

Correspondence

## Occult primary ovarian cancer?

### To the Editors,

We read Wu and colleagues' report, entitled "Metastatic adenocarcinoma of left supraclavicular fossa from occult primary ovarian cancer", with interest [1]. This research letter showed that a healthy 53-year-old menopausal woman presented with an 8-cm mass in the left supraclavicular fossa underwent a biopsy, with a diagnosis of metastatic adenocarcinoma. A series of examinations, including panendoscopy, nasolaryngoscopy, bronchoscopy, gastroenteroscopy, and imaging studies for primary malignancy, demonstrated only lymphadenopathy in the left axillary region to supraclavicular region [1]. Finally, abdominal computed tomography showed a larger than 10-cm right pelvic mass. Exploratory laparotomy showed papillary serous cystadenocarcinoma with omentum cake and enlarged pelvic lymph nodes. We really sympathize with this patient who had to undergo all these examinations, especially bronchoscopy. We believe that metastatic adenocarcinoma of an unknown origin is a big challenge to both physician and patient [2], since diagnosing the organ of origin is often difficult, and identification of the primary tumor in patients with metastatic adenocarcinoma has a profound impact on the clinical outcomes. However, we have one question about this case report.

Since, in this patient, pelvic tumor was large (up to 10 cm) with omental caking during the operation, we guessed that the patient should have had massive ascites. We would appreciate if the authors can respond to this question. In addition, would the authors kindly comment on the physical examinations this patient underwent when the metastatic adenocarcinoma of left supraclavicular fossa was made, even though we fully understand that the authors might not have taken care of this patient at the first glance? It is relatively unbelievable that no abnormality could be found in a patient with such an

advanced-stage ovarian cancer, if the patient had undergone careful physical examination.

### Declaration of Interest

No benefit of any kind will be received either directly or indirectly by the authors.

### References

- [1] Wu WJ, Ding DC, Chao TK, Liu YL, Liu YL, Hwang KS. Metastatic adenocarcinoma of left supraclavicular fossa from occult primary ovarian cancer. *Taiwan J Obstet Gynecol* 2011;50:98–9.
- [2] Wang PH, Yuan CC, Chao HT, Lai CR. Successful management of a solitary peritoneal metastasis of unknown origin. Report of a case. *Gynecol Obstet Invest* 1997;43:212–4.

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