

Primary peritoneal cancer : A case report

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Abstract

Peritoneal Cancer is a rare cancer that develops in the peritoneum. Peritoneum is a thin, delicate sheet that lines inside wall of the abdomen and covers the uterus and extends over the bladder and rectum. Peritoneal cancers are very rare, with 7 cases per 10,00,000 population reported each year. However, The incidence appears to be increasing. The peritoneal cavity, enclosed by visceral and parietal peritonea, is the largest potential space in the body. Any pathologic process involving the peritoneal cavity can easily disseminate throughout this space by means of unrestricted movement of fluid and cells. Primary peritoneal carcinoma usually manifests with abdominal distention and diffuse nonspecific abdominal pain secondary to ascites. This tumor is described almost exclusively in women. Multi modality therapy is currently the most commonly accepted therapeutic approach for peritoneal Cancer. This includes using the combination of Surgical cytoreduction, Intraperitoneal perioperative chemotherapy and Hyperthermia. This is a case of patient who is admitted with primary peritoneal cancer at the department of medicine, medical college hospital, calicut.

Keywords

peritoneal cancer; supportive care

Abbreviations

CECT: Contrast enhanced computed tomography; USG: Ultrasound sonography; PPC: Primary peritoneal cancer; PR: Pulse rate; BP: Blood pressure

Introduction

The peritoneum is a serous lining of mesothelial cells with a rich vascular and lymphatic capillary network that covers the abdominal and pelvic walls and organs. Peritoneal neoplasia can originate de novo from the peritoneal tissues (primary) or invade or metastasize into the peritoneum from adjacent or remote organs (secondary).

A number of primary cancers have been described to originate from the peritoneum, some of which have been implicated in many cases of carcinomas of unknown primary origin. Ovarian cancer arising in women several years after bilateral oophorectomy is believed to be one of these primary peritoneal cancers. Other described primary peritoneal cancers and tumors include malignant mesothelioma, benign papillary mesothelioma, desmoplastic small round cell tumors, peritoneal

angiosarcoma, leiomyomatosis peritonealis disseminata (LPD), and peritoneal hemangiomas.

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Primary malignant diseases arising from the peritoneal cavity include malignant mesothelioma, cystic mesothelioma, primary peritoneal carcinoma, and desmoplastic small round cell tumor [1].

Case Presentation

A 67 year old female was admitted to the department of medicine, Calicut medical college hospital, with complaints of nausea, vomiting, decreased food intake, early satiety and abdominal distention, started since 4 months. On examination PR was 120/minute, BP was 80/60 mmHg, pallor was present, pitting pedal edema was present and abdominal examination showed ascitis.

The patient undergone CECT of Abdomen and USG of Abdomen. CECT- abdomen showed moderate ascitis, fatty liver, parietal peritoneum is mildly thickened and enlarged peritoneal deposits. ascitis fluid cytology showed mucinous adeno carcinoma deposits. USG-abdomen showed moderate ascitis. Endoscopic and CT scans did not show any cancer growth in other organs like ovary, uterus etc.

Treatment was supportive. The patient was administered with inj. Pantoprazole 40 mg iv, Inj. Emeset (Ondansetron) 4mg, T. Supradyn (Multi vitamin Tablet), T. Livogen (Ferrous Fumarate + Folic acid), Syr. Duphalac (Lactulose), T. Dulcolax (Bisacodyl), T. Lasix (Frusemide) 40mg. These drugs were prescribed to reduce the symptoms of peritoneal cancer.

Here, in this case, the patient was under palliative care. Because the patient was in an advanced stage and the patient was unable to undergo surgery due to bad health condition. The patient died after few days of treatment.

Discussion

Primary peritoneal cancer (PPC) is a rare cancer of the peritoneum. It is very similar to the most common type of ovarian cancer called epithelial cancer. This is because the lining of the abdomen and the surface of the ovary come from the same tissue when we develop from embryos in the womb [2].

The causes of PPC are unknown. Most cancers are caused by a number of different factors working together. Research suggests that a very small number of PPCs may be linked to the inherited faulty genes BRCA 1 and BRCA 2. These are the same genes that increase the risk of ovarian cancer and breast cancer. [3].

The treatment for PPC is the same as for advanced epithelial ovarian cancer. The aim of treatment for advanced cancer is usually to shrink the cancer and control it for as long as possible. We have the treatment options like surgery, chemotherapy, radiotherapy, paracentesis, etc

The aim of surgery is to remove as much of the cancer from the abdomen as possible before chemotherapy. This is called debulking surgery. Chemotherapy tends to work better when there are only small tumours inside the abdomen. The surgery usually includes removing the womb, ovaries, fallopian tubes and the layer of fatty tissue called the omentum. The surgeon will also remove any other cancer that

they can see at the time of surgery. This could include part of the bowel if the cancer has spread there. Sometimes PPC can grow so that it blocks the bowel or the urinary system. Surgery is needed to unblock these if this happens.

Chemotherapy uses anti cancer (cytotoxic) drugs to destroy cancer cells. These drugs work by disrupting the growth of cancer cells. The drugs circulate in the bloodstream around the body. The most common chemotherapy drugs used to treat PPC are a combination of carboplatin and paclitaxel (Taxol).

Radiotherapy uses high energy x-rays to kill cancer cells. Radiotherapy isn't often used for PPCs. But doctors may use it to shrink tumours and reduce symptoms [2].

Other treatments include paracentesis. Symptoms can be controlled, such as pain and fluid in the abdomen (ascites), even if the patient is unable to have chemotherapy. Fluid can build up between the two layers of the peritoneum. It can be very uncomfortable and heavy. Doctor can drain the fluid off using abdominal paracentesis or an ascitic tap [4].

Palliative care is another option. Doctors often diagnose peritoneal cancer in advanced stages. Supportive care can help relieve symptoms of peritoneal cancer such as pain, weight loss, or fluid build up. In our case, the patient was in an advanced stage of peritoneal cancer and was unable to undergo surgery due to the bad health condition. So, treatment options of the peritoneal cancer like chemotherapy, radiotherapy, and surgery are not possible in this case and the only option is supportive palliative care.

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