INTRODUCTION

Clear cell carcinoma of the ovary usually presents as unilocular or large cyst with one or more solid nodular protrusions into the cavity.

CASE STUDY

Patient was a 64-year-old Chinese who presented with abdominal distension for a few months. Abdominal X-Ray suggested a right retroperitoneal mass.

Ultrasound was a difficult evaluation. Transvaginal(TV) scan demonstrated the cervix, but it was not possible to delineate the corpus discretely. Some anterior myometrium was demonstrated, but it was not possible to delineate the posterior wall. Initial Impression was: (i) a large free fluid collection filling pelvis, extending to upper abdomen; (ii) A large fluid collection within endometrial cavity. Transabdominal(TA) scan was performed. Uterus was not demonstrated, but a large multiseptated cystic-solid mass measuring approximately 28x15x22cm was noted to arise in the pelvis, and extending into upper abdomen. It contained multiple septae in the upper compartment, and some solid areas ranging 11mm to 45mm, with minimal flow. Some septae were noted to emanate from the solid areas. Both ovaries were not identified.

IOTA LR II noted risk of malignancy as 69.3%.

CT Chest and Abdomen was performed: A large 23 x 20 x 15 cm abdominopelvic cystic mass with enhancing solid nodular components and papillary projections was suspicious for ovarian malignancy. Biochemical markers: Ca125:112, CEA: normal, Ca 19-9: normal.

She was subsequently listed for elective THBSO.

Operative findings: Uterus was atrophic. Left ovarian mass 22 x 15 cm, multiloculated solid cystic; adherent to posterior surface of uterus. Frozen section: Adenocarcinoma with tubulocystic and papillary architecture lined by atypical clear cells - favour Clear cell carcinoma. Deposits on rectum and sigmoid. Right ovary and tube appeared normal.

Histopathological findings: Bilateral ovarian clear cell adenocarcinoma, Right tumor dimension: 1.8cm and Left tumor dimension: 17cm.

CONCLUSION

Ultrasonic characterisation of a large mass include clear delineation of its borders, contents and perfusion. TV and TA techniques have to be performed for a complete panoramic evaluation. The evaluation of perfusion might be erroneous if there are attenuating structures in the path of the beam. Some low-level echoes might be artefacts. In the index case, the uterus was not fully visualised. The diagnostic opinion progressed from endometrial disorder to ovarian cystadenoma, and eventually, to a mass of overt sinister nature.