EP 19.02 RED HERRINGS IN GYNAECOLOGY- A CAUTIONARY TALE
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Introduction
The fundamentals of safe medical practice lie in the ability to undertake a thorough history and examination and approach the patient in a holistic manner. We present a case where a non gynaecological malignancy was missed due to the presence of a large benign pelvic mass which was thought to account for the patient’s symptoms.

Method
Patient X was referred to gynaecology team due to the presence of a large pelvic mass which on ultrasound appeared to be arising from her bladder. On questioning, she revealed a history of weight loss and dysphagia as well as urinary incontinence. She was examined and found to have a large 15cm umbilical mass and vulval changes due to untreated lichen sclerosis. An MRI scan of her abdomen and pelvis was requested, however upon completion of the pelvic scan, it was apparent that her mass was a large 15cm left ovarian cyst lying next to her bladder. As it appeared benign, the abdominal MRI was not performed.

Cases
Her case was discussed at MDT and a laparoscopic bilateral salpingo-oophrectomy was planned. Her surgery was uncomplicated, and an additional cyst was found on her right ovary. Both cysts were found to be benign serous cystadenomas. She recovered well from her surgery. Despite the removal of her cysts however, she continued to complain of dysphagia, and a referral to general surgery was undertaken. She was assessed and an endoscopy was performed. The histology from her endoscopy was benign. Days after being given this good news, Patient X collapsed at home and passed away shortly after being transferred to hospital.

Conclusion
A post mortem revealed that Patient X died due to an internal bleed caused by metastatic pancreatic cancer. The presence of a large ovarian cyst that was so obviously benign had falsely reassured her radiologist and gynaecologist that they were not dealing with a malignancy. As a result, Patient X and her family were oblivious to her terminal condition and she was denied end of life medical care. Confounders and red herrings are not overly common in medical practice, however it is important to keep them in mind as a possibility when the investigations, history and clinical picture do not correlate.