



# Birthing a Baby or Surfacing a Hidden Tumor?

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Niyati Gupta MD, Yvette Achuo-Egbe MD, Victor Delgado MD and Jean Atallah-Vinograd, MD  
Department of Gastroenterology and Hepatology, NYMC/ Metropolitan Hospital Center, NY.

## BACKGROUND & REVIEW OF LITERATURE

- Malignancy is a rare finding during pregnancy and if present, often carries poor prognosis.
- We present to you a case of Krukenberg tumor- a metastatic malignancy of the ovary- in a 29 year old female.

## CASE PRESENTATION

A 29-year-old female with no past medical history and who uneventful pregnancy course, presented to the hospital with preterm labor at 30 weeks gestation.



Patient underwent low transverse caesarian delivery secondary to recurrent prolonged decelerations and preterm contractions.



Intraoperatively, a **large right sided ovarian mass** was discovered.



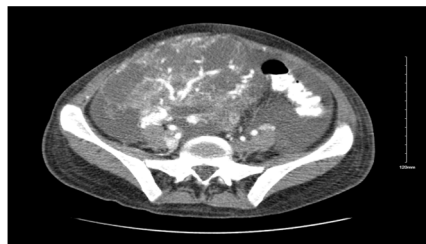
Tissue pathology revealed **metastatic poorly differentiated adenocarcinoma**.



**Labs:** CA 125:355 U/ml  
AFP tumor marker: 10.8 U/ml

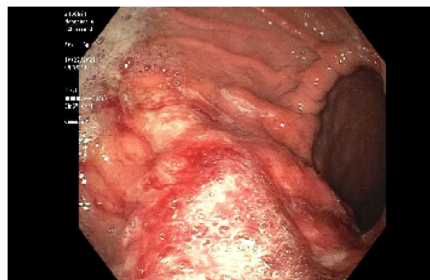
### CT abdomen pelvis with contrast:

Right adnexal mass measuring 10 x 14 x 13 cm with increased vascularity, large degree of abdominal pelvic ascites, with few lymph nodes in the upper mesenteric arcade, along with moderate thickening of the gastric wall.

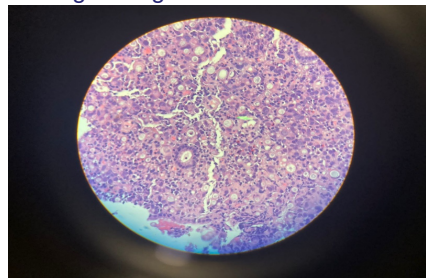


### Esophagogastroduodenoscopy(EGD):

- EGD revealed a gastric mass at cardia.



- Tissue pathology was consistent with adenocarcinoma with presence of signet ring cells.



### Subsequent follow up with CT abdomen pelvis with contrast:

Bilateral ovarian metastasis with large volume ascites. Diagnostic paracentesis was negative for malignant ascites.

- Clinical course was complicated by recurrent ascites and progressive clinical deterioration.
- Due to poor performance status, the patient did not undergo any surgical intervention.
- Patient is currently being managed with palliative chemotherapy and paracentesis for symptomatic relief.

## DISCUSSION

- Krukenberg tumor is a metastatic malignancy of the ovary which is characterized by mucin-rich signet-ring adenocarcinoma that arises primarily from a gastrointestinal site.
- It accounts for almost 1%–2% of all ovarian tumors. The incidence of gastric cancer in the women of reproductive age group is 0.4%–0.5%, making these tumors extremely rare during pregnancy.
- Pregnancy symptoms masks the presence of the disease leading to diagnosis at a later stage.
- Unfortunately, no optimal treatment strategy for these tumors have been identified so far.
- Chemotherapy as well as radiation therapy does not seem to have any significant role in the prognosis of these patients.
- Due to metastatic nature and lower rate of resectability, surgery is deferred as it does not offer any increased survival time.
- The overall prognosis remains poor.