Clinical presentation and diagnostics

The adnexal mass

Although most patients with epithelial ovarian cancer will present with International Federation of Gynecology and Obstetrics (FIGO) stage III or IV disease, occasionally, a woman with a pelvic mass in the absence of ascites, carcinomatosis, and pleural effusion or other clinical and radiologic findings of advanced disease will be ultimately diagnosed with an early stage ovarian carcinoma (Figure 3.1). The evaluation of a seemingly isolated adnexal mass must take into consideration the following:

1. Patient age
2. Symptoms
3. Family history of breast/ovarian/Lynch syndrome
4. Physical examination findings (eg, fixed, firm, nodular versus mobile, soft, smooth)
5. Serum markers (eg, cancer antigen 125 [CA-125])
6. Findings on imaging studies

The differential diagnosis of an adnexal mass includes conditions involving adjacent structures. Hydrosalpinx, and paratubal cyst are examples of cystic masses arising from the fallopian tube, while ectopic pregnancy and tubal neoplasms are examples of solid masses; tubo-ovarian abscesses can have both solid and cystic components. An intrauterine pregnancy in a bicornuate uterus may present as a cystic adnexal mass due to the fluid filled amniotic sac, while a pedunculated uterine myoma may present as...
a solid mass in the adnexa. A distended sigmoid colon gives the appearance of a cystic mass, while diverticulitis or a primary colon cancer may be mistaken for a solid ovarian tumor. Finally, distended bladder or a hydropic pelvic kidney can take on the features of a cystic adnexal mass.

If the mass is indeed arising from the ovary itself, benign and malignant conditions of the ovary must also be considered in the differential diagnosis. Among the most common benign ovarian masses are functional cysts (e.g., corpus luteum, follicular, and theca-lutein). Endometriotic cysts, although benign, may be the source of significant pelvic pain, and even infertility. Polycystic ovaries contain multiple follicle cysts with...