Abstract
Carcinosarcoma, a malignant mixed Mullerian tumor (MMT) of the ovary, is a rare, aggressive cancer with two distinct cellular components: carcinoma and sarcoma. The malignant mixed Mullerian tumor (MMMT) is a rare and aggressive cancer with two distinct cell types: carcinoma and sarcoma. The disease is often diagnosed at a late stage, and the prognosis is poor. The importance of remaining diligent in our goal to achieve early diagnosis and improved prognosis and outcomes.

Case Presentation
Because of the patient's history of pelvic pain, distended abdomen, and general malaise, an interventional radiology CTAP completed noting a markedly enlarged, up to 13 cm, pelvic mass consistent with a carcinosarcoma. CT scan of the chest was completed, revealing an enlarged, 19 cm infiltrative pelvic mass with areas of necrosis, a 5.5 cm left upper quadrant mass, and other metastatic implants with moderate activity. Additional findings included peritoneal thickening and radiologically detectable peritoneal carcinomatosis involving mesenteries and peritoneum, right-handed, right-sided, and diaphragmatic, highly concerning for metastatic disease.

The patient was initially evaluated with laboratory studies including a CT scan of the chest, abdomen, and pelvis, CA-125, and CEA scan of the abdomen and pelvis. Laboratory evaluation was remarkable for the CA-125 and CEA elevations noted. The following day, low abdominal and pelvic CT scan was completed, revealing an enlarged, 20 cm enlarging mass with areas of necrosis, a 11.5 cm with upper quadrants mass, and metastatic implants with moderate activity. Additional findings included peritoneal thickening and radiologically detectable peritoneal carcinomatosis involving mesenteries and peritoneum, right-handed, right-sided, and diaphragmatic, highly concerning for metastatic disease.

There are no clear treatment guidelines for ovarian carcinosarcoma. However, it is recommended that patients with advanced disease be treated with a combination of chemotherapy and radiation therapy. The choice of chemotherapy depends on the specific features of the tumor and the patient's overall condition. The most common chemotherapy regimens include ifosfamide, carboplatin, and paclitaxel. The treatment plan for the patient described in this case report was determined by a multidisciplinary team of physicians and researchers who strive to improve outcomes and treat this rare and aggressive cancer.

References

Case Presentation
Setting: Outpatient Internal Medicine Office
Patient Demographics: 75-year-old, Caucasian female

Chief Complaint & History of Present Illness:
Abdominal pain, distended abdomen, and pelvic pain were noted on the right lower quadrant for the last seven days described as "severe," no back pain, change in bowel habits, chest pain, diarrhea, dysuria, flu, heart attack, hematuria, hemorrhage, jaundice, hives, jaundice, and/or psychiatry. Possible for carboplatin.

Past Medical History:
Hypothyroidism
26 Luer lock issues
Bladder stone history

Medications:
Lasix 100 mg orally daily

Social History:
Never a social drinker
Never smoked cigarettes
No illicit drug abuse

Past Medication History:
Patient was admitted, noted that she is aware of/G1221

Physical Examination:
Height: 160 cm
Weight: 70 kg
BP: 130/80 mmHg
HR: 90
RR: 18
Temperature: 36.3 degrees Fahrenheit

Neck:
Soft, non-tender, no masses appreciated

Eyes:
Negative pERR

Head:
Normocephalic

Neck:
Soft, no masses appreciated

Eyes:
Negative pERR

Skin:
Negative rashes

Mouth:
Reddened for patient's age

Lips:
Reddened for patient's age

Cardiovascular:
Vital signs normal: BP 120/80, HR 80, RR 15, Temp 36.7 degrees C

Respiratory:
Clear, non-productive

Gastrointestinal:
Soft, non-tender, no masses appreciated

Genitourinary:
Negative pERR

Neurological:
No focal deficit

Musculoskeletal:
No joint swelling

Differential Diagnoses
Carcinosarcoma
- Abdominal pain/mass
- Pelvic pain
- Rectal bleeding
- Vaginal bleeding
- Amenorrhea
- Menometrorrhagia
- Clinical
- CT
- Ultrasound
- Labwork

Day 1 – CTAP (Pelvic Mass)