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Taiwanese Journal of Obstetrics & Gynecology 51 (2012) 143–144

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Primary fallopian tube carcinoma

To the Editors:

We read the report by Ou et al entitled "Primary fallopian tube carcinoma: clinicopathological analysis of 12 cases" with interest [1]. At least 22 studies have addressed this topic, as reviewed by the authors [1]. The authors provided a reasonable conclusion that a diagnosis of primary fallopian tube carcinoma (PFTC) should be considered in patients who complain of lower abdominal pain in association with vaginal bleeding and/or watery discharge (16.7%) or tubo-ovarian abscess (TOA) (25%) [1].

Although this conclusion from the authors might be correct, we do not think that this concept could be successfully applied in our routine practice. Of course, we would like to emphasize that this should not be construed as an argument against the authors' excellent work.

First, the incidence of TOA might not be very high, but it is definitely far higher than that of PFTC [2,3]. Therefore, it is potentially dangerous and impractical to conclude that the diagnosis of TOA should consider the possibility of PFTC. In addition, pelvic inflammatory disease and its severe form—TOA—are medical illnesses, and the usual choice of treatment is conservative medical treatment with antibiotics, not surgery [4,5]. In addition, if surgery is recommended, the laparoscopic approach might be a good alternative to traditional surgery for managing patients with TOA because it can be easily performed by a qualified gynecologist and is an acceptable treatment for most patients [6]. Furthermore, it is sometimes difficult to make a differential diagnosis of TOA if other uncertain conditions also present (such as corpus luteum rupture with hemorrhage) and the patient only complains of dull pain [7]. In addition, and most importantly, the laparoscopic approach is often considered for treating these uncertain conditions before performing more the invasive conventional laparotomy [8,9]. We wonder if the authors performed any laparoscopic surgeries on these "supposed" TOA patients or not. In addition, we encourage the authors to report the age distribution of these three patients with "supposed" TOA and if these patients were treated with antibiotics.

In summary, it is difficult to know whether or not the presence of abdominal pain in a patient with PFTC is highly significant, as with the diagnosis of ovarian neoplasms or other uncertain abdominal conditions. The two conditions are always controversial, although keeping in mind the possibility of any life-threatening or severe diseases, as suggested by Ou et al, is always encouraged [10].

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doi:10.1016/j.tjog.2012.01.032

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