Brief Communications

Ovarian diseases at King Abdul-Aziz University Hospital

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The prevention, diagnosis, and management of ovarian diseases especially neoplastic lesions continue to challenge clinicians caring for women of all ages. The medical community and the public are well aware of the high mortality rate associated with the diagnosis of epithelial ovarian carcinoma and that it is responsible for approximately 15,000 deaths annually in the United States of America.[1] Although, there has been tremendous improvement in the survival rate of young women with germ cell ovarian malignancies, the same has not been true for women with epithelial ovarian carcinoma. The most important positive prognosticator for improved survival of patients with ovarian carcinoma is diagnosis at an early stage. For this reason, significant resources continue to be directed toward the prevention and the early diagnosis of ovarian cancer. The technology associated with diagnosing and treating ovarian or adnexal disease is expanding exponentially. Radiographic examinations, including ultrasonography, computed tomography (CT), and magnetic resonance imaging, are used with increasing frequency. Laparoscopic surgery continues to evolve, and physicians not only must maintain the basic skills involved with the operative technique, they must stay abreast of new equipment and indications for its usage. It is essential that the clinician have a clear understanding of the wide range of disease processes that fall under the category of ovarian neoplasms. Developing and sustaining an understanding of the differential diagnoses of ovarian and adnexal diseases will allow the physician to process information as it becomes available and to put it into an appropriate framework.[2] The outlines of ovarian diseases are not well reported in the Kingdom of Saudi Arabia (KSA). This tract led us to analyze 242 surgical oophrectomies, in the Department of Surgical Pathology, King Abdul-Aziz University Hospital, Jeddah, KSA. This Hospital is a tertiary care hospital located in Jeddah. In an attempt to delineate the spectrum of female ovarian lesions, data on all oophrectomies carried out between 1996 and 2000 were retrieved from the records of the laboratory keeping track of age, histopathological diagnosis, frozen section diagnosis, anatomical location and surgical procedure performed. Histopathology cases were classified as benign cystic and neoplastic lesions. The diagnosis of neoplastic lesions was based on the 1993 World Health Organization Classification. Mean age for the 2 histopathological groups and for each individual lesion were derived. While analyzing all the ovarian lesions for 4 years, we came across a total of 242 cases, which were filtered and categorized into 2 main groups: 1) Benign cystic lesions comprised of 115 cases (47.5%). 2) Noeplastic lesions comprised of 72 cases (29.7%). The mean age of presentation for these groups was 34.8 and 40.1 years. Fifty-five patients (mean age 46.2) had normal ovarian tissue with no pathological diagnosis. Regarding age distribution of these patients as a whole 1.5% were presented under 19 years, 14.4% in the 3rd decade, 42.9% in the 4th decade, 23.1% in the 5th decade, 11.1% in the 6th decade and 4.5% presented above 60 years. Age ranged from 14-74 years and with mean age of presentation for all patients being 36.9 (n=242). The anatomical locations aside from the lesion were analyzed. Thirty-four percent of patients had lesions limited to left side, 25.2% had lesions limited to right side and 29.7% had lesions on both sides (in 5.4% patients the side was not available). Most of the patients underwent unilateral salpingo-oophrectomy (61.9%). The patients underwent hysterectomy with bilateral salpingo-oophrectomy were 31.8% and only 6.2% patients underwent oophrectomy of the diseased side. Benign cystic lesions comprised of 115 cases of all lesions (mean age 34.8), most commonly reported being hemorrhagic corpus leuteal cyst in 34 cases (mean age 34.1) and the simple serous cyst in 30 cases (mean age 37.7). Neoplastic lesion comprised of 72 cases of all lesions (mean age 40.1), most commonly reported benign lesion being cystic teratoma in 21 cases (mean age 31.7) and most common malignant lesions were metastatic carcinoma (mean age 54.5) and papillary serous carcinoma (mean age 47.2) both comprised 10 cases each.

In conclusion, this study reports the pattern of ovarian lesions in this area. Although this was a rather simple analysis but the intention is also to open ways for other larger and more clinically oriented studies. To define the risk factors in our population a large-scale study including all regions of the KSA, looking at specific etiological factors, and comparing them to other Arab and Western countries is highly recommended for future.

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