



CÂNCER DE OVÁRIO EM CUIDADOS PALIATIVOS: UM RELATO DE CASO

Ovarian cancer in palliative care: a case report

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Abstract: The causes of the cancer are varied, and they may be external or internal to the organism, being both interrelated. Cancer is a global public health problem. The World Health Organization (WHO) estimated that by the year 2030, 27 million cases of cancer can be expected. It is estimated, for Brazil, 2018/2019 biennium, the occurrence of 600 thousand new cases of cancer, for each year. Ovarian cancer is the most difficult gynecological tumor to diagnose and the least chance of cure. About 3/4 of the cancers of this organ are at an advanced stage at the time of diagnosis, a situation in which treatment options are restricted to cytoreductive surgery and chemotherapy based on platinum derivatives. These therapeutic modalities are only partially effective and, consequently, most patients will present recurrence and death as a function of the disease. When the disease is already at an advanced stage, out of therapeutic possibilities, palliative care is essential to relieve pain and other physical and psychological symptoms. The objective of this study was to report a case of advanced ovarian cancer in a young woman followed up in the palliative care service, showing the benefit of the same, providing comfort and quality of life.

Keywords: Cancer; Ovarian neoplasms; Palliative care; Patient.

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Resumo: As causas do câncer são variadas, podendo ser externas ou internas ao organismo, estando ambas inter-relacionadas. O câncer é um problema de saúde pública mundial. A Organização Mundial de Saúde (OMS) estimou que, no ano de 2030, podem-se esperar 27 milhões de casos incidentes de câncer. Estima-se, para o Brasil, biênio 2018/2019, a ocorrência de 600 mil novos casos de câncer, para cada ano. O câncer de ovário é o tumor ginecológico mais difícil de ser diagnosticado e o de menor chance de cura. Cerca de 3/4 dos cânceres desse órgão apresentam-se em estágio avançado no momento do diagnóstico, situação em que as opções de tratamento são restritas à cirurgia citorrredutora e a quimioterapia baseada nos derivados da platina. Essas modalidades terapêuticas são apenas parcialmente efetivas e, conseqüentemente, a maioria das pacientes apresentará recorrência e óbito em função da doença. Quando a doença já se apresenta em estágio avançado, fora de possibilidades terapêuticas, os cuidados paliativos são essenciais para amenizar a dor e outros sintomas físicos e psíquicos. O objetivo desse trabalho foi relatar um caso de câncer de ovário avançado em mulher jovem acompanhada no serviço de cuidados paliativos, mostrando o benefício dos mesmos, proporcionando conforto e qualidade de vida.

Palavras-chave: Câncer; Neoplasias ovarianas; Cuidados paliativos.

INTRODUCTION

The etiology of cancer is multifactorial, may have external causes or internal to the body. The external causes are related to the environment and the habits and customs of a social and cultural environment. The internal causes are, in most cases, genetically pre-determined, are connected to the body's ability to defend itself from external aggression. These causal factors can interact in various ways, increasing the likelihood of malignant transformations in normal cells.¹

Cancer is a worldwide public health problem. The World Health Organization (WHO) has estimated that, in the year 2030, 27 million incident cases of cancer can be expected, 17 million cancer deaths and 75 million people living with cancer each year.² It is estimated for the biennium 2018/2019, the occurrence of 600 thousand new cases of cancer, for each year.³

The National Institute of Cancer (INCA) has estimated that, for each year of the biennium 2018/2019, 6,150 new cases are diagnosed of ovarian cancer, with an estimated risk of 5.79 cases per

100 thousand women, being the eighth most incident type of cancer in Brazil.³

According to INCA, ovarian cancer is the most difficult gynecological tumor to diagnose and the least chance of cure. Approximately 3/4 of this organ cancers are in advanced stage at the time of diagnosis.⁴

The ovaries are two components that bind together with the fallopian tubes to the uterus, one from each side. The ovarian cancer is the most common which starts in its epithelial cells (80%), i.e., cells that cover it. Ovarian tumors are more prevalent in women in the menopause and contraceptive use reduces the risk of its development.⁵

Performing diagnosis of this cancer is very difficult, because there are usually no symptoms during its development, and when it occurs, it is already in an advanced stage.⁶

Several therapeutic methods can be offered such as surgery, radiotherapy and chemotherapy. The choice will depend mainly on the histological type of the tumor staging, age and clinical conditions of the patient, and if the tumor is initial or recurring.⁴

In the early stages of cancer, the treatment is generally aggressive, with the purpose of cure or remission. When

the disease is already at an advanced stage, the palliative approach is necessary for proper management of symptoms of difficult control and some psychosocial aspects associated with the disease.⁷

According to the World Health Organization, palliative cares consist of assisting promoted by a multidisciplinary team, which aims at improving the quality of life of patients and their families, facing a disease that threatens the life, through the prevention and relief of suffering, the early identification, impeccable assessment and treatment of pain and other physical, social, psychological and spiritual symptoms⁸.

The objective of this study was to report a case of advanced ovarian cancer in a young woman followed up in the palliative care service, showing the benefit of the same.

This study was approved by the Committee for Ethics in Research - CEP of UNIMONTES (Opinion number 1.074.475).

