

Fibrothecoma - A Rare Benign Ovarian Neoplasm

Dr. Abid Ashraf Sheikh, Dr. Hemalatha Ganapathy, Dr. B.O Parijatham

Department of Pathology, Sree Balaji Medical College and Hospital, Chennai, Tamil Nadu, India

*Corresponding author

Dr. Abid Ashraf Sheikh

Email: sheikhaabid@gmail.com

Abstract: Fibrothecoma is a benign rare ovarian tumor that comprises around 4% of all the ovarian tumors with early stage presentation in post menopausal women with a favourable outcome. A case of 64 year female who presented with complains of pain abdomen, burning micturation and pain during defecation since 3 months was reported. Imaging was suggestive of pelvic fibroid. Total abdominal hysterectomy with bilateral salpingo oophorectomy was done. Histology of mass showed features of ovarian fibrothecoma.

Keywords: pelvic mass, fibrothecoma, sex cord stromal tumor.

INTRODUCTION

Fibrothecoma- a rare benign sex cord stromal tumor of ovary comprising around 4% of all ovarian tumors with favourable prognosis. Can affect all age groups but most commonly seen in 5th decade of life with more than 90% of cases unilateral.

CASE REPORT

A 64 year female presented with complains of pain abdomen ,burning micturation and pain during defecation since 3 months. Past history revealed she was married since 49years with 4 live child births, sterilisation done and post menopausal since

20years.She had not taken any hormone replacement therapy. She is a known case of diabetes & hypertension on treatment for 4 years. On examination large non tender, well defined mass was palpated in the pelvis. Routine lab investigations were within normal limits except serology for HbsAg was positive. USG abdomen showed large anterior wall fibroid uterus, mild ascitis. CT abdomen was done and reported as a large abdominal pelvic fibroid 14x13x10.3cm seen anterior to the uterus ,cranial to the bladder in contact to the broad ligament on the right(fig.1&2).Patient was taken for Total Abdominal Hysterectomy with bilateral salphingo ophorectomy.

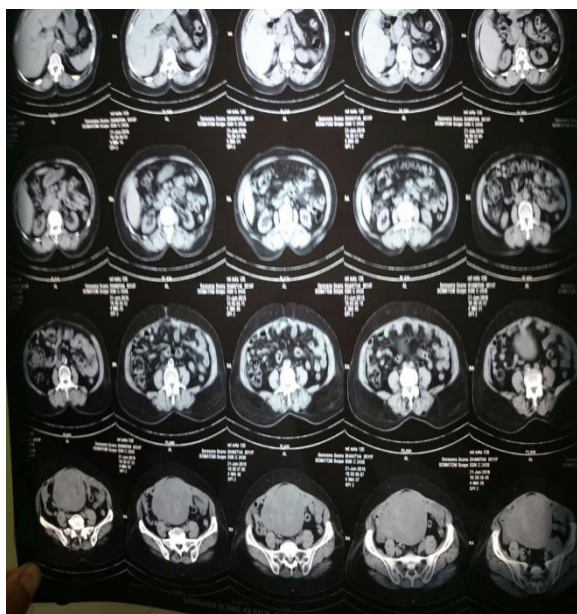


Fig-1 & 2: CT abdomen shows pelvic mass anterior to the uterus, cranial to bladder in contact to the broad ligament on the right.

At SBMCH Chennai, department of pathology received a TAH with BSO specimen measuring 19.5x6.5cm with uterus measuring 6.5x3x1.5cm and

right side ovarian mass measuring 15.5x11x8.5cm. External surface was grey white and cut surface was whitish, gritty to cut (fig3&4).

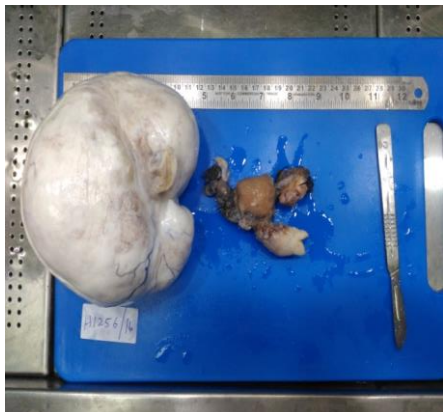


Fig-3 & 4: Gross picture and cut surface of right ovarian fibrothecoma.

