

Ovarian Cystadenocarcinoma

Cystadenocarcinoma is the most common type of malignant ovarian tumor, often detected late in patients. Tumors arise from ovarian surface epithelium and are either of serous or mucinous type. Serous-type comprises 45% of ovarian tumors and are often bilateral with psammoma bodies. Mucinous tumors have mucus-secreting epithelium and mucinous material may travel to and accumulate in the peritoneal cavity. BRCA-1 and Lynch syndrome are hereditary risk factors, and increased CA 125 is a common indication for ovarian cancer.



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Non-germ Cell Tumor

Non-germy ovary

Cystadenocarcinoma arise from ovarian surface epithelium and are either serous or mucinous.

Mucinous

Mucus

Mucinous cystadenocarcinoma present with mucus-secreting epithelium and cysts containing these accumulated secretions.

Peritoneal Spread

Parrot-toe

Mucinous cystadenocarcinoma patients may experience pseudomyxoma peritonei, where mucinous material from the ovarian tumor accumulates within the peritoneal cavity.

Serous

Seltzer

Cystadenocarcinomas with serous lining comprise 45% of ovarian tumors and are often bilateral.

Psammoma Bodies

Samoan

Serous cystadenocarcinoma tumors show papillary structures with round calcium deposits called psammoma bodies.

Bilateral

Bi-ladders

Tumors are often bilateral.

Malignant

Malignant-man

Cystadenocarcinoma is the most common malignant ovarian tumor.

Stromal Invasion

Invading-Straw-man

Stromal invasion is often seen in cystadenocarcinoma, with tumors spreading past the basement membrane and into the stromal tissue.

CA 125

CA-125 road sign

Increased CA 125 is a common ovarian cancer marker. While not suitable for screening, it is effective for monitoring progression.

BRCA-1 and Lynch Syndrome

Breast-of-Chicken for Lunch

BRCA-1 and Lynch syndrome are hereditary risk factors for cystadenocarcinoma. BRCA-1 is more associated with serous cystadenocarcinoma.