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Ovarian serous cystadenofiboma- a pretender of ovarian malignancy

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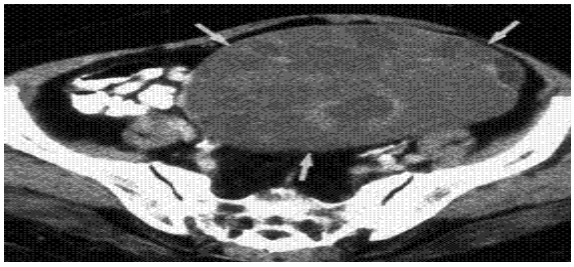
Abstract :
Ovarian cystadenofiboma is relatively rare benign ovarian tumour that contains both epithelial and fibrous components. The appearance in USG contains cystic to solid appearing masses and often resemble a malignant tumour. But CT often helps the radiologist as well as the clinician to make a preoperative diagnosis of this tumour and thus avoid aggressive surgical management.

Keyword :
ovarian cystadenofibroma, imaging, sonography

Introduction:
Ovarian cystadenofiboma is a relatively rare benign tumour(1) that is seen in women in age 15-65. The routine Ultrasound findings of this tumour may mimic a malignant neoplasm but a CT scan may help differentiate it from malignant ovarian tumour.

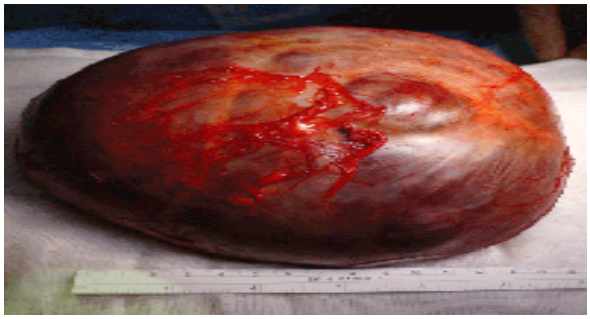
Case report:
A 55 year old post menopausal female, attained menopause 10 years back came with complaint of lower abdominal pain for 10 days. She had history of nausea and heaviness in lower abdomen. No history of fever, bladder and bowel disturbance or bleeding per vaginum. On examination, she was found to have a soft to firm, mobile mass of 16 to 20 week size occupying left iliac and left lumbar region arising from the pelvis. On Per vaginal examination, a 16 week size mass felt in the left fornix, which was not tender. The movement of the cervix was not transmitted to the mass. Groove sign was positive. Left supraclavicular and Inguinal nodes were not palpable. On ultrasound examination, left adnexial mass of size 16 X 14 cm with few solid components and internal echoes were seen. Left ovary not separately visualized. Uterus and right ovary were normal. Rest of the abdominal organs were normal. No free fluid. CA 125 was 35 IU/ml. CT showed left adnexal cyst which was clear and size of around 20x18 cm. All other abdominal organs were normal.



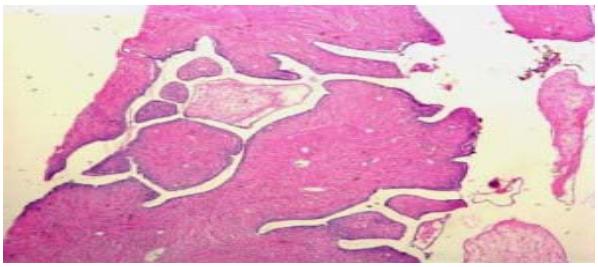
pre-operative CT of the patient

The patient underwent total abdominal hysterectomy with bilateral salphingooophorectomy. Peroperatively, a cyst of size 20 X 16 cm., was found in the left adnexa. Left ovary not visualized. Left fallopian tube normal. Right ovary and fallopian tube were normal. Uterus was found to be normal. Specimen was sent to histopathology.

gross appearance of the tumour



The histopathology report suggested that the specimen was benign cystadenofibroma of left ovary.



Histopathological picture

Post—operative period was uneventful. Patient was discharged on 10th post-operative day after suture removal.

Discussion:

Ovarian cystadenofibroma is a relatively rare benign tumour containing epithelial fibrous(2) and stromal components accounting for 1% of all benign ovarian tumours(3). These tumours are predominantly cystic, complex cystic with variable amounts of solid component or predominantly solid. Because of solid components and irregular thick septa these tumours are often misdiagnosed as malignant tumours on usg imaging. On USG, 50% of these tumours demonstrate vascularity. Ovarian cystadenofibroma is a type of surface epithelial tumour. These tumours exhibit a fibrous stroma in variable amounts in all subtypes [4]. When the stroma occupies an area greater than the cystic portion, the suffix "-fibroma" is added, as in "serous adenofibroma." The presence of more than 1 cyst over 1cm in diameter warrants use of the prefix "cyst" as in "cystadenofibroma." These tumours are classified, according to the epithelial cell types present, as serous, endometrioid, mucinous, clear cell, and mixed categories. The degree of epithelial proliferation and its relation to the stromal component of the tumour are the criteria used for the classification as benign, borderline, or malignant, although most of the reported ovarian cystadenofibromas were benign. (2,4) Although a CT was done for this patient, MRI is a better modality which will show low intensity signal of fibrous component of this tumour on t2w images. Other tumours with similar t2 characteristics due to a fibrous component are fibroma, fibrothecoma and Brenner tumor.(6).

Conclusion :-

The case illustrates although an ultrasonogram may Suggest malignant features , we must have a high degree of suspicion before branding a patient as malignant. A CT scan and an MRI Is an absolute necessity before coming to the conclusion of malignancy. It may avoid unnecessary mental agony and unnecessary surgery to the patient.

References:-

1. Berek & Novak's gynaecology 15e , chapter 14 ., pg -410 to 414

2. B. Czernobilsky, R. Borenstein, and M. Lancet, "Cystadenofibroma of the ovary. A clinicopathologic study of 34 cases and comparison with serous cystadenoma," Cancer, vol. 34, no. 6, pp. 1971–1981, 1974.

3. S.-M. Cho, J. Y. Byun, S. E. Rha et al., "CT and MRI findings of cystadenofibromas of the ovary," European Radiology, vol. 14, no. 5, pp. 798–804, 2004. View at Publisher ·

4. R. E. Scully, R. H. Young, and P. B. Clement, Atlas of Tumor Pathology; Third Series, Armed Forces Institute of Pathology, Washington, DC, USA, 1998.

5. H. L. Compton and F. M. Finck, "Serous adenofibroma and cystadenofibroma of the ovary," Obstetrics and Gynecology, vol. 36, no. 4, pp. 636–645, 1970.

6.Indian J Radiol Imaging. 2010 Nov; 20(4): 297–299.