathological examination confirmed the diagnosis of an ovarian leiomyoma (Fig. 1 and 2).

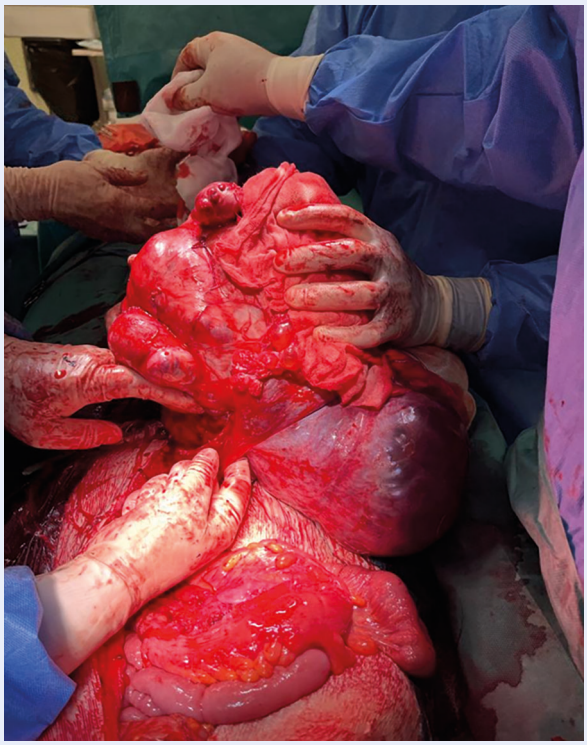

Figure 1. An intraoperative view of the tumor being removed from the abdomen after removing adhesions

DISCUSSION

The above-presented case clearly illustrates the importance of the careful and detailed decision-making process. The use of second opinion is a well-established part of the decision making process in the American healthcare system, but remains underappreciated in the European healthcare systems [1]. It should be a common

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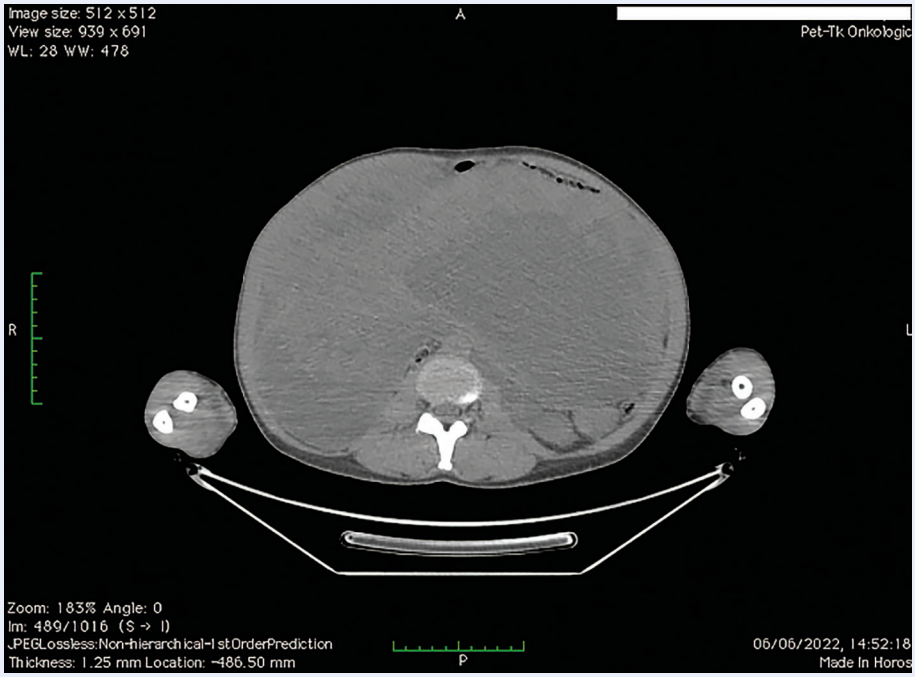

Figure 2. A computed tomography scan revealing a gigantic tumor in the abdominal cavity

practice to search for a consult in a questionable or complicated case as it can provide such benefits for the patient as the described case.

The diagnosis of multicystic peritoneal mesothelioma is very rare (1:1 000 000) and ought not to be made without sufficient experience and the use of immunohistological methods. Due to the insufficient clinical data, there is no standard recommended treatment for MCPN but CRS followed by HIPEC combining cisplatin and doxorubicin remains mostly suggested clinical option in order to improve patient's overall survival and decrease the recurrence rates [2].

In this patient, second opinion and reevaluation of the complicated case led to the change of operability status, removal of the tumor in a relatively short surgery — 4.5 h in comparison to an approximately 8 h CRS and HIPEC procedure and correcting the diagnosis from multicystic peritoneal mesothelioma to the ovarian leiomyoma, all of which was of great importance to the patient's treatment and prognosis.

Article informations and declarations

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Conflict of interest

The authors declare no conflict of interest.

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