Scholars Journal of Medical Case Reports
OPEN ACCESS
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com/sjmcr/

"A Serous Cystadenofibroma of Fallopian Tube– A Rare Case Report Diagnosed on Histopathology"

Dr. Atul Domadiya[1*], Dr. Chandrika G. Algotar[2]

[1]2nd year resident, Department of pathology, C.U.Shah Medical College, Surendranagar, Saurastra University, Gujarat India
[2]Assistent Professor, Department of pathology, C.U.Shah Medical College, Surendranagar, Saurastra University, Gujarat India

DOI: 10.36347/sjmcr.2020.v08i05.007 | **Received:** 20.04.2020 | **Accepted:** 29.04.2020 | **Published:** 16.05.2020

***Corresponding author:** Dr. Atul Domadiya

Abstract **Case Report**

Tumors of the fallopian tube are uncommon and are the rarest tumors of the female genital tract. It is usually found at the fimbrial end of the tube and is considered to be of mullerian origin. It is usually diagnosed incidentally for other gynecological disorders. In larger symptomatic cases as in the present case, a preoperative diagnosis is difficult. As they are benign tumors, only a cystectomy is required for their treatment.

Keywords: Fallopian tube, Benign, Serous cystadenofibroma.

INTRODUCTION

Tumors of the fallopian tube are uncommon and are the rarest tumors of the female genital tract. According to the World Health Organization classification, benign tumors of the fallopian tube comprise serous cystadenofibroma is a rare tumor of the fallopian tube which is usually found at the fimbrial end of the tube and is considered to be of mullerian origin.

CASE REPORT

A 37 year female presented with dull aching abdominal pain since 3 month with regular menstrual cycle. Pain was subsided after surgical removal of ovary and fallopian tube. Right sided ovary and fallopian tube with cyst was sent for histopathological examination.

A 5x2.5x2 cm sized ovary attached with fallopian tube are received. Outer surface of ovary is smooth, shiny and capsulated. On cut section of ovary shows solid and cystic areas measuring 0.5x0.5 cm. A 5x1cm sized fallopian tube with attached 4x3 cm sized cyst are received. On cutting of cyst, 20 ml fluid came out. Inner surface of cyst shows whitish exophytic papilla like areas.

