

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 : multilocular 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.