— Sun-139 —

Ovarian Granulosa Cell Tumor presenting as Meigs' Syndrome with elevated CA125

Departments of Internal Medicine and Pathology[1] Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, Seoul, Korea

Kwon Choi*, Hyun Jong Lee, Ji Cheul Pae, Suk Joong Oh, Seong Yong Lim, Eun Yoon Cho[1], Seung Sei Lee

We report a rare case of ovarian granulosa cell tumor presenting as Meigs' syndrome with elevated carbohydrate antigen 125 (CA125). A 69-year-old woman was admitted for investigation of abdominal fullness and dyspnea. Preoperative examinations reveals a huge pelvic tumor. Abdominopelvic magnetic resonance image (MRI) assumed ovarian cancer. Chest computed tomography (CT) scan revealed pleural effusion. Laparotomy confirmed that the huge mass was comprised of ovarian tumor. Resection of the total abdominal hysterectomy (TAH), with bilateral salpingo-oophorectomy (BSO) and partial omentectomy was performed. Although short-term intrathoracic drainage was required, the hydrothorax and ascites rapidly resolved in the postoperative period.

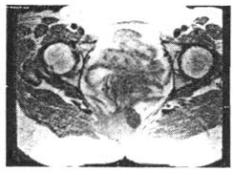
— Sun-140 —

A Carcinoembryonic Antigen-Secreting Adenocarcinoma Arising in Tailgut Cyst : Clinical Implications of Carcinoembryonic Antigen

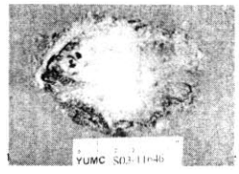
연세대학교 의과대학 내과학 교실

Byoung Chul Cho, Ju Hyuk Sohn, Jae Kyung Roh, Sang Tae Choi, Sung Ai Kim

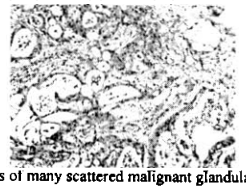
Tailgut cysts (TGCs) are rare congenital cysts that occur in the retrorectal or presacral spaces. Although most tailgut cysts have been reported as benign, there have been at least 9 cases associated with malignant change. We report herein on an unusual case of a 40-year-old woman with a carcinoembryonic antigen (CEA)-producing adenocarcinoma arising within a TGC who underwent surgical resection and local radiation therapy. Despite the complete resection, metastatic adenocarcinoma developed five months after surgery. CEA-producing adenocarcinoma from a TGC is extremely rare and only two cases, including this case, have been reported in the English medical literature. Besides CEA, the serum levels of CA 19-9 became markedly elevated in this patient. Given that the serum CEA level decreased to the normal range after complete resection of tumor and that the tumor recurrence was associated with a rebound of the CEA serum level, our case shows that serial measurements of serum CEA can be used for treatment planning and for assessing the patient's treatment response for this rare disease



Axial T1- and T2-weighted MRI scan showing multicystic mass with intermediate signal intensity (thick arrow). The cyst shows hypointense and hyperintense signal, respectively (thin arrow)



On sectioning, appearance (thick arrow) and contains several, discrete cysts (thin arrow) filled with yellow gelatinous material. The ill-defined mass impinges on the outer wall of rectum, presacral soft tissue and coccygeal bon



The tumor consists of many scattered malignant glandular components with infiltrative growth to surrounding tissue(X 100 H&E stain)