PIPADOR REVISION

MRCOG Part 1 Revision Notes

Metastatic Tumours

PATHOLOGY • LECTURE 356

VISUAL EXAMINATION REVISION NOTES

2026 Edition

356

MRCOG PART 1 REVISION NOTES | PATHOLOGY

Metastatic Tumours

Metastases to the ovary and genital tract — primary sites, pathology and clinical approach

≈ 5–10%	Bilateral	Krukenberg	Mucinous
Ovarian malignancies	Key clue	Signet-ring metastasis	Mimics primary

■ KEY FACTS: Learning objectives

- Describe the common primary sites and routes of spread to the ovary and uterus.
- Describe the pathological features distinguishing metastatic from primary tumours.
- Describe the clinical approach to suspected metastatic disease.

356.1 Metastases to the ovary

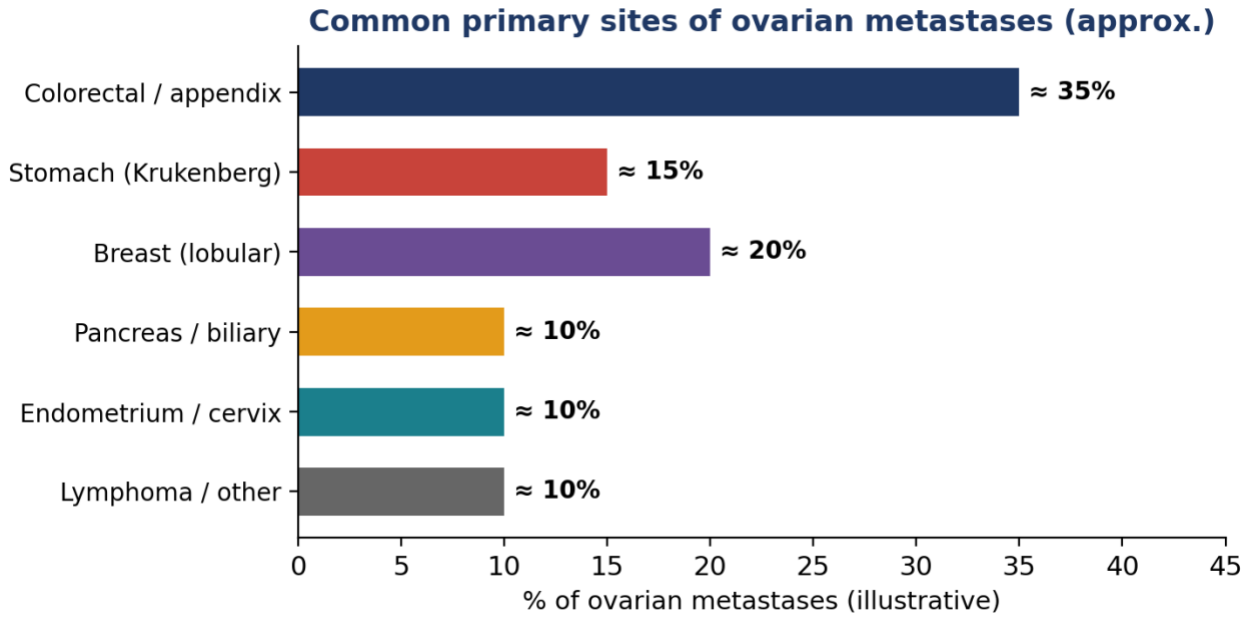


Figure 356.1 — Common primary sites

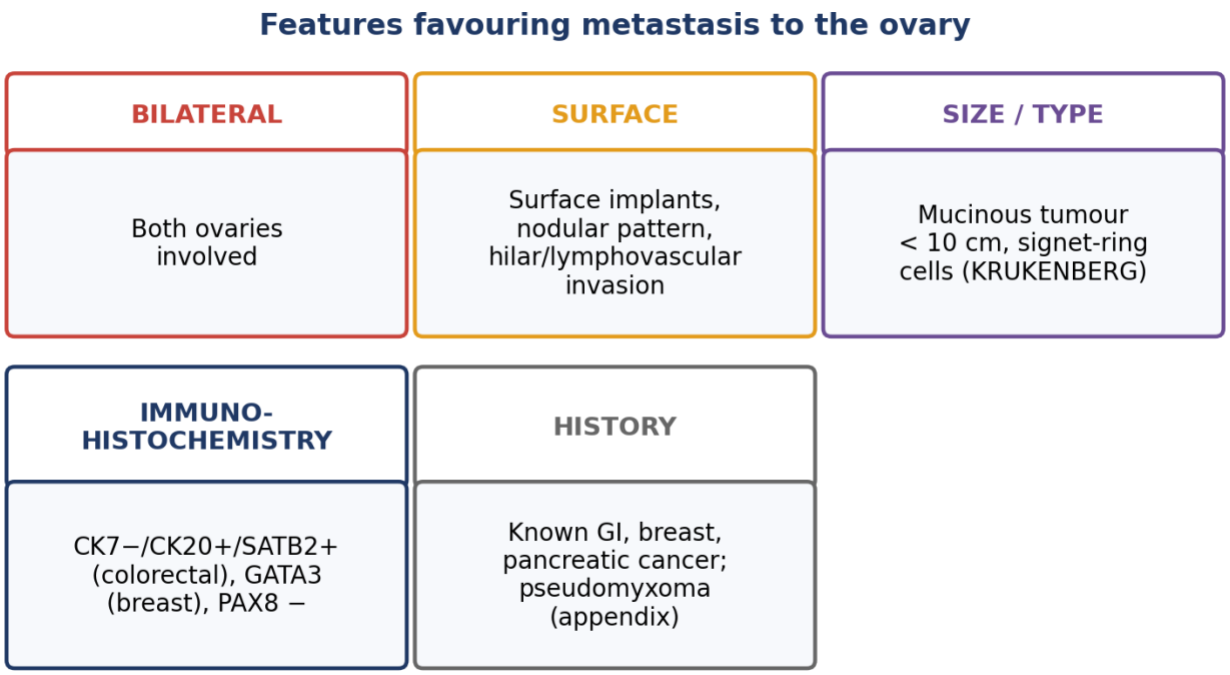


Figure 356.2 — Features favouring metastasis

Entity	Features
Krukenberg tumour	• Bilateral solid ovarian masses with **signet-ring cells** in cellular stroma • Usually **gastric** primary (also breast lobular, colorectal) • Poor prognosis
Colorectal metastasis	• Mimics primary endometrioid/mucinous • 'dirty necrosis' • CK7−/CK20+/CDX2+/SATB2+
Pseudomyxoma peritonei	• Mucinous ascites from **appendiceal** mucinous neoplasm • Ovarian involvement secondary — appendicectomy