Microscopic examination showed a neoplasm composed of spindle shaped cells with elongated nuclei admixed with vacuolated cells and signet ring like cells arranged in lobules and sheets in a fibrocollagenous background. Some of the cells showed cytoplasmic hyaline like material (fig.5&6).

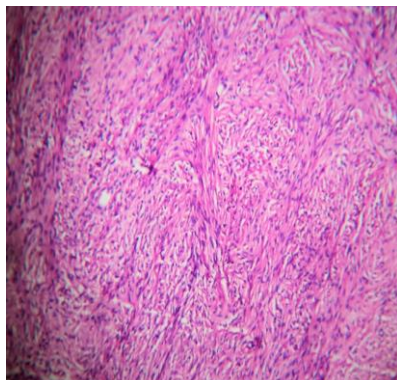


Fig-5: low power view of the neoplasm shows spindle shaped cells with elongated nucleus

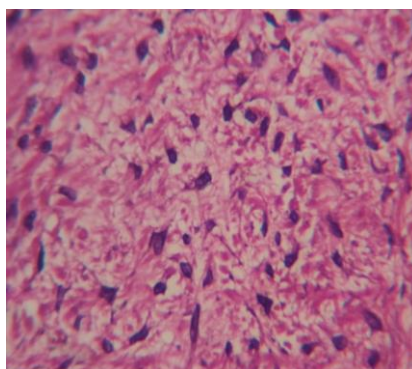


Fig-6: High power view of the neoplasm shows vacuolated cells and signet ring cells in a fibrocollagenous background

DISCUSSION

Fibrothecoma is a rare ovarian neoplasm that have been classified under sex cord stromal tumors of ovary and comprise approximately 4 percent of all the ovarian tumors [1,6]. Fibrothecoma is a benign neoplasm with mixed histologic features of both fibroma and thecoma [4,5]. Mostly they present in fifth decade of life with more than 90 percent cases

unilateral [2,3]. Pedunculated and intraligamentous leiomyomas, Brenner tumors, granulosa cell tumors and dysgerminomas should be considered as differential diagnosis [1]. With the advantage of early stage diagnosis, prognosis is favourable with definitive management of isolated tumor resection in young patients while as hysterectomy with bilateral salpingo oophorectomy in menopausal patients. Rarely

fibrothecoma can have other clinical associations like Meig's syndrome, Basal Cell Nevus(Gorlin Syndrome), trisomy and tetrasomy of chromosome 12 and Peutz-Jegher's syndrome [2,4,5].

CONCLUSION

This case is presented here for its rarity and should be considered one of the diagnosis in elderly symptomatic patients.

REFERENCES

1. Salemis NS, Panagiotopoulos N, Papamichail V, Kiriakopoulos K, Niakas E. Bilateral ovarian fibrothecoma. An uncommon cause of a large pelvic mass. *International journal of surgery case reports*. 2011 Dec 31;2(3):29-31.
2. Sharma S, Bansal R, Upreti S, Khare A, Sharma S, Agarwal D. Ovarian fibrothecoma with extensive cystic degeneration: two case reports. *Indian Journal of Clinical Practice*. 2013 May; 23(12).
3. Danendran Krishnan MBBS B. Unilateral ovarian fibrothecoma with menorrhagia. *The Malaysian journal of pathology*. 2014 Apr 1; 36(1):55.
4. Jamal I. A Case Report on Adenoid Cystic Carcinoma of Uterine Cervix: A Rare Occurrence. *Indian Journal of Pathology and Oncology*. 2016; 3(1):107-9.
5. Sternberg SS, Antonioli DA, Carter D, Eggleston JC, Mills SE, editors. *Diagnostic surgical pathology*. New York: Raven press; 1989.
6. Prat J. Staging classification for cancer of the ovary, fallopian tube, and peritoneum. *International Journal of Gynecology & Obstetrics*. 2014 Jan 1; 124(1):1-5.