Prevalence of cachexia in treatment-naïve patients with gynaecological cancer: a systematic review

**Background**
Approximately half of all cancer patients develop cachexia, with 20% of cancer-related deaths attributed to cachexia. Gynaecological cancer has not featured extensively in published cachexia literature. Prevalence of cachexia in this population is therefore unclear. The aim of this review is to report estimated prevalence of cachexia in patients with gynaecological cancer prior to treatment.

**Methods**
A systematic review was conducted to estimate the prevalence of cachexia at diagnosis in patients with gynaecological cancer. CINAHL, Cochrane Library, EMBASE, MEDLINE Ovid, Scopus and Web of Science were searched and additional relevant articles were identified by hand searching a number of key journals. A narrative synthesis was used to integrate the findings from the included studies.

**Results**
Following de-duplication, the title and abstracts of 7894 articles were screened; two studies were identified as eligible for inclusion. Both included patients with a cervical cancer diagnosis. Prevalence of cachexia ranged from 0 – 32.4%.

**Conclusions**
Well-designed and robust studies in treatment-naïve patients with gynaecological cancer are needed in order to quantify the true prevalence of cachexia. This would support the early identification of at-risk patients for whom interventions may be most beneficial.

**CASE REPORT**
Cystic teratoma in a 33-year old patient: a case report

Malignant transformation is extremely a rare complication of mature cystic teratoma and it usually occurs in postmenopausal women. The most common form of malignant transformation is squamous cell carcinoma. Carcinoid tumors are rare tumors of the diffuse neuroendocrine system and it represents about 0.1% of all ovarian neoplasms.

In this report, a carcinoid tumor arising from a mature cystic teratoma in a 33 year old nulligravid is presented. Adnexal mass was detected during physical examination. She underwent exploratory laparotomy. The left ovary was cystically enlarged to 10 × 9 × 8 cm with intact, thick whitish capsule and areas with normal ovarian tissues. The uterus, right ovary, bilateral fallopian tubes and appendix were grossly normal. Intraoperative diagnosis of Dermoid cyst was made, hence, left oophorocystectomy was done. On cut section, the cyst contained sebum and hair strands. Histopathologic diagnosis revealed a carcinoid tumor arising from a mature cystic teratoma. Immunohistochemical staining showed positivity for chromogranin and synaptophysin. Based on morphological and immunohistochemical staining, the tumor was diagnosed as a carcinoid tumor arising from a mature cystic teratoma. Our patient did not present with carcinoid syndrome.

Malignant transformation is a rare complication of mature cystic teratomas. Preoperative diagnosis of Mature Cystic Teratoma of the ovary can be made through history, physical examination and radiologic findings. The treatment of