Breast cancer	Lobular type; GATA3+; relevant in BRCA carriers
Lymphoma, melanoma	Rare; immunohistochemistry

356.2 Metastases to the uterus, cervix and vagina

- Uncommon; usually from breast (lobular), stomach, colon, ovary, or by direct extension from bladder/rectum.
- Vaginal metastases: endometrial cancer (vault recurrence), cervix, choriocarcinoma (haemorrhagic nodules), vulva, kidney.
- Placental/fetal metastases: rare — melanoma most likely to cross to the fetus.

356.3 Clinical approach

- Suspect metastasis with bilateral solid masses, known previous cancer, GI symptoms, raised CEA/CA19-9 relative to CA-125 (CA-125:CEA ratio < 25 favours GI).
- Investigations: CT chest/abdomen/pelvis, endoscopy, mammography, biopsy with immunohistochemistry; MDT discussion.
- Management depends on primary — often systemic therapy; oophorectomy may palliate or form part of cytoreduction.

356.4 Must-know summary

■ EXAM TIP

- Bilateral, surface, nodular, signet-ring, mucinous < 10 cm → think metastasis.
- Krukenberg = signet-ring (gastric); colorectal CK20+/SATB2+; appendix → pseudomyxoma.
- CA-125:CEA ratio < 25 → consider GI primary; endoscopy.
- Melanoma is the commonest tumour to metastasise to placenta/fetus.

■ MNEMONIC / MEMORY AID

Krukenberg — 'Kidnapped from the stomach, signet Ring'.