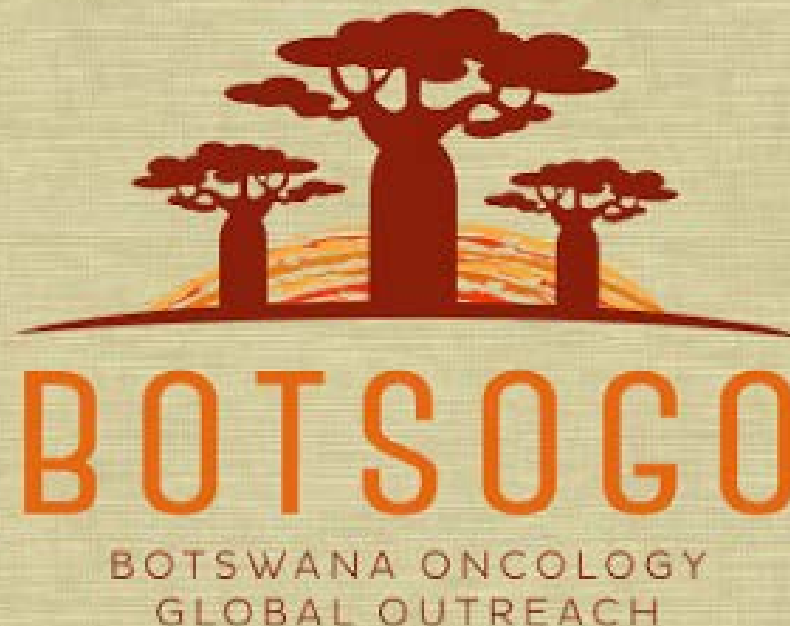


Surgical and ethical considerations for a 92 year old woman diagnosed with ovarian teratoma

Kaone Bahiti, Isaac Nkele and Dr Memory
Bvochora-Nsingo



Continuing Medical Education Announcement

Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2019 - 2020 Academic Year

Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.



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Tlotlo Ralefala, MD	Planner	Roche – Sponsorship Celgene – Grant

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This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.0 credits of Risk Management Study

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- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey following the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to www.botsogo.org
 - Click “What We Do”
 - Click “Tumor Board”
 - Click the link under the section “Continuing Education Credits,” and complete and submit the survey
- A link to the survey is also sent to the BOTSOGO Tumor Board email list following each Tumor Board.



Core Principles of Case Review

Clinicians, pathologists, and other other members of the health care team uniformly strive to provide the best possible clinical care.

Despite these efforts, adverse outcomes still occur.

Reflection on, and re-evaluation of, our practices and outcomes are imperative to continuously improve the care we provide to patients.



Core Principles of Case Review

Discussion will focus on medical decision-making and reporting systems.

Discussion is privileged and content should not be discussed outside of this forum.

We seek to create a safe, collaborative, open and respectful atmosphere for discussion, learning, and improvement

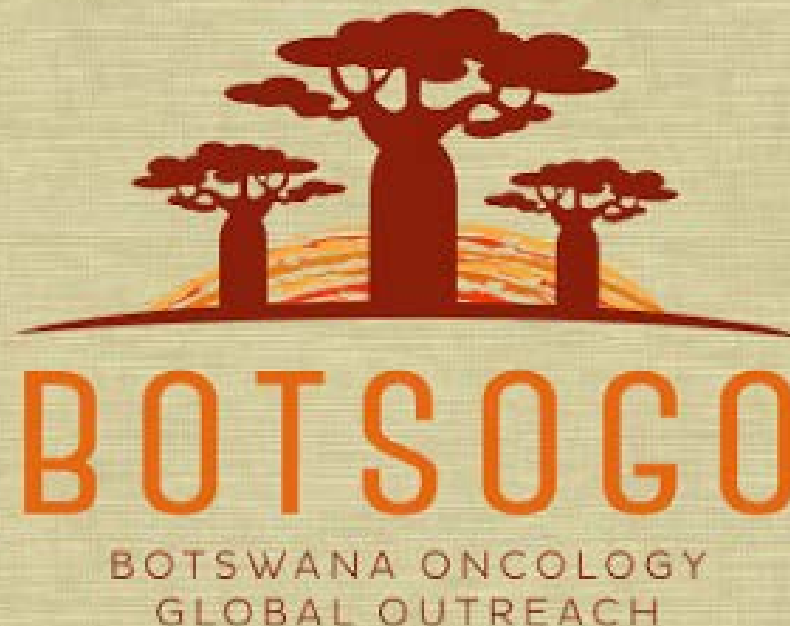


Introductions of Presenter and Faculty



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Overview of teratomas

Teratomas are tumors in which more than a single cell type is derived from more than one germ layer...

