

Metastatic lesions to the ovaries

Patient Information Series – What you should know, what you should ask.

Is it a rare occurrence to diagnose metastatic lesions to the ovaries?

It is not rare to diagnose metastasis in the ovaries: 5-20% of ovarian malignancies represent a secondary localisation of a different primary tumor.

Is it important to discriminate between a primary ovarian cancer or a metastatic lesion?

Discrimination between a primary or metastatic ovarian mass is clinically important because their management is different: in the case of primary ovarian cancer surgery plays a major role; in a case of metastasis the role of surgery is controversial and the patient usually undergoes chemotherapy, whose schedule depends on the primary tumor.

Which tumors could localise to the ovaries?

Many tumors could localise to the ovaries; the most common are:

- Breast cancer
- Gastric and colorectal cancer
- Biliary tract cancer (cancer of liver, gall bladder and bile ducts)
- Sarcoma (An uncommon form of cancer that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.)
- Leukaemia (a cancer that starts in blood-forming tissue, usually the bone marrow) and lymphoma (a type of blood cancer)
- Other gynecologic malignancies (uterine and cervical cancer)

Which symptoms could I have?

Patients with personal history of a previous malignancy in follow-up could be incidentally diagnosed with an ovarian mass even if totally asymptomatic (showing no symptoms). Ovarian metastatic masses could represent the first appearance of a different primary tumor in case of pelvic or abdominal pain, abdominal distension, constipation or diarrhoea.

Should I have more tests done?

The first exam is usually an ultrasound (transvaginal and transabdominal). Metastatic ovarian lesions are usually bilateral and the sonographic appearance differs from that of a primary tumor. Metastatic lesions from gastric cancer (Krukenberg tumor), breast cancer, leukaemia and lymphoma, or uterine cancer are usually solid. Metastatic lesions from colorectal cancer, biliary tract cancer are usually heterogeneous (multilocular or multilocular-solid).

Tumor markers that may be tested for depend on the suspected primary tumor:

- Breast cancer: CA 15.3
- Colorectal /biliary tract / pancreatic cancer: CA 19.9

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- Gastric cancer: CEA

A second level examination is usually performed: CT-scan or PET-CT, in order to stage the malignancy (if primary tumor is unknown) or to identify other secondary localisations in patients in follow-up.

What other questions should I ask?

- Is this a case of metastatic or primary ovarian mass?
- Do I need a CT-scan?

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