Rare primary fallopian tube carcinoma; a gynaecologist’s dilemma
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Madam, I recently read with utmost interest an article published in your peer reviewed journal "Rare primary fallopian tube carcinoma; a gynaecologist’s dilemma" by Shama Chaudhry et al. I have some of the queries regarding the cases presented in this series.

No doubt the primary fallopian tube cancer is rare but also difficult to diagnose many of the times.\(^1,2\) Only because the patients have involvement of fallopian tubes does not fulfill the criteria for fallopian tubes origin even if there is no tumour found in ovaries. In first case, author writes that there was poorly differentiated tumour on outer wall of right fallopian tube (See below mentioned criteria). Moreover, in case 2, author wrote that there were bilateral ovarian tumours and histopathology was also suggestive of serous cystadenocarcinoma with distant metastasis. Both of these findings are not enough to document the primary fallopian tube origin. Many of the times the primary peritoneal and ovarian carcinomas also pose a diagnostic dilemma, in which case these may be referred to as the Tubo-Ovarian carcinomas.

In my humble opinion author failed to prove that these were really originating from fallopian tubes. The main criterion to differentiate the fallopian tube carcinoma from the ovarian primary is the histological evidence of a transition between invasive malignancy and in situ carcinoma within the fallopian tube epithelium. In-fact, Hu et al established diagnostic criteria (later modified by the Sedlis) for differentiating these two as follow:\(^3,4\)

- The tumour arises from the endosalpinx
- The histological pattern reproduces the epithelium of tubal mucosa
- Transition from benign to malignant epithelium is found
- The ovaries are either normal or with smaller tumour than that in the tube.

In my opinion these cases especially case 2 needs more clarity from the esteemed author.

References