CASE REPORT

25-year-old woman, born in Espinosa - MG, single, Catholic,

menarche at 11 years old. A family history of bladder cancer in paternal grandmother and prostate cancer in paternal grandfather. Diagnosis of ovarian neoplasm in 2013, where it was proposed and carried out radiotherapy and chemotherapy, in addition to surgery.

Computed tomography (CT) of the abdomen in 2015 showed peritoneal carcinomatosis and ascites.

CT on 01/18/2016 showed voluminous ascites, mild thickening and peritoneal discrete irregularities associated with the grouping of intestinal loops and may be related to peritoneal carcinomatosis. CT on 05/28/2017 indicated an ovarian neoplasm, peritoneal carcinomatosis and increase in size of the ovarian complex cystic lesions. Ct scan of the upper abdomen on 08/02/2017 showed solid expansive multiseptated cystic lesions- located in the pelvic region bilaterally, associated with the bulky adjacent cystic formation and loculate ascites, occupying the whole abdomen, loculated fluid in the abdominal cavity, moving to the liver and spleen, suggesting secondary impairment.

With the advanced stage of the disease, the patient was referred to the service of palliative care in August 2017 with signs of intense pain, nausea,

distended abdomen and spontaneous bacterial peritonitis, being medicated and forwarded to undergo paracentesis. She was using Dimorf® 30mg every six hours. Since this date, the same has been accompanied by palliative care. Now, she is stable, using Dimorf® 30mg 12/12 h and lorazepam 2mg, being assisted by a multiprofessional team, with adequate pain control, as well as psychosocial and spiritual support, showing the importance of palliative care in alleviating the suffering, offering comfort and a better quality of life as much as possible. By the time the patient opted not to perform new imaging exams for follow-up of the lesions.

DISCUSSION

The etiology of ovarian cancer is multifactorial, including reproductive, hereditary and personal factors. There are consistent evidences regarding the protective effect of the use of oral contraceptives and multiparity.⁹

The major non-modifiable risk factors for ovarian cancer are age and genetic susceptibility. Approximately 10% of the cases of ovarian tumor

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present genetic component or family, being the presence of cases in the family the most important isolated risk factor.⁴

The ovarian cancer is often manifested in the advanced stages, with the occurrence of vague symptoms, such as abdominal distension, abdominal or pelvic pain, urinary symptoms, onset of abdominal mass, flatulence or early satiety related to peritoneal metastases.¹⁰

The ovarian cancer is considered the most difficult gynecological cancer to be diagnosed, since most malignant tumors of the ovary, only manifests in an advanced stage. It is the most lethal gynecological cancer, although less frequent than cancer of the cervix.¹¹

The ovarian cancer can occur at any age, but it mainly affects women above 40 years, are slow-growing tumors, with symptoms that take some time to manifest.¹¹

There is difficulty in proper diagnosis of ovarian tumor because its symptoms are easily confused with those of other diseases and, moreover, there is no reliable diagnostic method, easy to perform and which can be performed in all women. The history, physical examination, ultrasound and tumor marker CA-125 (which is a tumor

marker which can be increased in ovarian cancer) is what is initially disposed to try an early diagnosis.⁵

Faced with the suspicion of ovarian cancer, additional examinations may be requested such as computed tomography, colonoscopy, CA 125 and others, always individualizing case by case. Confirmation of the diagnosis is carried out through biopsy, obtained by surgery.⁵

The prognostic factors, defined by the correlation with survival, in general reflect the extent of the disease (staging), the intrinsic biology of the tumor (type and histological grade) and the patient's ability to tolerate the treatment for the disease (*performance status*). In addition to these, other factors that may have an impact on survival include the type of treatment received (optimal cytoreduction, chemotherapy based on derivatives of platinum) and the effect of therapy on the tumor, such as a complete answer, or on the patient, for example, myelosuppression.¹²

The malignant neoplasm of the ovary represents a challenge; because, despite the advances in cancer therapy, the patient's survival has not changed much in recent decades.¹³ The overall survival rate is only 30% to 40% in five years. This is, in part, because most

patients have the disease diagnosed in advanced stages, after which the cancer has spread beyond the limits of the ovary, a situation in which the treatment options are restricted to cytoreductive surgery and chemotherapy based on derivatives of platinum. These therapeutic modalities are only partially effective and, consequently, most patients will present recurrence and death as a function of the disease, which reaffirms the importance of early detection.⁶

The patients considered outside of specific therapeutic possibilities are followed up by a multidisciplinary team, receiving clinical support directed to possible complications such as ascites, pleural effusion, pain tumor and nutritional status, as well as psychological and family support. When necessary, domicile visits are carried out in terminal cases.¹⁴

In this perspective palliative care fit, which have the purpose of providing comfort, alleviating the suffering of people in a critical state of health as a result of chronic disease, with no prospect of a cure. Such care has essentially humanistic character, performed without the purpose of healing other therapeutic procedures, effectively consist of actions of hygiene, psychological support, help and care,

relief of pain and suffering. The term palliative derives from the Latin pallium, which means cloak or jacket, resembling the term Hospice, the same that shelters and hostels that have the purpose of sheltering and caring for pilgrims and travellers.¹⁵

When reporting a case of

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advanced ovarian cancer in young women, the importance of palliative care is highlighted through the effective control of symptoms and comfort provided to the patient.

REFERENCES