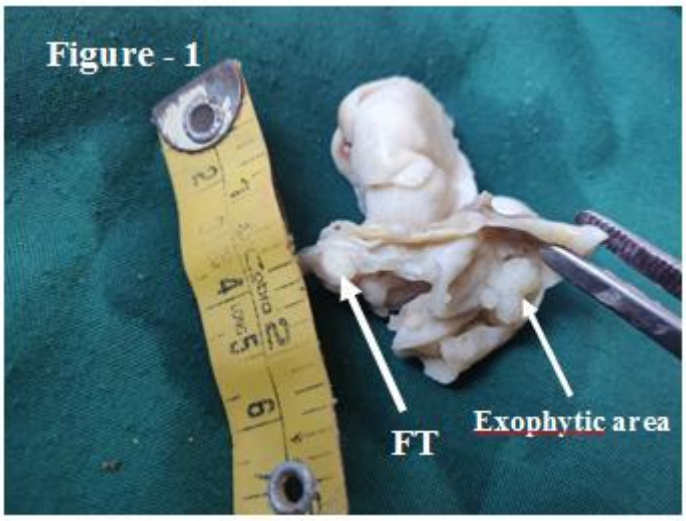

Fig-1: Gross picture of fallopian tube attached with exophytic area

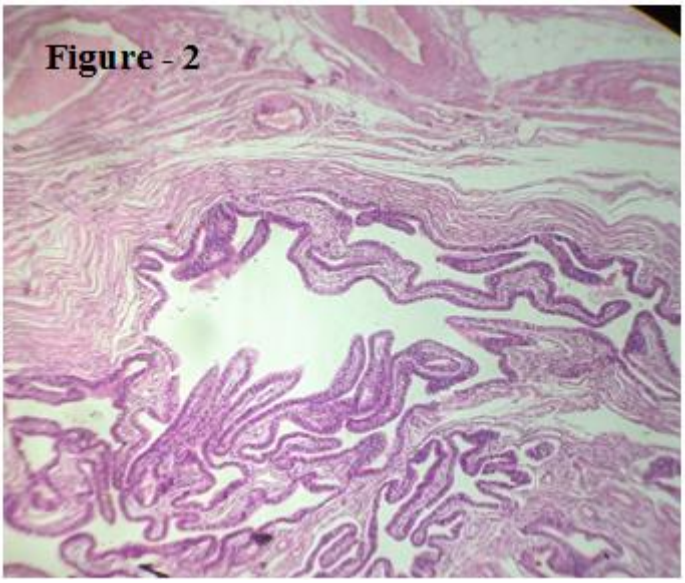

Fig-2: Microscopic picture of normal fallopian tube area

H & E stained section shows structure of fallopian tube mucosa with structure of cyst lined by simple cuboidal epithelium. Cyst shows friable exophytic structure comprising of multiseptate cystic space lined by cuboidal epithelium shows no cytological atypia, dividing septa are highly cellular, fibrotic and shows myxoid degeneration.

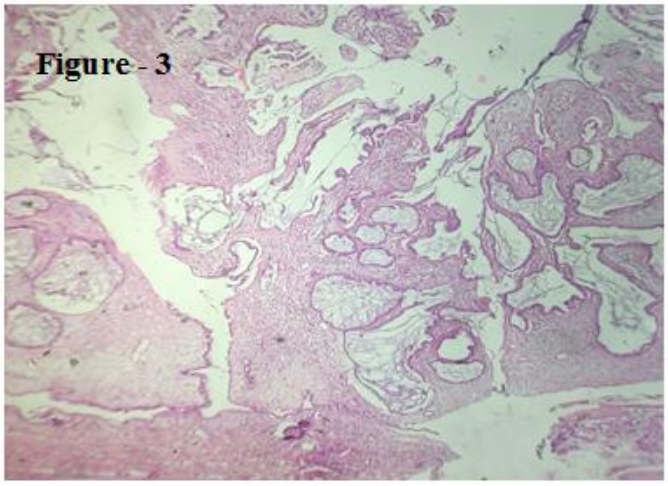

Fig-3: Microscopic picture showing multiseptate cystic space lined by cuboidal epithelium with fibrotic areas

DISCUSSION

Cystadenofibromas of the fallopian tube are uncommon and are the rarest tumors, which usually present as small asymptomatic incidental findings [1]. Cystadenofirmoma(CAF) was first diagnosed by Iwanow in 1909 who termed it as CAF papilleferum [3]. The age of presentation showed a wide range from 19 to 73 years. Mean age reported is 49 years. Clinical presentation was variable. In 1914 Kustner described a tubal CAF associated with a hydrosalpinx [3]. In four cases, they were found incidentally during a hysterectomy for leiomyoma [2, 3, 5, 6] and in one case for prolapsed [7]. One case was found during lower segment cesarean section [4] and other during a tubal ligation [8]. One case was found associated with normal pregnancy [4, 9] and another occurred concurrently with an ectopic pregnancy [10]. A case of bilateral tumors presented with primary infertility [11] while another occurred during embryo transfer following *in vitro* fertilization [12, 14]. A case of CAF with torsion presented as an acute abdomen and was mistaken for appendicitis [13, 15]. CAF presents as a round solitary mass and can be found on the fimbrial end, intraluminally or on the serosal surface of the tube. Most are present at the fimbrial end. They are usually small and measure about 0.5–3 cm in diameter. Most are cystic with coarse papillary excrescences as seen in the present case. Histologically two components are present, a connective tissue stroma without nuclear pleomorphism or mitosis and papillary structures or tubal structures lined by epithelial cells. The epithelial cell type has been serous in most cases but occasionally may be endometrioid [2]. Gürbüz and Ozkara demonstrated that the topographic location of the lesion,

histopathological findings, immunoprofile of vimentin, cytokeratin coexpression, and diffuse epithelial membrane antigen immunoreactivity suggested that this tumor is an embryologic remnant originating from the mullerian duct [3]. Tumor seems to have a benign course, and no malignant potential has been described.

CONCLUSION

Serous cystadenofibroma of the fallopian tube is a rare lesion. Hence, it is usually diagnosed incidentally for other gynecological disorders. In larger symptomatic cases as in the present case, a preoperative diagnosis is difficult. As they are benign tumors, only a cystectomy is required for their treatment.

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