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Diagnostic Accuracy of CT Scan Findings in the Evaluation of Ovarian Carcinoma

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ABSTRACT:

Background: Ovarian cancer is one of the deadliest gynecologic malignancies worldwide, often diagnosed at advanced stages due to vague and nonspecific early symptoms. Therefore, this study was conducted to evaluate the diagnostic accuracy of CT scan features in differentiating malignant from benign ovarian tumors.

Methods: This cross-sectional study at the Department of Radiology and Imaging, Bangladesh Medical University and the National Institute of Kidney Diseases and Urology, Bangladesh (July–December 2021) included 100 patients with suspected ovarian tumors. Patients underwent contrast-enhanced multidetector CT, and imaging features were compared with histopathology. Data were analyzed in SPSS v25 to calculate sensitivity, specificity, PPV, NPV, and accuracy, with $p < 0.05$ considered significant.

Results: In 100 ovarian tumors, 60 were malignant and 40 benign. CT detected solid components in 55 malignant versus 10 benign, papillary projections in 48 versus 5, septations >3 mm in 40 versus 8, ascites in 35 versus 4, and peritoneal implants in 20 malignant with none in benign ($p < 0.001$). Overall CT performance was 91.7% sensitivity, 85.0% specificity, 90.2% PPV, 87.2% NPV, and 89.0% accuracy. Solid components showed highest sensitivity, peritoneal implants had 100% specificity and PPV, while other features had moderate-to-high sensitivity and specificity.

Conclusion: CT scan is a reliable tool for differentiating malignant from benign ovarian tumors, with specific imaging features strongly correlating with histopathological findings.

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Introduction

Ovarian cancer continues to be one of the deadliest gynecologic malignancies, significantly contributing to morbidity and mortality in women worldwide. According to recent statistics, it ranks as the fifth leading cause of cancer-related death among women, with roughly 300,000 new cases reported annually across the globe [1]. The high death rate associated with ovarian cancer is largely due to diagnosis at advanced stages, as the disease often manifests with vague and nonspecific clinical symptoms, which delays timely detection [2]. Among gynecologic cancers, ovarian malignancy is highly prevalent. It is the third most common cancer of the female reproductive organs after cervical and uterine cancers [3], the seventh most frequent cancer in women overall, and the 18th most common cancer worldwide, carrying the poorest prognosis and highest mortality rates [4].

In its early stages, ovarian carcinoma produces minimal, nonspecific, or even absent symptoms, resulting in more than 75% of cases being diagnosed at stage III or IV [5]. Nonetheless, several chart review studies indicate that many women with ovarian carcinoma present with symptoms that are not directly gynecological [6]. This situation highlights an urgent need for improved diagnostic approaches that can identify the disease earlier, when prognosis is better and treatment options are more effective [7]. Timely and appropriate interventions, including surgery, chemotherapy, hormonal therapy, targeted therapy, and radiation, are critical in reducing mortality. Therefore, achieving an accurate preoperative diagnosis of pelvic masses is essential for optimizing patient management.

Screening for ovarian cancer involves several approaches, including bimanual pelvic examination and serum CA-125 measurement, which demonstrate sensitivities ranging from 61% to 90% for detecting ovarian malignancy. Imaging techniques, particularly ultrasonography (US), computed tomography (CT), and magnetic resonance imaging (MRI), have become indispensable [6]. Ultrasound is widely used in gynecological and obstetric evaluations due to its accessibility and cost-effectiveness, showing high sensitivity (89–100%) and specificity (73–83%) for ovarian lesions. Transvaginal sonography (TVS) has been reported to be superior to transabdominal sonography (TAS) in many pelvic pathologies [8]. CT imaging, in particular, provides detailed information on tumor extent and the presence of metastatic disease.

In recent years, CT has been extensively employed for the diagnosis and staging of ovarian cancer [9-11]. Its ability to produce high-resolution images allows precise assessment of tumor size, morphology, location, and the degree of peritoneal or distant spread [12]. CT is commonly utilized to evaluate treatment response, though it has limitations in detecting small lesions. It remains the preferred modality for comprehensive evaluation of occult intra-abdominal disease, including peritoneal implants, lymphadenopathy, ascites, bowel wall involvement, adjacent organ seeding, and distant metastasis [13]. CT offers advantages over MRI and US, including the use of oral contrast to better distend the bowel and distinguish it from peritoneal implants. Consequently, CT is widely recommended for assessing disease extent in ovarian carcinoma patients [14]. Multiple studies have confirmed CT's utility in identifying large ovarian masses, ascites, and metastatic spread, making it an essential tool for staging and guiding treatment decisions [15-18].

