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Ovarian Serious Cystadenofibrome Discovered by Annex Torsion about a Case

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Abstract **Case Report**

The cystadenofibroma is a very rare benign tumor, characterized by a clinical polymorphism; we report a case in a woman of 22 years revealed by a twist of annex. The ultrasound can simulate ovarian cancer; the histopathological examination confirms the diagnosis. The conservative treatment is sufficient.
Keywords: ovarian cyst, annex torsion, cystectomy.

INTRODUCTION

Ovarian cystadenofibroma is a very rare benign ovarian tumor that contains both epithelial and stromal components [1]. It can be solid, cystic or semi-solid. The macroscopic appearance may suggest a malignant tumor [2].

The purpose of our work is to describe the ultrasonographic and pathological features of this tumor from an observation and review of the literature.

OBSERVATION

This is Miss AM aged 22, single, null, nulliparous, no significant pathological history that had lateralized pelvic pain on the left accompanied by nausea and vomiting, resistant to analgesic levels I and II, which motivated an emergency consultation of the Souissi maternity hospital in Rabat.

The clinical examination found an apyretic patient, stable hemodynamic state with a defense of the left iliac fossa. On the paraclinical level, there was the presence of a biological inflammatory syndrome, the pelvic ultrasound revealed the presence of a posterior left-uterine mass, size 6.10 x 5.41 cm, rounded, thin-walled of anechoic content, without end luminal partitions, suggesting a left ovarian cyst (fig1). There was a decrease in vascular flow at the Doppler, with pain at the passage of the ultrasound probe. Faced with technical difficulties, a laparoscopy could not be performed.

The laparotomy performed, by Pfannenstiel incision, showed a twist of left appendix (3 turns of turns), with a large ovarian cyst 8 x 7 cm left (fig2). A cystectomy was performed. The right appendix was without particularity, with absence of peritoneal, hepatic or ascites nodules.

Anatomopathological examination of the operative specimen revealed macroscopically a tumor with a cystic appearance measuring 7 x 2.5 x 0.3 cm with the presence of greyish endo-cystic vegetation. Microscopy found a cystic wall lined by a cubic epithelium, single-layered and ciliated, without cytonuclear atypia. This coating is abraded in places and overcome with abundant fibrous tissue, absence of histological sign of malignancy (fig 3). The diagnosis of benign serous cystadenofibroma was selected.

The operative follow-up was simple the patient left the hospital on the 5th day of the post-operative period. A pelvic ultrasound was performed at 6 months of the intervention was without peculiarities.

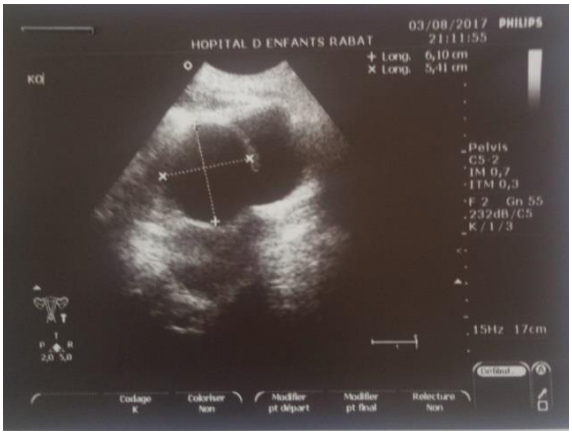

Fig-1: Echographic aspect of the cyst of our patient

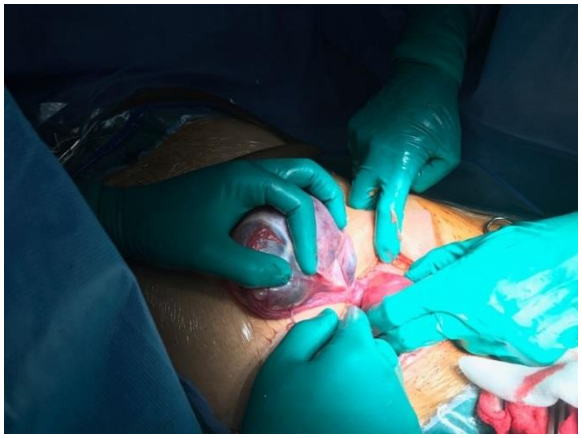

Fig-2: Turn of the cyst turn in intraoperative

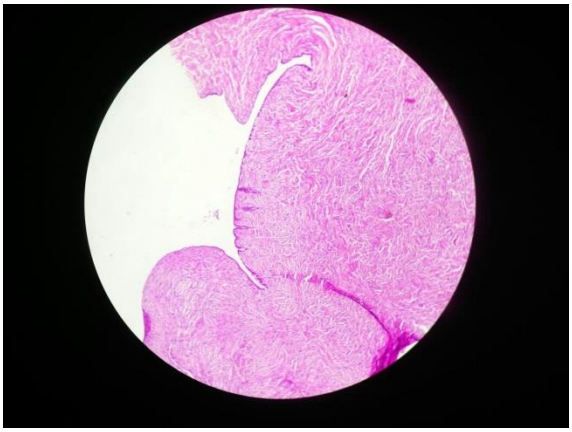

Fig-3: Microscopic appearance of cystadenofibroma

DISCUSSION

Ovarian cystadenofibroma is one of the rare benign ovarian tumors, usually affecting women in their fourth to fifth decade of life, but also younger women, especially with in utero exposure to disthylbene. This tumor represents 1.7% of all benign ovarian tumors [2, 3]. Our patient was 22 years old.

Clinically, the ovarian cystadenofibroma is often asymptomatic, it can be revealed by the increase of the abdominal volume associated or not with signs of compression of the neighboring organs: dysuria, constipation. The presence of endocrine signs due to hyperosteogeny is sometimes noted as metrorrhagia. Sometimes, the symptomatology of a surgical abdomen testifying to torsion of the cyst or its rupture. Clinical examination reveals a palpable abdominopelvic mass in large tumors [2, 4]. Our patient had abdominal pain resistant to analgesics with a defense which leads to a torsion of appendix.

On the echographic level, there are no specific signs of the cystadenofibroma, because few publications in the literature about this tumor.

According to Alcazar *et al.* ovarian cystadenofibroma presents as a cystic tumor with a thin thickness. They have anechoic content that is sometimes echogenic. The septas are sometimes thin, sometimes thick. The papillary projections are always small. Most of the time, the vascularization is localized to the wall of the cyst, it can sometimes simulate a malignant character on ultrasound [5]. Our patient had on ultrasound a thin-walled anechoic cyst without septas visualized.

Pathologically, the cystadenofibroma is in the form of large tumors that can reach 20 cm in diameter. Macroscopically: this tumor seems encapsulated, sometimes multiloculated, with papillary projections of short, wide and firm structures. Since these papillae projections are ultrasonographically demonstrable, they can confuse the examiner and suggest a malignancy [6].

Ovarian cystadenofibroma is a benign tumor, conservative treatment is considered in a young patient [7]. We performed a cystectomy to our patient. The prognosis is generally good; the risk of recurrence is very rare.

CONCLUSION

The cystadenofibroma is a benign tumor that can simulate a malignant characteristic on ultrasound; the anatomopathological study confirms the diagnosis and reassures the surgeon of the benign nature of the tumor.

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