



Case 5: Cancer of Ovary 30.4 Weeks Amenorrhea, Hypothyroidism and Ovarian Cancer

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Abstract

Abnormal cells growth, become noticeable as the cancer progresses. Here we report a case of 34 yrs female with 30.4 weeks amenorrhea hypothyroidism was admitted in the hospital for elective LSCS, with symptoms of bloating, pelvic pain, abdominal swelling and loss of appetite subsequently diagnosed to have metastatic adenocarcinoma cancer of ovary with liver metastasis.

Keywords: Metastatic Adenocarcinoma; Lymph Nodes; Pelvic Pain; 30.4 Weeks Amenorrhea

Introduction

Ovarian cancer has a significant effect on quality of life, psychological health and well-being. Interventions are available to help with the needs and social support. Others reported a “spiritual change” that helped them find meaning during their experience. Those who have gone through treatment sometimes experience social isolation but benefit from having relationships with other survivors. Frustration and guilt have been experienced Anxiety, depression and distress are present in my patient Emotional effects seen and difficulty in concentrating. Patient advised to cope and reduce negative psychosocial effects by a number of strategies. Activities such as travelling, spending additional time with family and friends, ignoring statistics, journaling and increasing involvement in spiritually-based events are adaptive.

Case Report

A 34 yrs female, Ht: 160 cm, weight 78 kg, 30.4 Weeks amenorrhea hypothyroidism was admitted in the hospital for Elective LSCS, symptoms backache since 4 days, vomiting, large pelvic mass, diarrhoea and abdominal distension. A biopsy was done which confirmed metastatic adenocarcinoma with liver metastasis. A fairly large, well defined, multilobular intense mass with multiple necrotic cystic foci was seen in the MRI done. Metastatic deposits were also seen on the surface of liver. The cancer was slowly spreading in the entire body. The biochemical parameters revealed the patient to be anaemic. Also test specific for ovarian cancer was done. A surgery was done involving caesarean section with exploratory laparotomy and bilateral salpingo-oophorectomy with hysterectomy with pelvic node dissection was done. The patient delivered baby boy. The baby born was premature and weighed 1.6 kgs. Baby was kept in NICU, after two three days patient had severe diarrhoea 6-7 stools per day. Peglec powder was discontinued, gradually. Diarrhoea stopped through diet and medication. During this period low

residue diet was advised. The Patient had constipation at the time of admissions and diarrhoea after delivery for few days.

Discussion

CA 125 is the only tumour marker of ovarian cancer. The reference range of CA 125 is 0 - 35 units/ml (0 - 35kU/L). Lactate dehydrogenase is a test to measure the tissue damage. Treatment aimed to provide optimum nutrition through adequate calories and macro and micronutrients. Reduce the symptoms and correct the biochemical parameters of the patient. Maintain a healthy state and reduce further complications by correct dietary management.

Diet counselling: It was observed that patient was food phobic and had food myth was scare to eat anything thinking it will cause diarrhoea, so her intake was very poor that made her restless. On daily basis dietician attended her, counselled about all myths. Gave low residue diet to stop diarrhoea. Patient had in mind that only nutritional supplement will help her. The patient was on full diet on admission was kept NBM for 3 days presurgery and then started with soft diet from second day of surgery. The patient was advised high protein diet (2 egg whites with sprouts). The pregnancy diet recall of the patient suggested an intake of approximately 1300 kcals and 40 gms protein excluding the supplements. Supplements include tab Speedral which is an iron and folic acid supplement, Tab Argihope which contains micronized L arginine, tab active cal which is a calcium + vitamin d supplement. Along with it zinc and magnesium is also there to fulfil her requirements. The patient avoided onion and garlic for her religious custom. The hospital recall suggested an intake of 1200 kcals initially and 1500 kcals after delivery. Also the patient was given Ajwain pani and garden cress seed powder as a galactagogue. On discharge on high protein high calorie diet with post pregnancy dietary guidelines were advised [1-7].

Conclusion

Self-esteem and body image changes can occur due to hair loss, removal of ovaries and other reproductive structures and scars. There is some improvement after hair grows in Sexual issues can develop. The removal of ovaries results in surgically-induced menopause that can result in painful intercourse, vaginal dryness, loss of sexual desire and being tired. Though prognosis is better for younger survivors, the impact on sexuality can still be substantial.

Funding Resource

None.

Conflict of Interest

We affirm that we do not have conflict of interest. We verify that all the authors has access to data and role in writing manuscript.

Bibliography

1. "Ovarian Epithelial Cancer Treatment (PDQ)". NCI (2014).
2. "Ovarian Cancer Prevention (PDQ)". NCI (2013).
3. Seiden Michael. "Gynaecologic Malignancies, Chapter 117". McGraw-Hill Medical (2015).
4. "Defining Cancer". National Cancer Institute (2014).
5. Ebell MH., *et al.* "A Systematic Review of Symptoms for the Diagnosis of Ovarian Cancer". *American Journal of Preventive Medicine* 50.3 (2016): 384-394.
6. Ruddon Raymond W. "Cancer biology (4th edition)". Oxford: Oxford University Press (2007): 223.
7. Roland Katherine B., *et al.* "A literature review of the social and psychological needs of ovarian cancer survivors". *Psycho-Oncology* 22.11 (2013): 2408-2418.

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