Prolonged survival in two cases of carcinoma of the fallopian tube presenting after hysterectomy: case reports

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Summary

Two patients presented with fallopian tube carcinoma after hysterectomy. Both have had a prolonged survival after surgical debulking and chemotherapy with platinum-based agents.

Key words: Fallopian tube carcinoma; Hysterectomy; survival.

Case 1.

A 52-year-old nulliparous woman presented with vaginal bleeding of two weeks duration. An abdominal hysterectomy with conservation of the ovaries had been performed at the age of 42 years for fibroids. Examination under anaesthesia revealed friable tissue at the vaginal vault with thickening and fullness on the left side. A biopsy confirmed a moderately differentiated papillary adenocarcinoma. A vault smear was heavily blood stained and inconclusive. The Ca 125 level was 2220 IU/l (normal < 35 IU/l).

At laparotomy, a small volume of free fluid was sent for cytology. A left tubo-ovarian mass 8 cm x 4 cm was invading the vaginal vault and the base of the bladder. The paraortic lymph nodes were grossly enlarged. The right tube and ovary were normal. The liver was normal. Staging included a left salpingo-oophorectomy, hemivaginectomy, partial cystectomy, right salpingo-oophorectomy, omentectomy, and paraortic lymph-node sampling. A moderately differentiated papillary adenocarcinoma with invasion of the vaginal vault and bladder was the final pathological diagnosis. The paraortic node sampled was extensively replaced by tumour. All other surgical specimens, including the washings, were free of disease. Residual disease was greater than 2 cm in the paraortic nodes. FIGO Staging was 11lc. A vesicovaginal fistula complicated the patient's postoperative course 14 days postsurgery and was repaired immediately per vaginum. The patient was treated with eight courses of carboplatinum, 750 mg. Ca 125 returned to normal after three courses. The patient is free of disease 11 years after diagnosis.

Case 2.

A 51-year-old, para 4+1, presented with vaginal bleeding of five months duration. Vaginal hysterectomy and repair with conservation of the ovaries for prolapse had been performed five years earlier. The general physical examination was unremarkable. Pelvic examination revealed a friable lesion at the vault. Biopsy and cytology of the vault confirmed a moderately differentiated papillary adenocarcinoma. Ca 125 was 109 IU/l. At laparotomy, a 5 cm left tubo-ovarian mass invading the vaginal vault was seen as well as a 5 cm right ovarian cyst. There was no lymphadenopathy nor free fluid. Staging included bilateral salpingo-oophorectomy, partial vaginectomy and omentectomy. Pathology confirmed a moderately differentiated primary serous carcinoma of the left fallopian tube with extensive infiltration of the vaginal vault. The margins were clear and the omentum was negative. There was no macroscopic residual disease. A right serous borderline ovarian tumour was an incidental finding. FIGO stage was 11b. Ca 125 returned to normal after six courses of carboplatinum - 450 mg, combined with cyclophosphamide, 50 mg twice daily for two weeks. There is no evidence of disease after seven years.

Discussion

Carcinoma of the fallopian tube is a rare condition and is extremely rare after hysterectomy with only three cases reported in the literature [1, 2]. Both our cases presented with vaginal bleeding and an elevated Ca 125. At vaginal hysterectomy the fallopian tubes are secured at the vaginal vault, which may explain the earlier presentation of the second case. The tube is usually not secured to the vault with an abdominal hysterectomy although the experience of benign oophorectomy after abdominal hysterectomy is that the tube is often adherent to the vaginal vault. Fallopian tube carcinoma should be considered in the differential diagnosis of vaginal bleeding after hysterectomy particularly if the histology is suggestive and if the CA 125 is elevated. This is important as a difficult surgical debulking can then be anticipated because of the close anatomical proximity of the genitourinary system in particular. There is a high proportion of paraortic node involvement, making this cancer a systemic disease [3]. Case 1 had extensive residual paraortic node disease and Case 2 probably had no residual disease. The histological similarity to epithelial ovarian cancer suggests that platinum-based chemotherapy regimes would be at least as effective in these cases and prolonged survival (53%) for

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Stage 11-1V fallopian tube carcinoma has been reported [4] suggesting that some fallopian tube carcinomas as in our cases may be very responsive to platinum-based chemotherapy. Eighty percent of patients with a negative second-look operation following platinum-based chemotherapy remain disease-free and also, even patients with a positive second-look have had better survival than ovarian cancer patients [5].

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