

Ovarian Cancer

'Ovarian cancer'^[1] are *superficial epithelial* tumors (90%). From the group of *germinal cell tumors*' (2-3% of cancers), the most common cancer is' *dysgerminoma*'. Other cancers are from the group of tumors' of stromal cells and' *germline*'. *The ovaries metastasize Uterine tumors, Mamma carcinoma, Malignant lymphomas and GIT tumors (Krukenberg's tumor)*.

🔍 For more information see *Ovarian Tumors*.

Epithelial tumors spread mainly '*by implantation*' and *lymphogenically* ^[2]. Dysgerminomas metastasize mainly *lymphogenically*, rarely by *implantation* ^[1].



Krukenberg Tumor of Ovary

Epidemiology

Ovarian malignancies have an annual incidence of about 11 / 100,000 women ^[3].

Diagnostics

Epithelial tumors are usually asymptomatic and occur as an accidental ultrasound scan. Biochemical examination of the tumor marker CA-125 is also important. In the late stages, they may present with tactile resistance, '*ascites*', cachexia (facies ovarica), cycle disorders, and bleeding are present. There may be painful torsion of the ovary to infarction or subtotal cyst.

In germ cell tumors, detection of α -fetoprotein (AFP), hCG and carcinoembryonic antigen (CEA) is possible.

Sertoli-Leydig tumor (androblastoma) produces androgens, which corresponds to the clinical manifestations. Estrogenically active granulosa tumor may manifest as premature pseudopuberty, irregular menstrual bleeding, and under [estrogenic influence] may develop endometrial cancer with its manifestations.

The basis is ultrasound examination, biochemical examination *tumor markers*, diagnostic and surgical laparoscopy with prevention of malignant spread after the peritoneum (*endo-bag*) and subsequent histological examination.

Metastasis

- lymphogenically: pelvic and paraaortic lymph nodes,
- hematogenously: lungs, liver, bones, CNS.

Staging

The TNM classification or the FIGO classification is used for staging:

- **T1, FIGO I** - tumor bounded to the ovary (*1a* one ovary, *1b* both ovaries, *1c* rupture of the capsule and malignant cells in ascites / cytology of the peritoneum) ,
- **T2, FIGO II** - pelvic tumor only (*2a* uterus / tube, *2b* other tissues, *2c* malignant cells in ascites / cytology of the peritoneum),
- **T3, FIGO III** - tumor outside the pelvis, metastases on the peritoneum (*N1* lymph nodes, *3a* micrometastases, *3b* meta <2 cm, *3c* meta> 2 cm),
- **M1, FIGO IV** - distant metastases.

Treatment

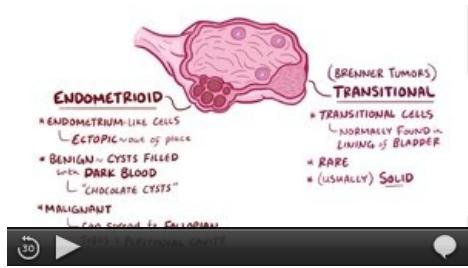
🔍 For more information see *Surgical treatment of gynecological malignancies* , *Non-surgical treatment of gynecological malignancies*.

Treatment varies according to the histological type. Epithelial and non-epithelial tumors, with the exception of dysgerminoma, are treated "surgically", often with very extensive procedures to achieve zero macroscopic residue (R0). '*Chemotherapy*' is used adjuvantly (epithelial tumors paclitaxel + carboplatin 6-8 cycles with an interval of 21 days between cycles) ^[4].

Radiotherapy is not used in epithelial tumors.

Dysgerminomas are very chemosensitive and radiosensitive. Bleomycin, etoposide, cisplatin (BEP) chemotherapy is preferred for minor late complications ^[1].

Summary video



Video in English, definition, pathogenesis,

symptoms, complications, treatment.

Links

==source==

- ws:Zhoubné nádory ovária

Related Articles

- Ovarian tumors
- Gynecological malignancies

External links

- www.onkogyn.cz (<http://www.onkogyn.cz/>) (eg current '*TNM classification*', this is the *Oncogynecological Center of the General Hospital* website)
- Template:Mefanet

Reference

1. ROB, Luke - MARTAN, Alois - CITTERBART, Karel. *Gynecology*. 2. edition. Prague : Galen, 2008. 390 pp. pp. 206-211. ISBN 978-80-7262-501-7.
2. ONION, David. *Management of malignant gynecological tumors - surgical treatment* [lecture for subject Gynecology and obstetrics pre-state internship, specialization General medicine, 1st Faculty of Medicine Charles University in Prague]. Prague. 14.2.2014.
3. Web portal - Epidemiology of cancer in the Czech Republic. *Diagnosis report: C56 - ZN of ovary* [online]. ©2015 (data for 2012). [cit. 2015-11-11]. <<http://www.svod.cz/report.php?diag=C56>>.
4. FREITAG, Pavel. *Management of malignant gynecological tumors* [lecture for subject Gynecology and obstetrics pre-state internship, specialization General medicine, 1st Faculty of Medicine Charles University in Prague]. Prague. 14.2.2014.