ACUTE ABDOMEN DUE TO HOLLOW VISCUS PERFORATION AS FIRST MANIFESTATION OF OVARIAN CANCER IN A PATIENT WITH SITUS INVERSUS

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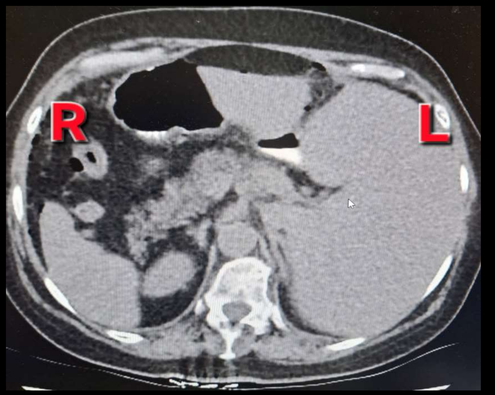
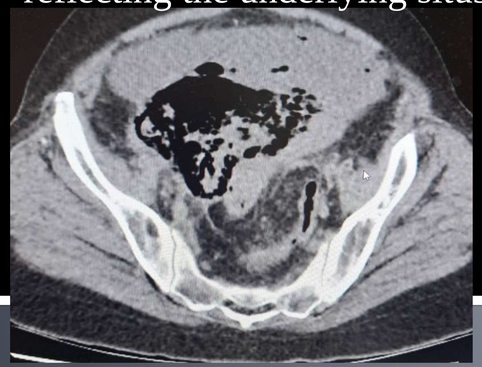
AIM: A rare case of ovarian cancer initially manifesting as hollow viscus perforation in a patient with situs inversus totalis



CASE PRESENTATION :

A 63-year-old female with no significant past medical history presentedwith signs of acute abdomen. CT revealed situs inversus totalis and the presence of free intraperitoneal air, especially in the pelvis, suspicious for sigmoid perforation. She was taken emergently to the operating room. Upon entering the peritoneal cavity, purulent fluid and diffuse pseudomembranes were encountered. Pelvic exploration revealed dense adhesions forming an inflammatory mass, with the sigmoid colon firmly adherent to the uterus and adnexa. Interestingly, this conglomeration was located predominantly in the right iliac fossa, reflecting the underlying situs inversus. The sigmoid appeared ruptured.



An en bloc resection was performed, consisting of total hysterectomy with bilateral salpingo-oophorectomy and sigmoidectomy, completed with end colostomy. Histology confirmed high-grade serous ovarian carcinoma, extensive atypia, necrosis, and high proliferative activity. Immunohistochemical staining (positive for p53, CK7, WT-1 and negative for CK20) supported the diagnosis. The patient had an uneventful recovery and was discharged on the 12th postoperative day. Following multidisciplinary oncologic evaluation, she was referred for adjuvant chemotherapy.

DISCUSSION-CONCLUSION:

• Ovarian cancer is often diagnosed at advanced stages, but presentation as hollow viscus perforation is exceptionally rare, described only in isolated case reports.

•Situs inversus totalis, with an incidence of 1 in 8,000–25,000 live births, is itself an uncommon congenital condition.

•The coexistence of these two rare conditions makes the present case particularly remarkable.

•Clinicians should maintain suspicion for ovarian pathology when pelvic disease involves the adnexa or female reproductive organs, as this can alter both diagnosis and management.

•In this case, the presence of situs inversus further distorted the anatomy, adding significant technical challenges during surgery