Despite its established role in staging advanced ovarian cancer, the effectiveness of CT in early detection remains less well-defined. Most investigations of CT performance have focused on staging advanced disease, with limited evidence regarding its sensitivity for small, early-stage ovarian tumors [19,20]. This limitation becomes particularly evident when lesions are heterogeneous or when benign and malignant features overlap. CT's use in high-risk populations, such as women with a family history of ovarian or breast cancer or carriers of BRCA1/2 mutations, is also an important consideration [21,22]. In Bangladesh, a lower-middle-income country, approximately 60% of the population resides in rural areas, where CT scan costs are relatively high compared to color Doppler ultrasonography, and hospital infrastructure at the Upazila level is often insufficient for advanced imaging. In the present study, the primary aim was to evaluate the sensitivity and specificity of imaging modalities, comparing primary techniques such as ultrasonography with color Doppler to advanced CT imaging. Therefore, this study was conducted to evaluate the diagnostic accuracy of CT scan features in differentiating malignant from benign ovarian tumors.

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Objective

To evaluate the diagnostic accuracy of CT scan features in differentiating malignant from benign ovarian tumors.

Methodology & Materials

This cross-sectional observational study was conducted at the Department of Radiology and Imaging, Bangladesh Medical University and the National Institute of Kidney Diseases and Urology, Bangladesh, from July 2021 to December 2021. A total of 100 patients with clinically suspected ovarian tumors were included, selected based on predefined inclusion and exclusion criteria. Data were collected to evaluate the diagnostic accuracy of CT scan findings in differentiating malignant from benign ovarian lesions.

Inclusion Criteria

- Adult patients with clinically suspected ovarian masses.
- Patients referred for CT scan evaluation of ovarian lesions.

Exclusion Criteria

- Patients with prior ovarian surgery.
- Patients with known metastatic disease from other primary malignancies.
- Patients with poor-quality or non-diagnostic CT images.

Imaging Protocol

All patients underwent contrast-enhanced CT scanning of the abdomen and pelvis using standard departmental protocols. Imaging was performed using multidetector CT scanners, and images were evaluated by experienced radiologists. The following features were recorded for each ovarian lesion: solid components, papillary projections, septations >3 mm, presence of ascites, and peritoneal implants.

Histopathological Evaluation

Following imaging, all patients underwent surgical excision or biopsy of the ovarian mass. Histopathological examination was considered the reference standard for diagnosis, classifying tumors as malignant or benign.

Data Analysis

Data were analyzed using SPSS version 25.0 (IBM Corp., Armonk, NY, USA). CT findings were compared with histopathological results to determine the diagnostic performance of CT imaging. Parameters assessed included sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and overall accuracy for both overall CT diagnosis and individual imaging features. Cross-tabulation analysis was performed to identify true positive, false positive, true negative, and false negative cases. Statistical significance was determined using p-values, with $p < 0.05$ considered significant.

Results

Table 1: Histopathological Diagnosis of Ovarian Tumors (N = 100)

Diagnosis	**Number of Patients**	**Percentage (%)**
Malignant	60	60.0
Benign	40	40.0
Total	**100**	**100.0**

The study included 100 patients who underwent CT scan evaluation for suspected ovarian tumors. Histopathological examination revealed 60 patients (60.0%) with malignant tumors and 40 patients (40.0%) with benign lesions.

Table 2: Comparison of CT Scan Findings Between Malignant and Benign Ovarian Tumors

CT Feature	**Malignant (n = 60), n (%)**	**Benign (n = 40), n (%)**	**p-value**
Solid components	55 (91.7)	10 (25.0)	<0.001
Papillary projections	48 (80.0)	5 (12.5)	<0.001
Septations > 3 mm	40 (66.7)	8 (20.0)	<0.001
Ascites	35 (58.3)	4	<0.001

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		(10.0)	
Peritoneal implants	20 (33.3)	0 (0.0)	<0.001

CT imaging features were recorded for all patients. Solid components were present in 55 malignant cases (91.7%) and 10 benign cases (25.0%). Papillary projections were observed in 48 malignant tumors (80.0%) and 5 benign tumors (12.5%). Septations greater than 3 mm were seen in 40 malignant cases (66.7%) and 8 benign cases (20.0%). Ascites was noted in 35 malignant tumors (58.3%) and 4 benign tumors (10.0%). Peritoneal implants were detected in 20 malignant cases (33.3%) and none of the benign cases (0.0%). All differences were statistically significant ($p < 0.001$ for all features).

