Introduction/Background Introduction: Ovarian carcinoma (OC) has high mortality, 75 to 80% presents in locally advanced stages (1) and a large proportion of patients receive neoadjuvant chemotherapy followed by interval surgery. Despite the high response rates to primary treatment, 70% of patients will have a recurrence within 2 years. There are multiple studies that have described the patterns of recurrence in OC (2); however, the recurrence in our case was unusual.

Methodology Results Case description A 60-year-old patient diagnosed with high-grade serous OC, clinical stage IIIC, who received induction chemotherapy with Carboplatin/paclitaxel for 4 cycles, underwent interval cytoreductive surgery, remaining R0, and subsequently completed 4 cycles of chemotherapy, with complete response by tumor marker and imaging. At 18 months of follow-up, a PET-CT showed hyper-uptake in the pancreas with a SUVMAX of 7, without elevation of CA 125. EUS was performed, which showed a subepithelial lesion of 14 mm in the submucosa of the stomach. FNA reported a malignant neoplasm. Distal gastrectomy was performed. Except in the stomach, no data of disease was found. Pathology found a 1.2 cm intramural nodule in the minor curvature, well-defined, without involvement of the mucosa. The diagnosis was a mural metastasis of high-grade serous OC. Complementary chemotherapy was restarted for 6 cycles. A PET-CT study was performed with no data on tumor activity 8 months after surgery.

Conclusion Discussion The most frequent sites of recurrence are peritoneal, lymph node and as a location at the pelvic level (3,4). It is worth mentioning that in a large proportion the recurrence is in multiple sites. However, intramural recurrences at the gastrointestinal (stomach) level as a single site were not found in a literature review. Knowledge of this type of rare recurrence is important, since it forces us to carry out a more meticulous evaluation of our patients diagnosed with OC.