

Introduction

Ovarian tumors, among all female genital malignancies, represent major gynecological challenge; because of their complex pathology, wide varieties of clinical, morphological, histo-pathological characteristics, and difficulty in early diagnosis due to lack of symptoms. Therefore, ovarian cancer carry the worst prognosis and the highest mortality rate. Moreover, the exact etiology for ovarian tumors occurrence is still poorly understood. Evaluation of cases by full history taking, physical examination, tumor marker serum level and abdomen-pelvis imaging help to calculate RMI, detect origin, malignant potential and spread of the tumor. However, the actual diagnosis of the tumor is achieved at the time of operation and by histopathological results. The initial management of ovarian cancer disease is by surgery aiming to resect, stage and define whether chemotherapy is needed after that or not.

Aim of the work

Analyze the demographic data, treatment, and follow up in ovarian tumors cases presented at Gynecological Oncology Unit in El Shatby Maternity University Hospital.

Patients and Methods

Data were collected from cancer registration data base in El Shatby University Maternity Hospital regarding all cases of ovarian tumors represented from 1st of January 2016 till the end of December 2018 regarding:

- History.
- Surgery.
- Histopathology type.

Results

Table 1: Distribution of the studied cases according to final operation (n=237)

Type of operation	No.	%
Primary surgery	218	92.0
Conservative surgery	82	34.6
Complete staging	110	46.4
Incomplete staging	26	11.0
Interval surgery	19	8.0
Complete	6	2.5
Incomplete	13	5.5

Table 2: Distribution of the studied cases according to ovarian pathology (n=237)

Tumor type	No.	%
Surface epithelial tumors	178	75.1
Serous cystadenoma	27	11.4
Serous adenofibroma	12	5.1
Surface papilloma	2	0.8
Serous BOT	9	3.8
Low grade serous carcinoma	6	2.5
High grade serous carcinoma	36	15.2
Mucinous cystadenoma	16	6.8
Mucinous BOT	7	3.0
Mucinous carcinoma	6	2.5
Endometrioma	29	12.2
Endometrioid cystadenofibroma	1	0.4
Endometrioid carcinoma	14	6.0
Clear cell carcinoma	6	2.5
Benign brenner tumor	3	1.3
Malignant brenner tumor	2	0.8
Seromucinous BOT endocervical type	1	0.4
Seromucinous carcinoma	1	0.4
Sex cord stromal tumors	32	13.5
Germ cell tumors	20	8.4
Metastatic tumors	7	3.0

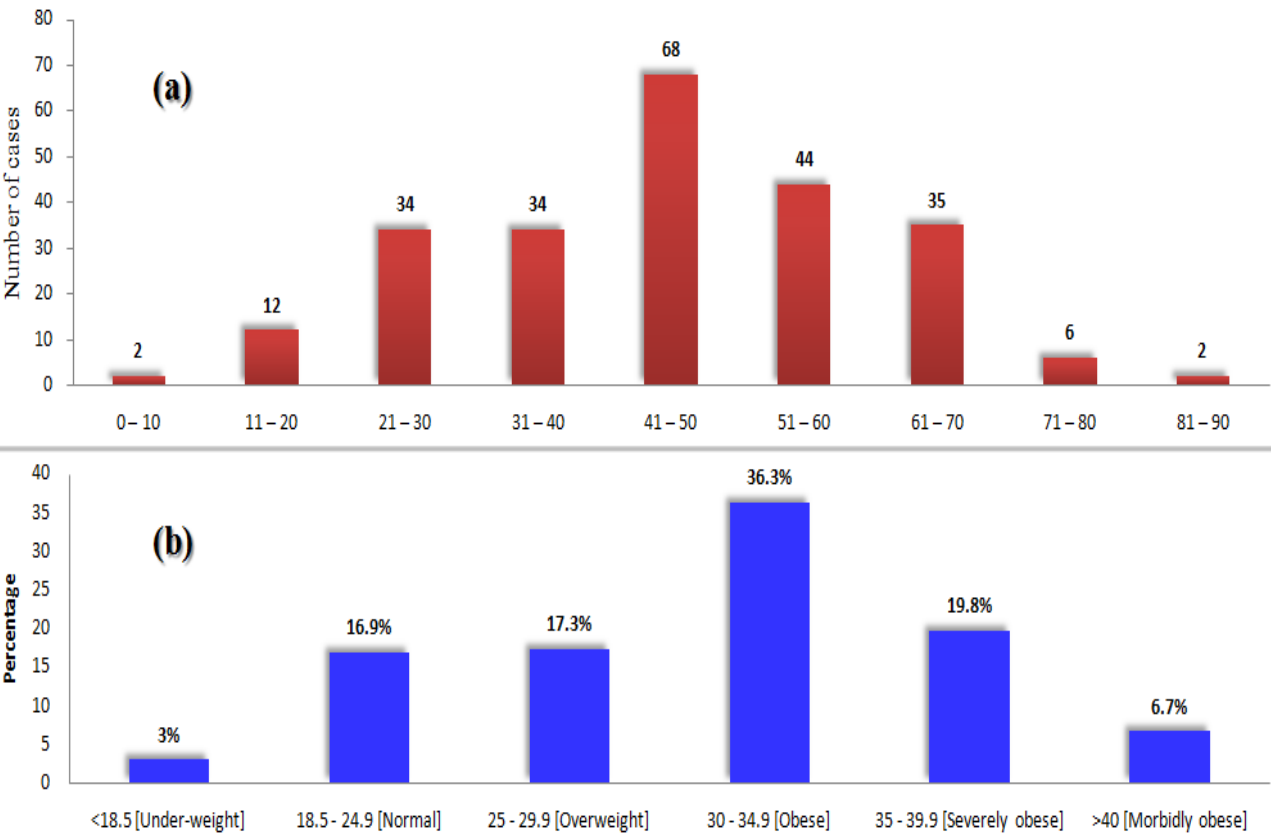


Figure 1: Distribution of the studied cases according to (a) Age and (b) BMI (n=237)

Conclusion

Ovarian tumors cases were common between 41 and 50 years old with patient’s mean age was 45.68 years old. Complete staging laparotomy was the main surgery for ovarian tumors cases. Surface epithelial tumors were the most common tumor type followed by sex cord, germ cell and metastatic tumors. Benign subtypes were higher followed by malignant and borderline subtypes. Serous tumors were the commonest pathological type with high-grade serous carcinoma was the most common tumor type frequently seen.