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Assessment of risk-of-malignancy index to evaluate adnexal masses for purpose of referring patients to gynaecologic oncology centres of Armed forces

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Objectives

The aim of the study is calculation of the risk of malignancy index in ovarian tumors for diagnosing ovarian malignancy. The objective of the study is to screen those patients who are at high risk so that they can be operated by Gynaecological Oncologist at the specialized centre which will in turn increase the survival rate of the high risk patients.

Method

In 100 post-menopausal women, with suspected ovarian malignancy visiting the OPD, clinical examination, ultrasonography (abdomen and pelvis) and CA-125 estimation were carried out. JACOBS RMI score applied was compared with operative surgical staging and histopathological, cytological examination of the biopsy specimen.

Results

In the Pre-menopausal age group RMI > 200 was found in 15 (32.6%) malignant cases and 01 (1.85%) benign cases while in the post-menopausal age group it was 29 (63.04%) malignant cases and 02 (3.7%) benign cases. After statistical tests applied it was found that the role of Malignancy Index in differentiating between benign and malignant ovarian tumor in both the pre and post menopausal women were found to be statistically significant.

Recommendations

Gynaecologists in Armed forces hospitals should evaluate all cases of adnexal masses with detailed ultrasound and CA 125. All adnexal masses should be scored for malignancy by the Jacob's RMI scoring. All cases which have a RMI score of greater than 200 should be referred to Armed forces hospitals with Gynaecologic Oncologists for further evaluation and treatment. The best outcomes of these cases where majority of them would be cases of malignant ovarian tumors will have the best outcome and survival if gynaecologic oncologist performs the primary surgery.