

Fibroma with Minor Sex Cord Elements: A case report

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Introduction

Ovarian fibroma with minor sex cord elements is a rare neoplasm, which is defined as a predominantly fibromatous or a thecomatous tumor containing scattered minor sex cord elements in less than 10% of the tumor area.

Case Report

A 62-year-old female, gravida 3, para 3, postmenopausal for 7 years, complained of massive vaginal bleeding with moderate diffuse abdominal pain, urinary frequency, urgency and bladder fullness for more than ten days 6 months ago. She started experienced intermittent vaginal spotting and mild abdominal discomfort since 1 year ago, and symptoms exaggerated 6 months ago. Physical examination disclosed a palpable mass with height at 3Fb below umbilicus and mild tenderness over lower abdomen. Gynecologic sonography revealed an enlarged uterine with endometrial thickness of 12mm, and mixed echogenic solid tumor measured 9.46 x 9.05 suspect right adnexal mass. Endometrial aspiration revealed simple hyperplasia without atypia. Tumor marker were normal(CEA: 1.38ng/ml, CA-125: 28.4U/ml, CA 19-9: 11.0U/ml).

She received operation. Grossly, the right ovary was replaced by a white and elastic-firm tumor measured 14x9.5x6.5 cm without necrosis or fluid content. The left ovary was unremarkable. Part of the right ovarian tumor was submitted for frozen section, which reported fibroma with minor sex cord elements. Subsequently, the patient underwent bilateral salpingo-oophorectomy. She was free of symptoms during 5 months of follow up.



Fig. 1



Fig. 2

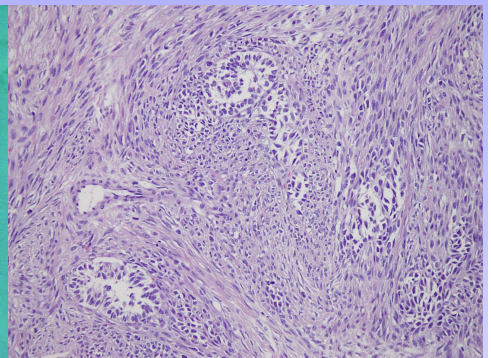


Fig. 3

Figures

1. Mixed echogenic solid tumor (size:9.46 x 9.05/4.73 x 3.17 cm) suspect right adnexal tumor.
2. Grossly, there was a white and elastic-firm tumor measuring 14x9.5x6.5 cm in size without necrosis or fluid content at right ovary.
3. Microscopically, a few tubules lined by cells resembling Sertoli cells are in a background of fibroblastic cells. (HE, 200X)

Conclusions

Only few cases of ovarian stromal tumor with minor sex cord elements have been reported in the literature, since the diagnosis is based upon meticulous histopathological examination. This postmenopausal women with simple hyperplasia without atypia may be the result of a hyperestrogenic state due to hormone production by the ovarian tumor. Though this entity are thought to behave in a benign fashion and have a good prognosis, a gynecologist should keep in mind that hyperestrogenic state resulted from minor sex cord elements may predispose to endometrial cancer. As for a pathologist, a thorough evaluation of an ovarian fibroma for detecting of minor sex cord elements may provide a better insight of the clinical behavior and pathogenesis of these rare neoplasms.