بسم الله الرحمن الرحيم

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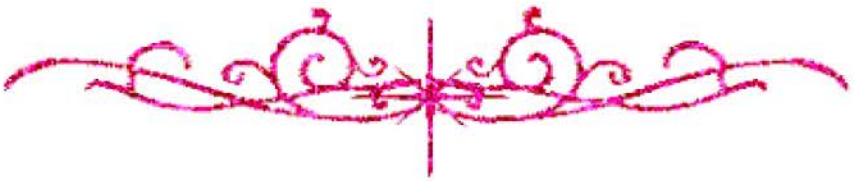
التوثيق الالكتروني والميكروفيلم



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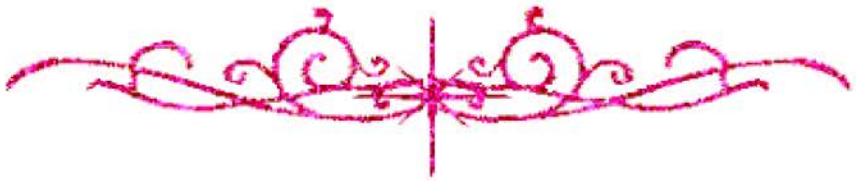

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بالرسالة صفحات

لم ترد بالأصل

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THE ADNEXAL MASS : BENIGN OR MALIGNANT? VALUE OF PELVIC EXAINATION, ULTRASONOGRAPHY AND SERUM CA- 125

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A Thesis

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Abdalla M. Ghanem

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INTRODUCTION

Adnexal mass is a major health problem in gynecology because ovarian malignancy is the fifth most fatal form of malignancy in women following breast, lung, colon and pancreatic malignancies (**Silverberg et al ., 1990**).

In the united states epithelial ovarian cancer is now a leading cause of death from gynecological malignancy **(Partridge et al ., 1999)**.

Because of the asymptomatic nature of ovarian malignancy 70 % of patients have metastasis beyond the pelvis at the time of diagnosis. ***(Piver., 1983)*** .

A recent study concluded that the majority of women with ovarian carcinoma are a symptomatic and frequently have delays in diagnosis **(Goff et al., 2000).**

Early diagnosis of ovarian malignancy improves the survival and prevents the need for more aggressive treatment because the five year survival rate for ovarian malignancy is about 20% in advanced disease (stage III & IV) compared with almost 80% in patient with stage I disease ***(Piver., 1989).***

A randomized controlled trial of ovarian cancer screening has shown a survival benefit in women who develop ovarian cancer in the screened group although the results donot justify ovarian cancer screening in the general population , the data support the need for a lager randomized trial powered to assess the impact of screening on mortality**(Menon et al ., 2000)** .

Evaluation of adnexal mass can be done by pelvic examination ultrasonography, serum CA- 125, & MRI **(Troiano et al ., 1994)** and CT **(weiner-z et al ., 1994)** .

(CT can be replaced by ultrasound and MRI may not be available in most centers).

The pelvic examination can give valuable information about the diagnosis and management of adnexal mass ***(Russel., 1995).***

Abdominal ultrasound appears to be more sensitive and specific in the determination of the nature of the adnexal mass compared to clinical

examination and it can predict benign disease with reasonable confidence but the prediction of malignancy is less reliable ***(Duffy et al., 1996).***

Transvaginal ultrasonography (TVS) is a valuable tool for the evaluation of adnexal masses and is more accurate than transabdominal ultrasound ***(Troiano et al., 1997).***

TVS may be superior to colour Doppler imaging in predicting malignancy of adnexal masses ***(Franchi et al,. 1995)*** .

Ultrasonographic tumor size and appearance are the best predictors of pelvic malignancy in pre menopausal women while CA- 125 level and ultrasonography are the best predictors in post menopausal women (**Roman etal., 1997).**

A serum level of CA – 125 of 35 u/ml or more correctly identified malignancy in 90% of postmenopausal women ***(Doed et al 1993)*** .

Predictive value approaches 100% utilizing CA 125 levels in diagnosis of adnexal masses ***(finkler et al., 1993)***.

Serum CA – 125 can't be proposed for mass screening for adnexal masses (**Van-Der –Burg et al ., 1992**) because it may be elevated in other cases such as pelvic haematoma (**Eddy ., 1997***)*, pelvic inflamatory disease and correlates with severity of the disease **(Moley et al., 1996),** pelvic tuberculosis (**Miranda et al ., 1996** *)*, cellular fibroma of the ovary **(Siddiqui et al., 1995**) , pelvic endometriosis **(Myer's et al.,** ***1995)*** and lung disease **(Buamah ., 2000** *)* **etc**

Evaluation of the risk of malignancy index based on serum CA–125 ultrasound findings and menopausal status in the pre operative diagnosis of adnexal masses is able to correctly discriminate between malignant and benign adnexal mass ***(Tingulsted et al., 1996)*** .

Combination of tumor markers is superior to serum CA-125 alone for the preoperative differential diagnosis of the adnexal mass ***(Jacobs et al., 1993).***

The use of both pelvic examination ultrasonography and serum CA–125 together provides the best discrimination between benign and malignant adnexal masses and malignancy may be ruled out when all tests are negative ***(Schutter et al., 1994)***