

**The patient, a female age 67 years, BMI 27 Diagnosed with ovarian Cancer IIIc St T3cN0M0 2.gr. Karnovsky's Scale Is 70%. In ECOG - B03 — 1-2 PCI 28-30**

Complaint: on a periodic abdominal pain, increased abdominal size, lump in right breast. Considers herself ill since may of 2017

03.07.17 MSCT OBP Conclusion: CT picture of carcinomatosis. Ascites. Hemangioma of the liver.

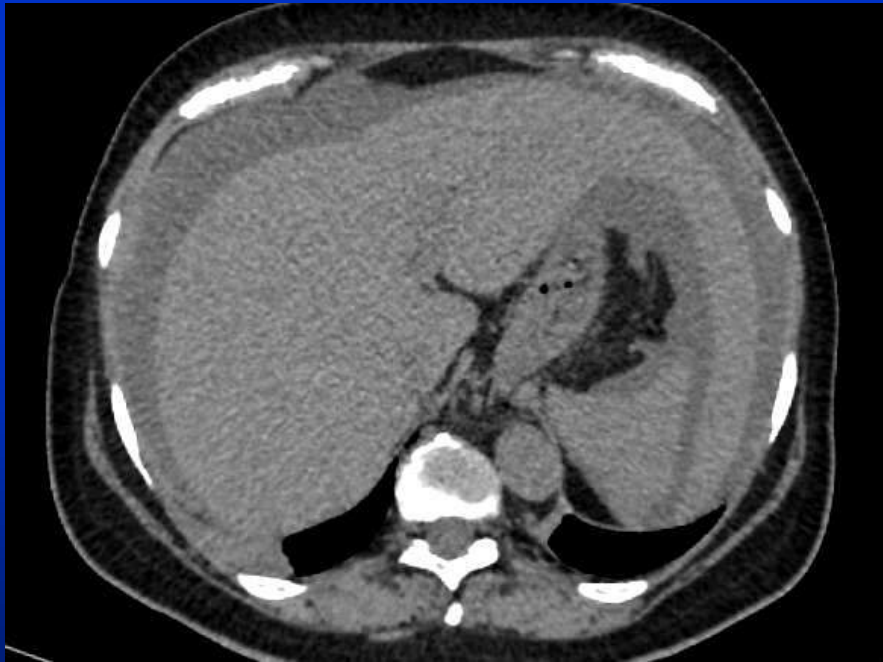
Changes in the right lobe of the liver - according to the type of disturbances of perfusion.

06.08.17 FGS Erosive gastritis. Mixed (surface+atrophic antral) gastritis. 01.08.17 FCC's colon is viewed to the dome of the cecum. Moderate colitis.

Computed tomography of the abdomen 03.07.17.: canceromatosis node in the left iliac region is irregular in shape with sizes up to 105\*86\*67mm paracolon to the left, descending to the level of the iliac fossa, pushing the downward Department of the colon medially. After contrasting uneven accumulates contrast.



Computed tomography of the abdomen 03.07.17.: in the abdominal cavity in all departments and in the pelvic cavity is visualized liquid contents with a density up to 15 units of N. Fluid around liver and spleen. The Conclusion: Ascites



In the projection of the body of the uterus is determined by the formation of irregular shape with uneven contours this time, native density 41ед.Н., after\in the gain accumulates contrast in the arterial phase to 58ед.Н., in the portal phase before 76ед.Н., venous to 85ед.Н. The above education has no clear boundaries with the cervix, the latter measuring up to 30x43mm, with a few indistinct contours. In addition, education is intimately adherent to loops of small intestine; pushes anteriorly, compresses and deforms the bladder, with the presence of fat between them; on a number of levels has no clear boundaries with the wall of the rectum.



Multiple small canceromatosis nodes up to 2.5 cm





07.08.17 operation: diagnostic laparoscopy. When inspecting the abdomen a large quantity of ascitic fluid C/W colors. At the parietal and visceral peritoneum multiple millet education merging into conglomerates. Loops of the small intestine with metastasises defeat merging in tumor conglomerates. In the liver visually and by palpation of the tumor revealed no pathology. Omentum totally amazed by metastatic changes urusei is fixed to the front wall. Hemostasis of the biopsy site — coagulation — distinct.



# Biopsy of the peritoneum

Cytology found cancer cells poor differentiated mucinos adenocarcinoma

Histology morphologically - poor differentiated mucinos adenocarcinoma .

Immunophenotyping Fluid with antibodies to CA 125 obtained a positive reaction in the complexes of tumor cells, negative with antibodies to ER, PR, WT1, villin, vimentin, mmamoglobin, CGDFP15, cdx2. The most likely immunophenotype of ovarian cancer