



All that Glitters is Not Gold: Non-Oncological Elevation of CA-125

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Received: July 01, 2020

Published: June 01, 2021

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Genital, and particularly adnexal lesions are not uncommon, and may masquerade different diagnoses, sometimes unexpected.

A sharp approach of this condition should lead to a step-wised assessment, especially for adolescent patients, keeping in mind the socio-epidemiological context of the local population.

We present a very ludic and peculiar case of an ovarian cyst with ascites in a teenager.

We admitted a girl aged 13 with a previous history of a prolonged, 6-month secondary amenorrhea associated with fever and subacute pain at the right lumbar region.

A prompt and complete investigation reveals a mid-size ovarian cyst at right with localized, (reactive) ascites.

Concomitant biology depicts highly elevated inflammatory biomarkers (C Reactive Protein, CRP and Erythrocyte Sedimentation Rate, ESR) along with a dramatic increase of the Cancer Anti-gen-125 (CA-125).

Finally, TB-Interferon is positive, and Tuberculin skin test is as high as 19 mm of diameter.

Assessment by pelvic Magnetic resonance imaging (MRI) shows, in addition to the ovarian cyst, diffuse uterine and trabecular synechiae.

A confirmatory puncture of the peritoneal liquid confirms the presence of mycobacterium tuberculosis.

According to our national guidelines, the patient is put under 3 anti-tuberculosis antibiotics for 18 months and oral steroids for 6 weeks.

Regular clinical, serological and sonographic controls denote a complete remission within 9 months.

After completion of her 18-month regimen, the teen is free from any clinical, biological or radiological (ultra-sonography) abnormality.

She is progressively transferred to the adult gynecology ward for follow-up.

In sum, symptoms of a pelvic tuberculosis are nonspecific encompassing abdominal pain or distention and gynecological signs; while imaging studies and serum CA-125 may help diagnosis [1].

Specifically, the MRI is a medical imaging technique that allows precise lesion diagnosis and better-quality follow-up of the tuberculous genital disease. In fact, the presence of uterine synechiae (also known as Asherman syndrome) is a serious condition where the formation of intrauterine adhesions (sequela from the endometrium injury) is often associated with infertility [2].

In the other hand, tumor biomarker Ca-125 is secreted by different celomic epitheliums. It may be increased in malignant diseases like ovarian cancer but also in other conditions including pulmonary and extra-pulmonary tuberculosis [3,4]. The CA-125 has even been suggested as a parameter evaluate the tuberculosis activity and the patient's response to treatment [5,6].

The high risk of organic and functional complications after a pelvic tuberculosis, mainly related to subsequent subfertility, deserve a great attention in endemic areas. In all forms of genital tuberculosis, a long-term adult monitoring is mandatory.

Acknowledgements

H. Rahmoune, N. Boutrid and N. Lemdaoui are supported by the Directorate General for Scientific Research and Technological Development (DGRSDT), MESRS, Algeria.

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Volume 4 Issue 7 July 2021

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