The word teratoma is derived from the Greek word teraton meaning monster. (1863)

Teratomas range from benign, well differentiated (mature) cystic lesions to those that are solid and malignant (immature)



Pathophysiology of teratomas

- Made up of a variety of parenchymal cell types representative of more than a single germ layer, usually 3.
- most common location is Sacrococcygeal (57%) because they arise from totipotential cells, usually encountered in the gonads (29%). By far the most common gonadal location is the ovary, less frequently occur in testes.

Cells differentiate along various germ lines, essentially recapitulating any tissue of the body...for example hair, teeth, fat, skin, and muscle.



Continued...ovarian teratomas

Ovarian cystic teratoma - dermoid cysts account for more than 12% to 15% of all ovarian neoplasms

0.5% to 3% can progress to the malignant form.

8 - 20% of the masses are located bilaterally.

Most common in women of childbearing age but are also found in postmenopausal patients.

Complications of ovarian teratomas include: torsion, rupture, infection, hemolytic anemia, and malignant degeneration.



Case:

- 92 year old female - referred from a district hospital for abdominal CT SCAN and for gynae review.
- Patient presented to the local hospital with a history of excessive brownish pv discharge, has also reported left leg pain.
- PMH: HIV negative, known HPT on HCT 25 mg, no known chronic illnesses, no hx of cancer, no surgical hx.
- widowed



Continued....

P10 G10A0, had 1st pregnancy at 21 yrs old,
menopausal at 50 yrs old.

-not drinking, not smoking.

-lives with two extended family members



Physical exam findings

Vitals stable: BP 125/66, P79,T 36.6, RR 16.

Conscious, communicating, no obvious distress, no pallor, afebrile.

CVS, RS: NAD

ABDOMEN: Not distended, no scars, soft, non tender, no palpable masses.

CNS: NAD

No pedal oedema

Pelvic exam: not done



Abdominal-Pelvic CT SCAN

Ovarian teratoma, hepatic cyst, renal cyst, and spinal hemangioma.

Day one of hospitalisation:

Patient was given meds in the ward: HCT 25mg, paracetamol 1g PRN as pain score ranged from 0-4



Ultrasound report, late 2019

Liver: Size 13.5 cranio-caudally. Normal in size. Parenchyma appears coarse. Echogenic foci seen probably metastases or other hepatic changes? Hepatitis.

Gallbladder appears normal. Spleen size 6 cm long axis.

Right kidney is measuring 8 cm bipolar dimension (length)

Left kidney is 9 cm bipolar length. Both kidneys appear normal.

Urinary bladder is unremarkable, well distended with ...(*illegible*)... urine

RIF shows a mass effect upon interrogation.

Appears to be the bulky uterus oriented.

Uterus is measuring 9 x 7 x 6 cm / vol 208 cm³ -> bulky

Endometrium is thickened, measuring 26 mm thick.