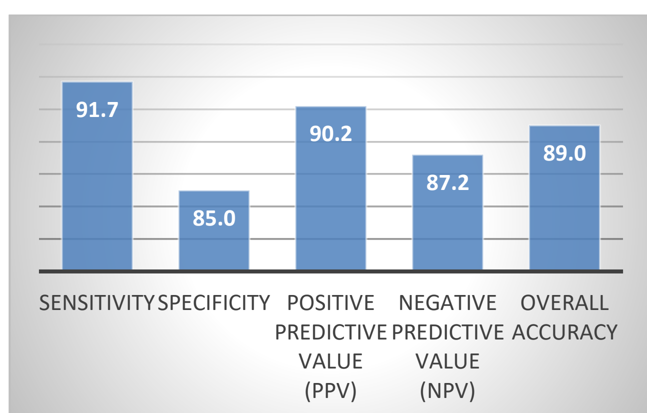

Figure 1: Overall Diagnostic Performance of CT Scan in Detecting Ovarian Malignancy

CT scan sensitivity was 91.7%, specificity 85.0%, positive predictive value 90.2%, negative predictive value 87.2%, and overall diagnostic accuracy 89.0%.

Table 3: Cross-Tabulation of CT Diagnosis Versus Histopathological Findings (N = 100)

CT Diagnosis	Malignant (Histopathology)	Benign (Histopathology)	Total
Malignant	55 (True Positive)	6 (False Positive)	61
Benign	5 (False Negative)	34 (True Negative)	39
Total	**60**	**40**	**100**

Correlation between CT-based diagnosis and histopathological results showed that CT correctly identified 55 true positive cases (malignant) and 34 true negative cases (benign). False positive cases were 6, and false negative cases were 5.

Table 4: Diagnostic Performance of Individual CT Imaging Features in Predicting Ovarian Malignancy

CT Feature	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)
Solid components	91.7	75.0	84.6	85.7
Papillary projections	80.0	87.5	90.6	74.5
Septations > 3 mm	66.7	80.0	83.3	61.5
Ascites	58.3	90.0	89.7	59.0
Peritoneal implants	33.3	100.0	100.0	50.0

Evaluation of individual CT features revealed that solid components had the highest sensitivity (91.7%) with a specificity of 75.0%, positive predictive value of 84.6%, and negative predictive value of 85.7%. Papillary projections demonstrated high specificity (87.5%) and a positive predictive value of 90.6%. Septations > 3 mm, ascites, and peritoneal implants showed variable sensitivity and specificity, with peritoneal implants achieving 100% specificity and positive predictive value.

Discussion

In this cross-sectional study conducted at the Department of Radiology and Imaging, Bangladesh Medical University and the National Institute of Kidney Diseases and Urology, CT scan evaluation of patients with suspected ovarian tumors demonstrated high diagnostic accuracy in differentiating malignant from benign lesions. Solid components and papillary

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projections were strongly associated with malignancy, while septations, ascites, and peritoneal implants provided additional diagnostic support. These findings underscore the value of CT imaging for preoperative assessment and clinical decision-making in ovarian carcinoma.

In the present study, histopathological examination of 100 ovarian tumors revealed that 60 patients (60.0%) had malignant lesions, while 40 patients (40.0%) had benign tumors. This distribution shows a higher proportion of malignant tumors compared with some previously published studies. For instance, Gupta et al.[23], in a study of 212 ovarian tumors, reported 63.7% benign and 31.1% malignant cases, with the remainder classified as borderline tumors, while Batool et al.[24], analyzing 390 ovarian neoplasms, found 82.1% benign and 14.6% malignant lesions. Although the proportion of malignant tumors in the present study is higher, these findings remain comparable in demonstrating that ovarian neoplasms consist of both benign and malignant lesions, emphasizing the importance of accurate preoperative diagnosis and imaging for appropriate clinical management.

In the present study, CT imaging features showed significant differences between malignant and benign ovarian tumors. Solid components were observed in 55 malignant cases (91.7%) compared with 10 benign cases (25.0%), papillary projections in 48 malignant cases (80.0%) versus 5 benign cases (12.5%), septations greater than 3 mm in 40 malignant cases (66.7%) versus 8 benign cases (20.0%), ascites in 35 malignant cases (58.3%) versus 4 benign cases (10.0%), and peritoneal implants in 20 malignant cases (33.3%) with none identified in benign tumors. These findings are consistent with Mubarak et al.[25], who reported that malignant ovarian lesions on multidetector CT were more likely to demonstrate cystic-solid morphology with papillary projections, irregular thick septa, solid enhancing components, ascites, and peritoneal metastases, features that were typically absent or less common in benign tumors. Similarly, Negoiță et al.[26] demonstrated that irregular septa greater than 3 mm, ascites, papillary projections, and solid intratumoral components were significantly more frequent in malignant and borderline ovarian tumors compared with benign lesions, supporting the role of these CT features in differentiating ovarian malignancy.

