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Case Report

Krukenberg Tumor: Case Report of Metastases Ovarian Simulating Pregnancy

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Abstract

The German physicist Friedrich Ernst Krukenberg (1871-1946) was the first to write five cases in an article on Krukenberg's tumor, the Jornal Archiv für Gynakologie 1896 [1,3,4]. It is a rare ovarian tumor, accounting for 1 to 2% of all ovarian malignancies [1,2]. Krukenberg tumor mainly affects women between the ages of 35 and 50. Usually bilateral with both cystic and tissue components in most cases, the tissue portion is larger for metastases of gastric and iliobiliary origin and cyst for primary of colonic origin. Previously, Krukenberg's tumor was attributed to a cancer of digestive origin, which was not the case, since several cases of Krukenberg tumor are secondary to primary muco-secreting cancers of the digestive tract, breast cancers, parathyroid hormones, among others, have also been diagnosed. The discovery of Krukenberg tumor is followed by abdomino-pelvic CT and pelvic MRI with thick abdominal ovarian blow had occurred at a distance from the primary foci. We are writing a case of a 29-year-old patient, married, multiparous, living in a rural area, with ATCD of stomach cancer operated on 4 years ago. Discovered by chance during a gynaecological consultation. The objective of this article is to show the rapid growth of Krukenberg tumor and to raise awareness among practitioners of the difficulties of diagnostic and therapeutic management of this disease in order to improve its poor prognosis.

Clinical Case

This is a 29-year-old woman, history of stage IIIb colon adenocarcinoma, left hemicolectomy in 2018, lost to follow-up and continues her normal sex life, a few years later, to start noticed a feeling of heaviness in the lower abdomen but in principle she was ignored days after increase in volume of the abdomen and 3 months later without menstruation and for the very fast form of growth of the abdomen, thinking it was a pregnancy and after the physical examination the doctor was confirmed the diagnosis with his ATCD, was transferred to the oncology hospital, the first imaging examination diagnosed a bilateral pyelocalicial dilatation and two latero-uterine masses of mostly cystic echogenicity, follow-up, uroCT scan, in favor of bilateral UHN anterior to a large left laterouterine mass, Large left laterouterine mass, polylobed, hypodense, contain septa with a fleshy parietal portion enhanced after injection of PDC associated left adrenal nodule at the expense of the outer arm and peritoneal effusion of low abundance. MRI showing two multiseptate cystic laterouterine mass with tissue repressing pelvic and peritoneal structures, first suggestive of Krukenberg's disease; CA 125 biological examination reporting a discrete increase (39.40 ul/ml VR=<36 ul/ml); CT PET in favor of suspicious left adrenal nodular hypermetabolism with no other suspicious hypermetabolic on the rest of the volume explored. The is currently on chemoradiation.

This is a case of poorly differentiated adenocarcinoma with catkin ring cells of undetermined origin in a 29-year-old woman with no particular history. This tumor is complicated by multiple osteoblastic bone metastases, Krukenberg tumors (TK) and probable peritoneal dissemination.

Conclusion

Krukenberg's tumor is a metastatic tumor of a cancer in most cases the primitives are digestive [6], but currently several bibliographies have described primitive parathyroid hormones, digestive adjunct organs and other locations it has been stated that the primitive TK, on the other hand, remains controversial [7]. But not all metastatic ovarian tumors are Krukenberg, according to the WHO, the formal diagnosis of Krukenberg tumor is based on three main and additional conditions: the main ones are (stromal invasion of the tumor; the presence of neoplastic cells in a kitten ring producing mucin; a sarcomatoid stromal ovarian proliferation [7] and the additional ones are (tumor bilaterality; double component and peritoneal effusion) Hope to To improve its prognosis is systematic exploration of the ovaries, or even prophylactic oophorectomy after 40 years of age for women operated on for a digestive tumor [6], in other situations for patients of childbearing age without compression of the uterus and unilateral conservative oophorectomy is desirable.

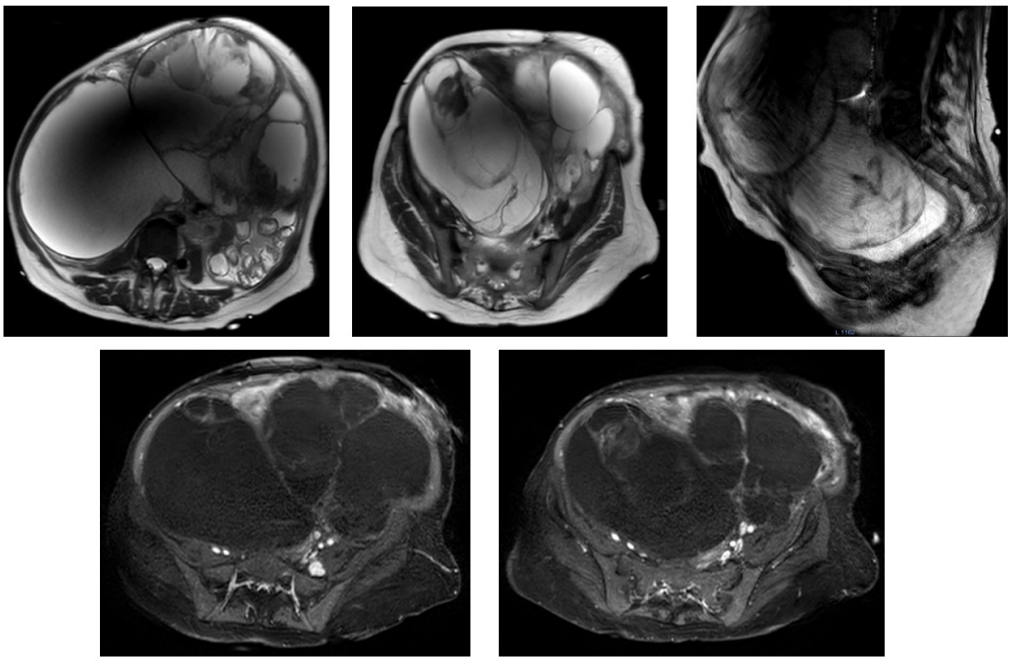

Figure 1: Abdominopelvic MRI showing two large mass of mixed ovarian origin, mostly fluid in Hypersignal T2 not enhanced after Gado injection with fleshy portions and peripheral nodules and thin internal septa.

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