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OVARIAN TUMOUR PRESENTING AS PARANEOPLASTIC SYNDROME

General Medicine

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ABSTRACT

Paraneoplastic syndromes are triggered by an altered immune system response to a neoplasm. The symptoms may be endocrine, neuromuscular or musculoskeletal, cardiovascular, cutaneous, hematologic, gastrointestinal, renal, or miscellaneous in nature. A 56 years old female patient with complaints of discolouration of skin, difficulty in walking and swelling of face and bilateral upper limb and lower limb. CECT abdomen revealsed features suggestive of left ovarian malignancy and CA 125 was positive. She was diagnosed as ovarian tumor with suspecting Lambert Eaton syndrome as Para neoplastic syndrome.

KEYWORDS

INTRODUCTION:

Altered immune responses to neoplasm triggers paraneoplastic syndrome. Though it is a rare disorder it can manifest as endocrine, neuromuscular or musculoskeletal, cardiovascular, cutaneous, hematologic, gastrointestinal, renal, or miscellaneous. Incidence of paraneoplastic diseases varies from 10 to 20% of all malignancies of which neurological paraneoplastic syndromes(less than 1%) are very rare.[1,2]

CASE REPORT:

Ÿ A 56years old female patient presented with the complaints of discoloration of skin mainly involving the face and neck since 3months, difficulty in walking since 8 days and bilateral upper limb and lower limb swelling since 3days. She is a known case of hypothyroidism on treatment.no was no h/o abdominal pain, fever. On examination there was facial puffiness with edema involving bilateral upper limb present, blackish discoloration over face and neck present. Systemic examination revealed reduced breath sounds on right side of chest with dull note on percussion, Pansystolic murmur over the mitral area and proximal muscle weakness on CNS examination. There was no organomegaly of free fluid noted in the abdomen clinically. Chest x-ray showed homogenous opacity involving the right whole lung and USG showed ?metastasis to peritoneum and liver with right sided pleural effusion. CECT abdomen was done which revealed posterior myometrial vascular calcific lesion with left adnexal mass with enhanced with contrast s/o malignancy, CA 125 came positive. She was diagnosed as ovarian tumor with suspecting Lambert Eaton syndrome as Para neoplastic syndrome.

DISCUSSION:

Altered immune responses to neoplasm triggers paraneoplastic syndrome. The pathophysiology of paraneoplastic syndromes is complex.[3] 1.The antibodies that are produced against the tumor cells sometimes cross react with the normal tissues and destroy them, which results in paraneoplastic syndrome. 2.Release of tumor like hormones, hormone precursors, a variety of enzymes, or cytokines which may produce proteins which are physiologically expressed in utero by embryonic and fetal cells but by normal adult cells which may serve as tumor markers (eg, carcinoembryonic antigen [CEA], alpha-fetoprotein [AFP], carbohydrate antigen 19-9 [CA 19-9]) can result in paraneoplastic syndrome. 3. Idiopathic. There is no sex or race predilection reported in paraneoplastic syndrome and the treatment varies with each type. Two general treatment options exist.

Ÿ The first option is treatment of the underlying tumor.
Ÿ The second therapeutic option, in patients with clearly identifiable antibodies in their serum, is immunosuppression - accomplished with intravenous immunoglobulins, steroids or other immunosuppressive drugs, or plasma exchange[4]

Paraneoplastic syndromes differ widely from individual to individual, prognosis also vary greatly. DIC may indicate poor prognosis, whereas hypertrophic osteoarthropathy is one of the few paraneoplastic syndromes that may indicate a more favorable prognosis. Some paraneoplastic disorders may resolve spontaneously.[5,6]

Death usually result from the underlying cancer or from an irreversible system impairment, usually acute heart failure or kidney failure. In a review of patients with paraneoplastic pemphigus, infection was a major cause of death.[7]

CONCLUSION:

The reported frequency of paraneoplastic syndromes ranges from 10-15% to 2-20% of malignancies. Neurological paraneoplastic syndromes are estimated to occur in fewer than 1% of patients with cancer. In patients with non-defining clinical findings a differential diagnosis paraneoplastic syndrome to be kept in mind.

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