Introduction/Background Ovarian mesonephric-like adenocarci-
oma (MLA) are rare tumors that can arise from the uterine
and ovary. These tumors share histological features
with well-described mesonephric adenocarcinoma (MA) arising
in the uterine cervix and vagina. MLA histogenesis is still
debated. MA derives from mesonephric ducts remnants of the
female genital tract. MLA shares morphologic, immunopheno-
typic and molecular features with MA nonetheless the associ-
ation with mesonephric remnants or hyperplasia has yet to be
proved. Increased mitotic activity and tumor cell necrosis
appear to have an effect on the aggressive nature of this
tumor. 
Methodology The objective is to report a case of MLA and its
treatment.
Results The patient is a 54 years old female who presented
with postmenopausal bleeding associated to a preoperative
diagnosis of atypical hyperplasia. A laparoscopic hysterectomy
and bilateral salpingo-oophorectomy was performed with no
complications. Final pathology report was notable for a MLA of
the left ovary. No affection was found in the uterus nor in the
contralateral ovary. Due to this finding, complete surgical
staging was performed and no pathological affection was
reported in the paraaortic lymph nodes, pelvic lymph nodes,
omental, peri-colic gutter biopsies, splenic or hepatic dia-
phragm biopsies. The patient was staged as an ovarian cancer
FIGO IA. Post operative Positron Emission Tomography
showed no evidence of hypermetabolic metastatic disease, 4
cycles of adyuvant chemotherapy with carboplatin and liposo-
mol doxorubicin were administered. The patient is currently
under surveillance, and has shown no clinical, serological or
imaging evidence of relapse.
Conclusion MLA appears to have a very aggressive nature
even in early stages. Due to its rarity, there are no available
databases on prognosis on ovarian MLA. The optimal treat-
ment remains unclear.

Introduction/Background Primary ovarian non-Hodgkin’s lym-
phoma (NHL) is a rare disease accounting for 0.5% of all
NHLs and 1.5% of all malignant ovarian neoplasms. The
most common histological subtype is diffuse large B-cell
lymphoma.
Methodology We retrospectively reviewed the clinical records
of six patients with primary ovarian lymphoma treated at
Salah Azaiez Institute from 2001 to 2021.
Results The average age of patients was 40.33 years. The
main symptoms consisted of pelvic pain and abdominal
distension. CA125 tumor marker level was high in one case.
The mean tumor size measured with CT scan was 129.7
mm (from 50 to 173). Extraabdominal lymphadenopathies
and pleural effusion were found in one case. Two patients
had hysterectomy and bilateral salpingi-oophorectomie. Four
cases underwent adnexectomy. An additional small bowel
resection was needed for one case. The youngest patient,
with bilateral ovarian solid mass, had a left adnexectomy
and a conservative treatment on the right ovary. The final
histological report was in favor of diffuse large B-cell malign-
ant lymphoma. CD-20 and Bcl-2 were expressed in all
cases and the Ki67 was higher than 50% in all cases. Tumor
cells were negative for the T cell marker CD3. Four
patients received post operative chemotherapy with CHOP
regimen and are in total remission. The two other patients
are lost to follow-up.
Conclusion Primary ovarian lymphoma is a rare disease diag-
nosed generally after surgery using immunohistochemistry. Its
treatment is essentially based on chemotherapy.

Introduction/Background PIPAC is an emerging technique of
administering intraperitoneal chemotherapy. The benefits of
this method include improved drug distribution and tissue tar-
get thus becoming a potential new treatment available for
patients with peritoneal metastases. To our knowledge, this is
the most rigorous review of the current evidence on safety
and efficacy of PIPAC specifically in patients with ovarian
(OC), fallopian tube (FTC) and primary peritoneal (PPC) car-
cinomas with peritoneal metastases.
Methodology The present review was registered with PROS-
PERO and conducted in accordance to the PRISMA checklist.
Terms related to the use of PIPAC in management of all can-
cers were searched in MEDLINE (Ovid), EMBASE (Ovid)
electronic databases and Cochrane library. Screening and
study selection were performed by all authors.
Results 9 studies reporting outcomes specific for patients with
OC, FTC and PPC were identified and included in the analy-
isis, comprising of 158 patients and 257 PIPAC procedures.
159 Grade 1, 41 Grade 2, 13 Grade 3 and 2 Grade 4 toxicity
events were recorded out of 209 procedures. Rate of his-
tological regression ranges from 62% after 1 procedure to
76% following 3 procedures. Overall quality of life score
based on responses to the EORTC QLQ-C30 v3.0 question-
naire improved following treatment. Median survival ranges
from 6.8 months after 1 treatment up to 22 months after 3
procedures.
Conclusion With acceptable levels of low-risk complications
and low rate of morbidity and serious complications, the
results of this review suggest PIPAC offers an alternative treat-
ment option for management of advanced OC, FTC and PPC
with peritoneal metastases.