

An Interesting Case Report of Pseudocarcinomatous Hyperplasia of the Fallopian Tubes

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Abstract: Tubal epithelial hyperplasia is usually regarded as a frequent incidental finding, however its potential association with serous borderline tumours of the ovary has been suggested. We are reporting a case of a 30 years old multiparous female who presented to our institute with complaints of pain abdomen on & off, spotting, and bleeding per vagina with a history of 45 days amenorrhea. Ultrasound scan suggested left ectopic pregnancy. Laparoscopic left salphingo-oophorectomy with right fimbriectomy was done & specimen was sent for histopathological examination which revealed simple serous cyst of the ovary and pseudocarcinomatous tubal hyperplasia. Histopathological examination plays an important role in identifying the early precursors of most ovarian low grade and high grade serous carcinomas.

Keywords: pseudocarcinomatous tubal hyperplasia, fallopian tubes, serous borderline tumours, ectopic pregnancy

INTRODUCTION:

Pseudocarcinomatous tubal hyperplasia or papillary tubal hyperplasia (PTH) is defined as small clusters of tubal epithelial cells and small papillae, with or without psammoma bodies. These clusters and papillae are present within the tubal lumen and are usually associated with atypical proliferative serous tumor (APST) [1, 2].

CASE REPORT:

A 30 years old multiparous female presented to our institute with complaints of pain abdomen on & off, spotting, bleeding per vagina with a history of 45 days amenorrhea. She underwent 2 cesarean sections for premature rupture of membranes and other for preeclampsia followed by spontaneous abortion at 5 weeks. Sterilisation was done 3 years back. Menstrual cycle's were normal .Ultrasound scan suggested hyperechoic lesion? Ectopic pregnancy. With a clinical diagnosis of left tuboovarian mass, ectopic pregnancy, Laparoscopic left salphingo-oophorectomy with right fimbriectomy was done & specimen was sent for histopathological examination which revealed simple serous cyst of the ovary and pseudocarcinomatous tubal hyperplasia. No evidence of chorionic villi was found in the material studied. Fig (1-4).

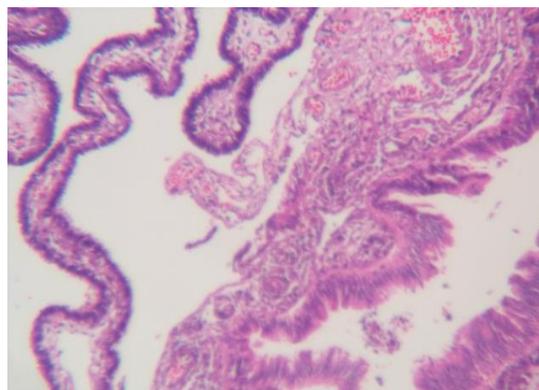


Fig 1: Low power view showing normal tubal ciliated epithelium on the left side and papillary hyperplastic epithelium on the right side.

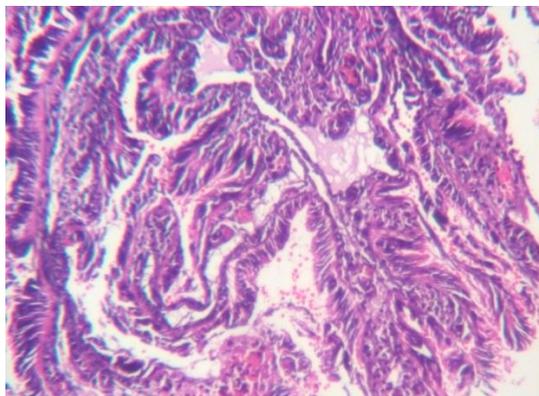


Fig 2: High power view showing papillary hyperplastic epithelium with increased stratification of the lining epithelium

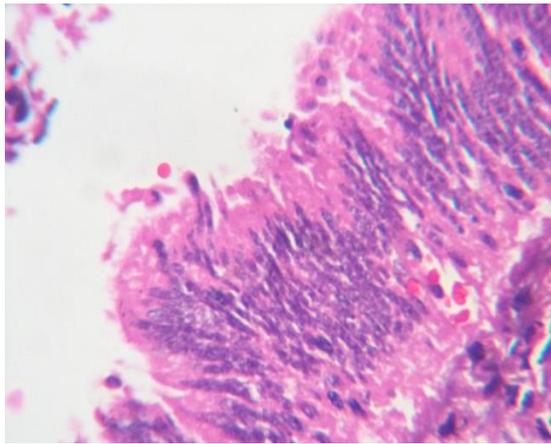


Fig 3: High power view showing increased stratification of the lining ciliated epithelium

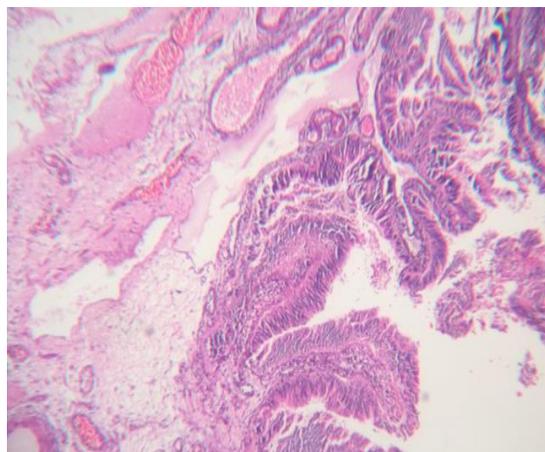


Fig 4: Low power view showing hyperplasia and no invasion into the stroma

DISCUSSION:

Tubal hyperplasias generally have no identifiable cause, but may be associated with inflammation, excess estrogen; ectopic pregnancy and neoplasia. The tubal epithelium may show nuclear crowding and stratification. There may be loss of nuclear polarity, tufting and varying degree of cytological atypia but cells maintain cilia and nuclear to cytoplasmic ratio. It is often an incidental finding but its association with serous borderline tumors of the ovary has been suggested [3]. The process begins with chronic inflammation and leads to tubal hyperplasia, which then progresses to PTH. Small papillae and clusters of cells from the fallopian tubes may implant on ovarian and peritoneal surfaces and may produce non-invasive epithelial implants, endosalpingiosis, atypical proliferative serous tumor [1]. Robey & Silva identified tubal epithelial hyperplasia in about 70% of patients with ovarian serous borderline tumors [3].

CONCLUSION:

PTH is the most advanced stage of tubal hyperplasia and is associated with APSTs [1]. The distal end of the fallopian tube could be exposed to

inflammatory agents which results in likely repetitive damages and leads to precancerous lesions [4]. Because of the role of the fallopian tube in ovarian carcinogenesis, few authors have suggested exclusive salpingectomy without associated oophorectomy [5]. Thus, concurrent risk-reducing salpingectomies may become more widespread whenever a hysterectomy needs to be performed for benign indications. [6].

Further studies are still needed to better understand the various preneoplastic phases of ovarian cancer and the communication between the fallopian tube and the ovary [4].

In our case ultrasound findings were not consistent with histopathological findings. Histopathological examination plays an important role in reaching a definite diagnosis. Patient needs to have a close follow up to identify any early changes towards ovarian malignancy and for a better prognosis.

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