ABSTRACT

Objectives

To compare the effectiveness of risk of malignancy index 1 and 2 to differentiate between benign and malignant ovarian tumors.

Methodology

CA 125 level was done by ECLIA <Enzyme chemi luminescent Immunoassay>. In my study based on ultrasound features, menopausal status, and CA 125 levels RMI 1 & RMI 2 scoring is calculated in women above age 40 years with ovarian tumors. Ultrasound findings were scored with one point for each of the following: mutilocular cyst, evidence of solid areas, evidence of metastasis, presence of ascites, bilateral lesions (zero points for women with no abnormality, one point for women with one abnormality, in women with two or more abnormality 3 points given in RMI 1, 4 points given in RMI 2). Menopausal status is graded as follows: premenopausal status is graded M = 1, postmenopausal status is graded as M = 3 in RMI 1, M = 4 in RMI 2.

RESULTS:

In my study RMI 2 has the advantage over RMI 1 to differentiate benign and malignant ovarian tumors. Cut off value to differentiate benign and malignant tumors was 200. Sensitivity and negative predictive value is 100% for both RMI 1 & RMI 2. Specificity of RMI 2 is 52.5%, for RMI 1 is 47.5%. Positive predictive value of RMI 1 is 32.26%, RMI 2 is 34.48%. Accuracy of RMI 1 IS 58%, for RMI 2 is 62%.
CONCLUSION:

RMI 2 is simple scoring system which is more reliable to identify malignant ovarian tumors. Preoperative evaluation by using this scoring system helps to avoid unnecessary surgical intervention.