

Images in medicine

Carcinoma of the ovary with metastasis to the cerebellum

Carcinoma de ovario con metastasis al cerebelo

Irma D. Sifuentes-Najera^a, Juan J. Cuervo-Orozco^b, Ma.G. Treviño-Alanís^c, María G. Moreno-Treviño^c and Gerardo Rivera-Silva^{c,*}

^a Faculty of Medicine and Psychology, UABC Otay, BC, Mexico

^b Department of Neurosurgery, General Hospital of Tijuana, Tijuana, BC, Mexico

^c Academic Department, School of Medicine, University of Monterrey, Monterrey, NL, Mexico



A 64-year-old female came to our clinic with an ataxic gait, episodes of syncope, postprandial emesis, and intense pain in the occipital region lasting 4 days. The patient had a history of substance abuse and smoking (smoking index (SI) = 13.5; SI = (Cigarettes per day) × (Years of smoking); an SI of 200 or more is considered moderate to heavy smoking), which she discontinued 15 years ago. She was diagnosed with serous ovarian carcinoma 1 year ago and is currently undergoing chemotherapy treatment. Upon physical examination, weakness was noted in the upper limbs, with muscle strength graded at 2/5 on the Daniels scale. Laboratory studies showed elevated ovarian tumor marker CA-125. CT and MRI revealed a hypodensity in the left lobe of the cerebellum with irregular borders and hydrocephalus due to compression (Fig. 1A, B). A complete resection was performed with suboccipital craniotomy and placement of a ventriculoperitoneal shunt. Histopathological study revealed a malignant neoplasm of epithelial lineage with characteristics of ovarian carcinoma and positive immunohistochemistry for PAX-8, confirming the diagnosis of primary ovarian carcinoma with metastasis to the cerebellum. Currently, the patient is undergoing treatment with chemotherapy and radiation therapy (carboplatin and paclitaxel regimen-conventional radiation therapy) and is being evaluated for metastasis in other regions, showing a good clinical response.

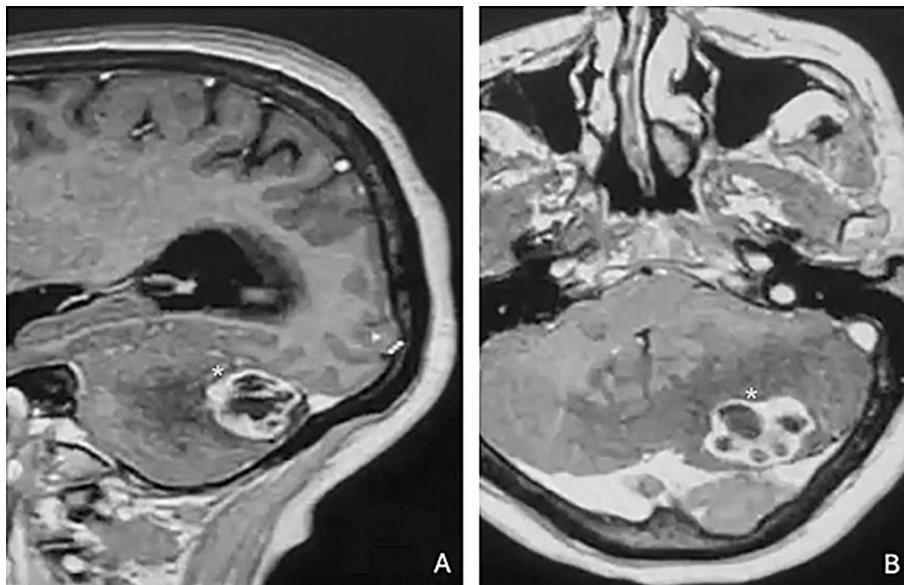


Fig. 1. Brain MRI in parasagittal (A) and axial (B) sections shows a lesion in the left cerebellar hemisphere measuring approximately 6 × 3 cm (asterisks). T1 (A) shows heterogeneous enhancement, with a cystic component and perilesional edema (asterisk). T2 (B) shows the same lesion as hyperintense (asterisk), with compression of adjacent structures.

* Corresponding author at: Av. I. Morones Prieto # 4500 Pte, San Pedro Garza Garcia, NL 66238, Mexico.
E-mail address: gerardo.rivera@udem.edu (G. Rivera-Silva).

Ethical consideration

Patient written informed consent was obtained.

Ethical committee

Comité de Investigación de la UDEM.

Registry number

29052024-CARD-CI.

Declaration of competing interest

None.

There was no funding or financial support in the creation of this clinical image.