Introduction/Background Angiosarcoma of ovary is extremely rare tumour, contributes to approximately 1% of ovarian malignancy. It is highly aggressive tumour associated with poor prognosis. Very few cases of this malignancy are reported in literature till now.

Methodology

Results A 34 yr old P2L2 lady presented to gynaecologic OPD with complaints of pain & distension of abdomen since 1 month. After examination, investigations (tumour markers, USG and CECT abdomen & pelvis) and detailed work up provisional diagnosis of malignant ovarian tumour was made. She underwent staging laparotomy with cytoreductive surgery. Intraoperatively left solid cystic ovarian mass of around 9x8 cm with hemorrhagic fluid was noted. On combined, HPE and IHC (CD 31) final diagnosis of angiosarcoma stage 1c1 was made. Patient is planned for radiotherapy and chemotherapy

Conclusion Diagnosis of angiosarcoma of ovary is still challenging due to non-specific clinical presentation, highly malignant and rapid progression of tumour. Imaging modalities like USG, CT scan and MRI are diagnostic tools but for definite diagnosis, HPE and IHC are required. Surgical resection, radiotherapy and chemotherapy are mainstay of treatment but the main concern is poor prognosis.

Introduction/Background Anastomotic leakage in advanced ovarian cancer is a major concern. Relaparotomy, washings and a protective stoma may be the solution in most cases. However, in some selected patients, with leaks collected to the pelvis, a conservative management can be done. In this case we performed a conservative endoscopic management in two times. First, we drained the collection, and then we sutured the defect endoscopically

Methodology Video edited

Results

Conclusion