In terms of overall diagnostic performance, CT scan in the present study demonstrated a sensitivity of 91.7%, specificity of 85.0%, positive predictive value of 90.2%, negative predictive value of 87.2%, and overall diagnostic accuracy of 89.0% in detecting ovarian malignancy. These findings are comparable to those reported by Mubarak et al.[25], who observed slightly higher but similar diagnostic performance of multidetector CT, with sensitivity of approximately 97%, specificity of 91%, PPV of 97%, NPV of 91%, and overall accuracy of 96% when correlated with histopathology. Similarly, Wu et al.[7] reported CT sensitivity of 90%, specificity of 85%, PPV of 87%, NPV of 90%, and accuracy of 92% in ovarian cancer detection, closely aligning with the results of the present study. In addition, Ahmed et al.[27] demonstrated high diagnostic performance of CT in ovarian carcinoma, with sensitivity of 94.9%, specificity of 86.7%, PPV of 97.9%, NPV of 72.2%, and overall accuracy of 93.8% in detecting peritoneal disease, further supporting the diagnostic utility of CT imaging in the evaluation of ovarian malignancy.

Cross-tabulation of CT diagnosis with histopathological findings in the present study demonstrated 55 true positive cases, 6 false positives, 5 false negatives, and 34 true negatives, reflecting a high level of agreement between CT imaging and the histopathological gold standard. These findings are comparable to those reported by Negoiță et al. [26], who, in a CT evaluation of 63 patients with ovarian tumors, observed 30 true positive cases, 6 false positives, 3 false negatives, and 24 true negatives, with an overall diagnostic accuracy of 85%. Similarly, Mukhtar et al. [28], in a multidetector CT study of 158 patients, reported 43 true positives, 3 false positives, 2 false negatives, and 110 true negatives, achieving higher diagnostic performance with sensitivity of 95.55%, specificity of 97.34%, and accuracy of 96.83%. The pattern of high true positive and true negative values with relatively low false positive and false negative cases observed in these studies is consistent with the findings of the present study, demonstrating comparable concordance between CT diagnosis and histopathological outcomes.

Furthermore, evaluation of individual CT imaging features in the present study demonstrated that solid components had the highest sensitivity (91.7%) with a specificity of 75.0%, while papillary projections

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showed a sensitivity of 80.0% and a higher specificity of 87.5%. Septations greater than 3 mm exhibited moderate sensitivity (66.7%) and specificity (80.0%), whereas ascites showed a sensitivity of 58.3% and high specificity of 90.0%. Peritoneal implants demonstrated low sensitivity (33.3%) but very high specificity (100.0%) and positive predictive value (100.0%). These findings are comparable to those reported by Arora et al. [29], who identified solid components (96%), papillary projections (84.6%), and ascites (84.3%) as highly sensitive predictors of ovarian malignancy. Similarly, Mubarak et al. [25] reported that solid components, papillary projections, thick septations greater than 3 mm, ascites, and peritoneal metastases are key CT features associated with malignancy, with solid components being one of the most important predictors. In addition, Negoiță et al. [26] demonstrated that solid intratumoral components and septations greater than 3 mm were significantly more frequent in malignant tumors, while ascites was predominantly observed in malignant cases, findings that are consistent with the distribution and diagnostic performance of CT features observed in the present study.

Limitations of the study

The study had several limitations:

- The study was conducted at only two tertiary care centers with a relatively small sample size, which may limit the generalizability of the findings to the broader population.
- Patients were not randomly selected, which could introduce selection bias.

Conclusion

Ovarian tumors present a diagnostic challenge, and accurate preoperative imaging is essential for guiding management. CT scan proved to be a highly effective modality for differentiating malignant from benign lesions, with key features such as solid components, papillary projections, septations, ascites, and peritoneal implants showing significant differences between malignant and benign tumors. Solid components demonstrated the highest sensitivity, while peritoneal implants had the highest specificity and positive predictive value. The strong correlation between CT findings and histopathological results underscores the value of CT in the evaluation and management of ovarian neoplasms.

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