# Primary serous carcinoma of the fallopian tube with synchronous cervical epidermoid carcinoma in situ: a case report

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## Summary

Primary carcinoma of the fallopian tube is rare and its preoperative diagnosis difficult due to the lack of specific symptoms. In this report we present a rare case of primary carcinoma of the fallopian tube with synchronous cervical high-grade squamous intraepithelial lesion (HSIL). A 39-year-old women was admitted to our hospital for routine gynecological examination and underwent surgery because of the finding of HSIL on a routine papanicolaou smear. The histological diagnosis on cervical biopsy and conization material were of cervical intraepithelial neoplasia III (CIN III). Serous carcinoma of the fallopian tube was incidentally found during a planned hysterectomy operation. Postoperatively the patient received six cycles of adjuvant chemotherapy (carboplatin and paclitaxel) and is still under routine control. In conclusion, the genital tract should be examined in detail in case of any existence of a primary genital tumor and CA125 should be added to the examination.

*Key words:* Fallopian tube cancer; Cervical carcinoma in situ.

## Introduction

Primary carcinoma of the fallopian tube is one of the rarest gynecological malignancies accounting for 0.18% to 1.6% of all malignant neoplasms of the female reproductive tract [1]. Because of its rarity the preoperative diagnosis of fallopian tube carcinoma is difficult and rarely made before surgery. Furthermore coexistence of fallopian tube cancer and cervical epidermoid carcinoma in situ has been very rarely reported [2, 3].

## Case Report

A 39-year old woman, gravida 3, parity 1, underwent a routine annual gynecological examination at the Department of Gynecology and Obstetrics of Zeynep Kamil Women and Children's Hospital. She had regular menses. On physical examination all findings were normal. Pelvic examination revealed that the uterus was normal in size and there was no palpable abnormality in the adnexal areas but a high-grade squamous intraepithelial lesion (HSIL) was detected on the papanicolaou smear. Cervical biopsy revealed cervical epidermoid carcinoma in situ. Transvaginal sonography showed that the uterus and bilateral ovaries had a normal appearance and shape. Cervical conization was performed and microscopic examination revealed in situ epidermoid cancer with low-grade squamous intraepithelial lesioned areas with typical koilocytes. Because the pathologic examination of the conization material showed a positive endocervical surgical margin, a simple hysterectomy was planned after considering parital status. During the hysterectomy, a mass measuring 1 x 1 x 0.5 cm was detected on the left fallopian tube. After diagnosis of serous carcinoma of the fallopian tube on frozen section, a staging procedure was performed including total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, pelvic-paraaortic lymphadenectomy, multiple peritoneal biopsies and appendectomy.

## Results

Pathologic examination resulted as Stage Ic serous papillary adenocarcinoma of the left fallopian tube and cervical epidermoid carcinoma in situ. After six courses of chemotherapy consisting of carboplatin (AUC: 6) and paclitaxel (175 mg/m$^2$), the patient's follow-up is continuing and the last CA125 level was 15 IU/ml 21 months after the last chemotherapy dose.

The reported age of patients with primary tube cancer ranges between 18 and 87, and the mean age is approximately 55. Our patient was 39, which is fairly young [1].

Preoperative diagnosis of fallopian tube cancer is difficult because of its rarity and non-specific patient complaints, and was possible in five cases out of 168 in the largest three studies in the literature, accounting for 3% [4]. Our patient was also asymptomatic.

There are numerous reports in the literature that show a relation between cervical glandular cell abnormalities on cervical smears and fallopian tube carcinoma [5]. However no relation has been shown between fallopian tube carcinoma and human papillomavirus-related lesions [6, 7].

Unknown etiological factors may cause synchronous carcinoma of the cervix and fallopian tube carcinoma or they might arise independently as Ichikawa *et al.* pointed out [8].

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## Conclusion

The genital tract should be examined in detail in case of the existence of a primary genital tumor, and CA125 should be added to the examination. Synchronous carcinomas which have the same or different histological origin but a different location of the female genital system are possible. They should not be considered as incidental findings and their causes, which could be genetic, should be investigated.

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