

## “A Pregnant Female Presented with Ovarian Fibroma – A Rare Case Report Diagnosed on Histopathology”

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### Abstract

### Case Report

Ovarian fibroma is rare in women under 30 year of age. A 25 year old female presented with 9 months of amenorrhoea. Lower segment caesarean section (LSCS) was done and a healthy full term baby born. Clinically patient did not have any complain and the lesion was not detected either on physical examination or in USG. At the time of LSCS a large ovarian mass was found incidentally and unilateral oophorectomy was done along with LSCS and was sent for histopathological examination with clinical diagnosis of ovarian cyst. After microscopic examination the diagnosis was benign sex cord stromal tumor of ovary – ovarian fibroma which is rare presentation at very young age of 25 year with 9 months of pregnancy.

**Keywords:** Ovarian Fibroma, Young Age, Full term pregnancy.

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## INTRODUCTION

In the WHO histopathological classification of the ovary, fibroma is a solid tumor, which account for 4% of all ovarian tumors. Ovarian fibroma is classified under the Sex-Cord Stromal tumors and comprises spindle shaped fibroblastic cells and abundant collagen [1]. Ovarian fibroma is almost always benign and most common benign solid tumor of ovary. Ovarian fibroma is often difficult to diagnose preoperatively and usually misdiagnosed as uterine leiomyoma because of solid nature of mass [1]. They are rare in women under 30 year of age; occur usually in women above 40 year.

## CASE REPORT

A 25 year old female presented with 9 months of amenorrhoea. Lower segment caesarean section (LSCS) was done and a healthy full term baby born. The indication of LSCS is one previous LSCS. Clinically patient did not have any complain and the lesion was not detected either on physical examination or in USG. At the time of LSCS a large ovarian mass was found incidentally and unilateral oophorectomy was done along with LSCS and was sent for histopathological examination with the clinical diagnosis of ovarian cyst.

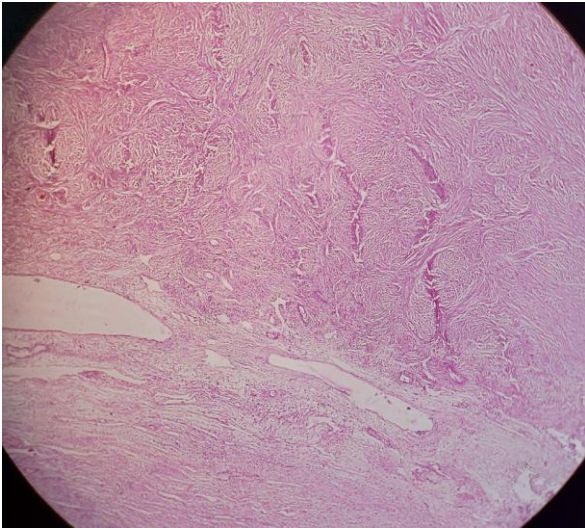
Received specimen was measured 13x9x8 cm in size. Outer surface was smooth, shiny and

capsulated. On cut section it showed solid whitish, homogenous whorled like areas were looking likes a leiomyoma grossly. But unlike leiomyoma, it was very hard in consistency. The age of patient is also younger than the common age group for ovarian fibroma.

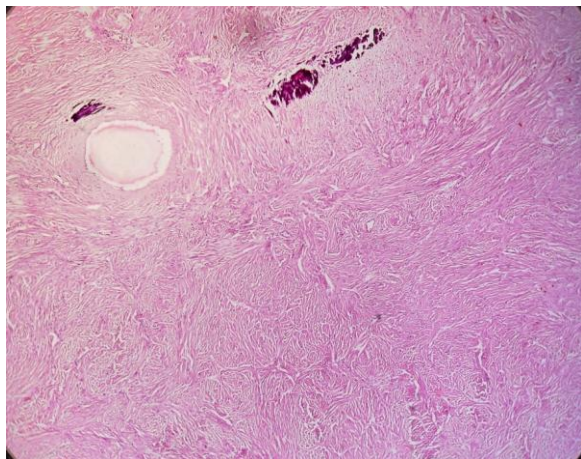


Fig-1 & 2: Gross appearance of Ovarian Fibroma with solid whitish homogenous areas

On microscopic examination, multiple sections taken from the ovarian mass revealed a tumor composed of spindle shaped cells which were forming storiform pattern with few areas of dense collagenisation and calcification [2]. All the findings were suggestive of “benign sex cord stromal tumor of ovary – ovarian fibroma”



**Fig-3: Microscopic picture of Ovarian Fibroma showing storiform pattern of ovary and spindle cells with collagenisation**



**Fig-4: Microscopic picture of Ovarian Fibroma with foci of calcification**

## DISCUSSION

Ovarian fibromas are stromal tumours composed of spindle, oval or round cells producing collage. Fibromas are usually solid, slightly lobulated, encapsulated, grey-white masses covered by a glistening, intact ovarian serosa and mostly unilateral. Fibromas occur at middle age, with an average age of 48 years. Ovarian fibromas are almost always benign. Very rarely, fibromas without any atypical features are associated with peritoneal implants. Surgical removal of

these solid ovarian tumours is recommended because of the low probability of malignancy [3].

Ovarian lesions composed of spindle cells comprise a heterogeneous group; most are neoplastic but several non-neoplastic conditions are also composed of spindle cells. The majority of ovarian spindle cell lesions fall into the broad category of fibromatous neoplasms whereas others in the sex cord-stromal group may also be composed of spindle cells, including thecomas, granulosa and Sertoli-Leydig cell tumors and rarer neoplasms, such as sclerosing stromal tumour and signetring stromal tumor[4]. In the recent past there have been several major contributions on various aspects of ovarian spindle cell lesions, including cellular and mitotically active cellular fibromatous lesions, smooth muscle neoplasms, and metastatic gastrointestinal stromal tumours. Other mesenchymal or epithelial tumors and mixed epithelial and mesenchymal neoplasms may also enter into the differential diagnosis of an ovarian spindle cell lesion. Several non-neoplastic lesions may be composed of spindle cells, including massive oedema, ovarian fibromatosis, stromal hyperplasia, and stromal hyperthecosis[4]. Morphology remains the mainstay in diagnosis but immunohistochemistry may be invaluable in certain circumstances, one example being the identification of a metastatic gastrointestinal stromal tumor within the ovary [3].

## CONCLUSION

At the end of the histopathological study, we found a large ovarian fibroma which was missed on clinical examination and USG, accidentally found at the time of LSCS which is rare presentation at very young age of 25 years with 9 months of pregnancy and a successful lower segment caesarean section with healthy full term baby born.

## REFERENCE

1. Najmi Z, Mehdizadehkashi A, Kadivar M, Tamannaie Z, Chaichian Sh. Laproscopic Approach to a Large Ovarian Fibroma: A Case Report. *J Reprod Infertil*. 2014;15(1):57-60.
2. Arya A, Rao S, Agarwal S, Arora R, Gupta K, Dhawan I. Ovarian fibroma: An unusual morphological presentation with elevated CA-125. *Indian J Patho Microbio*. 2008;51:523-4.
3. Shetty RK, Desai SK, Chandak SK. A case of ovarian fibroma masquerading as a uterine fibroid. *Int J Repord Contracept*. 2016;5:4514-8.
4. Irving JA, McCluggage WG. Ovarian spindle cell lesions: a review with emphasis on recent developments and differential diagnosis. *Adv Anat Pathol*. 2007;14(5):305-19.8.