

Case Report: Clinical Challenges Following Intraoperative Rupture in Early-Stage Ovarian Cancer

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Background

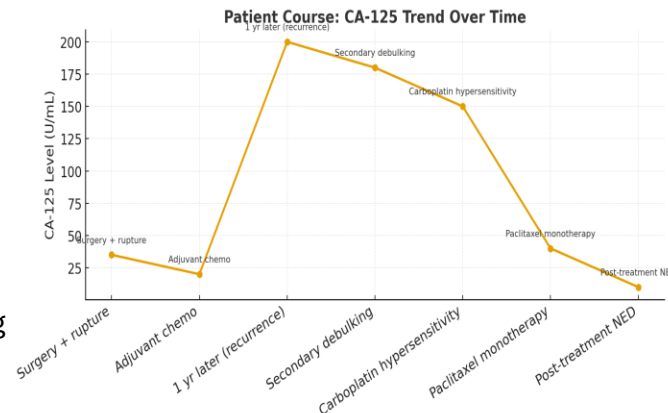
Intraoperative rupture of ovarian tumors is a known risk factor for recurrence and upstaging of disease. This case highlights a 41-year-old woman diagnosed with FIGO stage IC1, grade 2 right ovarian endometrioid adenocarcinoma, complicated by surgical rupture and free peritoneal fluid, which contributed to her eventual recurrence despite initial treatment success.

Objective(s)

- **Describe** the impact of surgical tumor rupture on disease staging, recurrence risk, and long-term treatment planning.
- **Identify** evidence-based alternative management strategies in patients with chemotherapy hypersensitivity.
- **Discuss** the pharmacist's role in optimizing care through managing toxicity, interpreting lab trends, medication adjustments and supporting care transitions during oncology treatment.

Methods

The patient underwent right ovarian cystectomy with documented intraoperative rupture, followed by comprehensive staging surgery and adjuvant carboplatin/paclitaxel for three cycles. One year later, surveillance CA-125 levels rose significantly, and imaging confirmed recurrent disease with mucinous differentiation. Patient underwent a secondary debulking procedure revealing a 13.5 cm mass. Chemotherapy was reinitiated; however, carboplatin was discontinued after hypersensitivity reactions during cycles 4 and 5. The patient completed 6 cycles with paclitaxel alone.



Discussion

This case highlights how intraoperative rupture of an ovarian tumor can upstage disease and significantly increase recurrence risk. Despite appropriate adjuvant chemotherapy, the patient experienced recurrence within one year, presenting with a large pelvic mass and mucinous features. Treatment was further complicated by carboplatin hypersensitivity, leading to an early switch to paclitaxel monotherapy. After completing six cycles, the patient achieved no evidence of disease (NED), though peripheral neuropathy and anemia persisted. This case emphasizes the importance of individualized treatment, early toxicity management, and pharmacist involvement in supportive care and long-term monitoring.

Disclosure

The authors have no financial or personal relationships to disclose.

Results / Conclusion

After recurrence of endometrioid ovarian carcinoma likely linked to prior surgical rupture, the patient underwent secondary debulking and chemotherapy. Treatment was complicated by hypersensitivity to carboplatin, leading to an early switch to paclitaxel monotherapy. Despite these challenges, the patient achieved no evidence of disease (NED) post-treatment, with normalization of CA-125 and clear follow-up imaging. This case highlights the clinical implications of intraoperative rupture and the importance of adjusting therapy based on patient tolerance. Continued surveillance and supportive care remain essential due to lingering neuropathy and anemia.

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