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Evaluation of SEE-FIM (Sectioning and Extensively Examining the FIMbriated End) Protocol in Identifying Fallopian Tube Precursor Lesions in Women With Ovarian Tumors

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Abstract

Background: Studies of prophylactic salpingo-oophorectomies in high-risk population led to incidental finding of precursor lesions in the fimbrial end of fallopian tube rather than the ovary. Early detection of these precursor lesions can be helpful in the prevention of ovarian tumors, and the presence of these lesions can be more efficiently studied by applying Sectioning and Extensively Examining the FIMbriated End (SEE-FIM) protocol.

Aim: To study precursor lesions of fallopian tubes associated with ovarian tumors by applying SEE-FIM protocol.

Materials and methods: Sixty specimens of hysterectomy with bilateral salpingo-oophorectomy, clinically diagnosed as ovarian tumor (study group), were examined by SEE-FIM protocol. Specimens without ovarian tumor were taken as the control group, and same protocol was applied on them. Histological changes in fallopian tube were grouped either as tubal intraepithelial carcinoma (TIC), tubal intraepithelial lesion (TIL), only stratification and negative for any changes.

Results: Out of 60 cases in the study group, 10.00% (6/60) cases showed TIC, 38.34% (23/60) cases revealed TIL, 23.33% (14/60) cases showed changes of stratification and the rest were negative for any changes. Among these 60 cases, there were 7 cases of high-grade serous carcinoma, 5 (71.43%) of them showed changes of TIC. In the control group, out of 60 cases, none showed TIC changes, TIL was noted in 6.66% (4/60) cases, changes of stratification were seen in 26.67% (16/60) cases and the rest were negative for any changes.

Conclusion: SEE-FIM protocol maximizes the examination of fimbrial end and is helpful in identifying precursor lesions of ovarian epithelial tumors.

Keywords: Fimbrial end; Ovarian tumors; SEE-FIM protocol; TIC.

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