IMAGES

Incidental diagnosis of torsion of a Krukenberg tumor originating from sigmoid colon cancer

Sang Wook Yi

Received: 16 September 2011 / Accepted: 20 October 2011 / Published online: 15 November 2011 © Springer-Verlag 2011

Keywords Krukenberg tumor · Torsion · Colon · Ovary

Explanation image

A Krukenberg tumor refers to gastrointestinal cancer that metastasizes to the ovaries; this tumor was named after Krukenberg, who originally described this pathologic condition of the ovaries in 1896. The prognosis of this tumor is uniformly poor [1]. In the malignant state, the torsion of ovarian tumor is a rare condition because of the adhesions associated with malignant lesions. Two cases of torsion of Krukenberg tumors have been reported so far [2, 3].

A 46-year-old woman presented to the emergency department with abdominal pain. Abdominopelvic computed tomography showed a multicystic lesion with a diameter of 6.6 cm in the right ovary (Fig. 1). Pelviscopy showed a right ovarian mass that had twisted three times in a counterclockwise direction (Fig. 2). Right salpingo-oophorectomy was performed under pelviscopy. Strangely, however, the excised ovarian tissue was friable like caseous necrosis. After the right salpingo-oophorectomy was completed, the surgical specimen was sent to the department of pathology for obtaining a frozen section. Frozen-section analysis led to the diagnosis of adenocarcinoma; we performed exploratory laparotomy. Moreover, total hysterectomy, bilateral salpingo-oophorectomy, omentectomy, appendectomy,



Fig. 1 The coronal section of abdominopelvic computed tomography showed a right adnexal mass with torsion (*arrow*)



Fig. 2 Laparoscopy of the right ovarian cyst showed that the adnexal pedicle had twisted three times in a counterclockwise direction

S. W. Yi (⊠)

Department of Obstetrics and Gynecology, Gangneung Asan Hospital, University of Ulsan College of Medicine, Gangneung, Gangwon 210-711, South Korea e-mail: buzzmi@chol.com



pelvic lymph node dissection, and low anterior resection of the colon were performed. The tumor was pathologically diagnosed as a metastatic adenocarcinoma of the colon. The patient was transferred to the department of oncology, and adjuvant chemotherapy (FOLFIIR#15) was administered.

Conflicts of interest The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

- 1. Krukenberg F (1896) Ueber das fibrosarcoma ovarii mucocellulare (carcinomatoses). Arch Gynakol 50:287
- Murakami S, Omi M, Yonemori A et al (2011) A case of emergency operation for pedicle torsion of ovarian tumor during bevacizumab therapy. Gan To Kagaku Ryoho 38 (1):139–141
- Alwyn JE, Zacharin RF (1963) Pregnancy complicated by torsion of a unilateral Krukenberg tumor. Aust N Z J Obstet Gynaecol 41:125–128