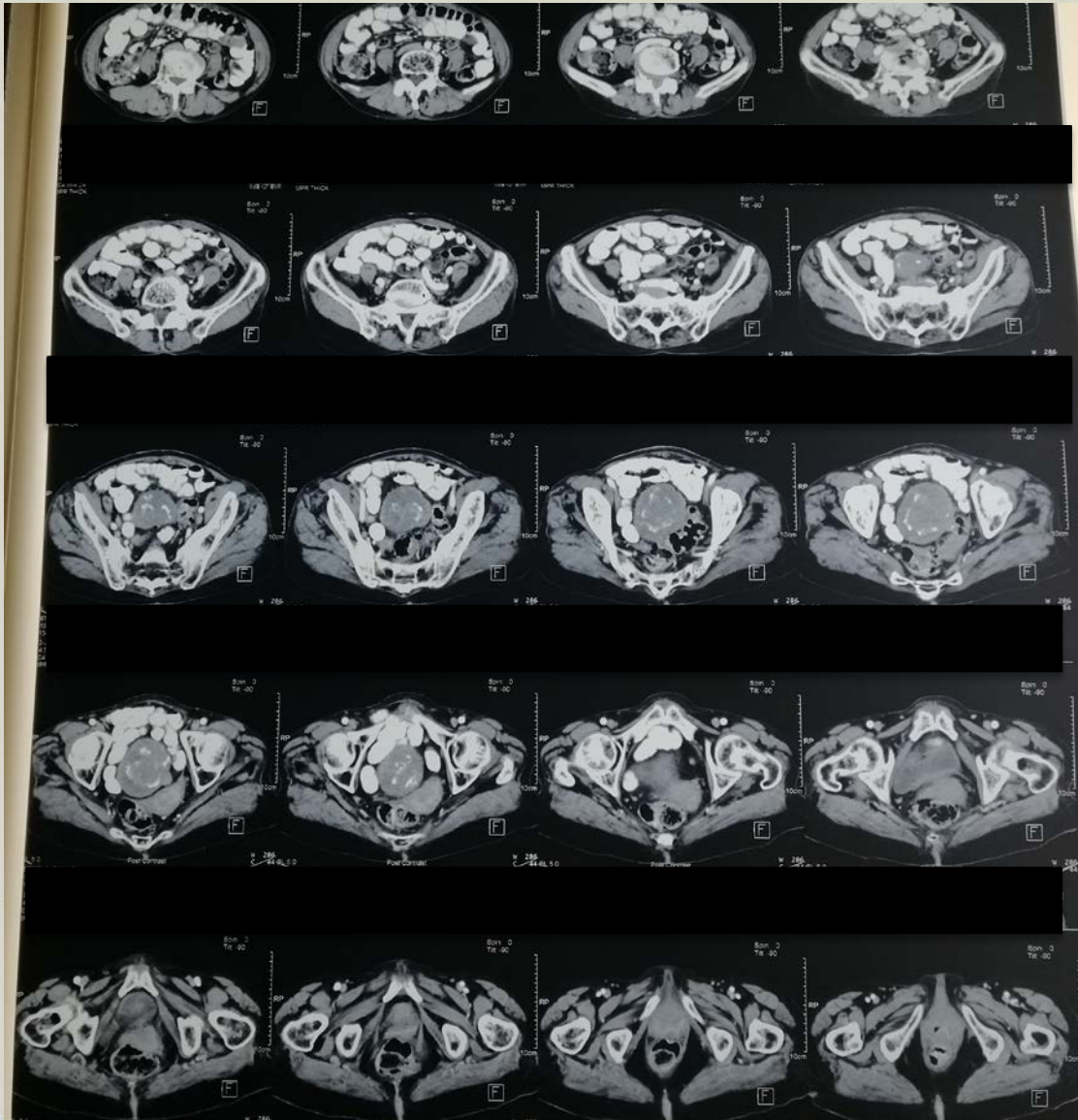
A hypoechoic mass effect measuring 4.5 x 4.6 cm seen within uterus. Fibroid or CA?



Chest x ray



Ct imaging



Ct imaging



CT:



CT:



CT



Day two to day six of hospitalisation

Patient reviewed by gynae, relatives counselled of the high risk of operation, relatives insist to continue with the operation.

Chest X-ray, ECG, Coagulation profile, FBC, U/E, LFTs ordered

Day six hospitalisation:

Patient c/o of epigastric pains, vomited once



Day nine of hospitalisation:

Obs and gynae team discussed the case

Day 10-reviewed by neuro-surgeon about spinal hemangioma

Day 13-operation not recommended as the patient is in high risk for operation and teratoma non symptomatic

Day 14-relative counselled with contention in decisions

Medical treatment advised, social workers referral

Patient is discharged home.



Questions for discussion

- What's the best decision to take when medicine conflicts with family decision?
- Which medical ethics guides the health care worker to make the right decisions?
- What is the best way to explain medical ethics to the family?
- What is the best medical management of a teratoma?



Summary of Tumor Board discussion, 20 Feb 2020

- Several functional scales are available to assess whether patient has physiologic reserve to tolerate surgery. **Age** is just **one** component of an assessment about whether patient could benefit from surgery.
- Uncertain whether discomfort and nausea were a result of the possible teratoma, so unsure that the risk of surgery would lead to patient benefit.
- Careful and well documented pelvic exam is required to establish diagnosis, extent, and whether contributing to symptoms
- For decision making, ascertain not only the physician's recommendation and the family's wishes, but also the **patient's** wishes – *this is important to remember with an elderly patient.*

