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Original Research Paper

Pathology

RELAPSED OVARIAN GRANULOSA CELL TUMOR PRESENTING AS PERITONEAL METASTASIS: A CASE REPORT.

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ABSTRACT

Granulosa cell tumor of ovary are rare hormonally active neoplasms characterized by endocrine manifestations, an indolent course and late relapse. Present study describes the case of 35 years female patient who presented with swelling infraumblical region since one year. Contrast enhanced computerized tomography revealed multiple large heterogeneously enhancing areas largest measuring 7.9*8.5 cms in peritoneal cavity including pelvis. Her past medical history included right salphingo-oophorecetomy for ovarian tumor. Other laboratory investigations revealed no abnormalities. US guided Fine Needle Aspiration was done and mass was diagnosed as metastic deposits of Adenocarcinoma?ovary. Patient underwent laparotmy and mass was excised. Histopathological examination of excised mass confirmed diagnosis as metastatic deposits of Granulosa cell tumor ovary.

KEYWORDS :

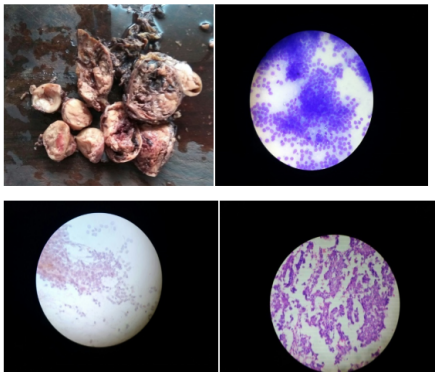
INTRODUCTION

Granulosa cell tumors were first described by Rokitansky in 1855 as chronicled in chew etal"

Manuscript:- Granulosa cell tumour although accounting for 70% malignant sex cord stromal tumours are rare comprising only 2-5% of all ovarian neoplasms. Granulosa cell tumours can recur or metastasize many years after initial treatment and rarely develop at extraovarian site even in oophorectomy patient

CASE REPORT

A 37 years old female presented with infraumblical mass since one year. She had past surgical history of right sided salphingoophrectomy for large ovulated ovarian cyst 40*35* 35* 30 cms 6 years back. The laboratory investigations including hematocrit, CBC, RFT, TFT, LFT were normal range. CEFT abdomen showed multiple large heterogeneously enhancing areas largest measuring 7.9* 8.5 cm with internal lamellations in peritoneal cavity including pelvis suggesting of disseminated hydatidosis. Us guided aspiratioin was done from mass infraumblical region which showed highly cellular smears comprinsing of cells arranged in ture papillae having fibrovascular core, microfolicies having vesicular chromatin inconspicuous nucleoli, mild plemorphism, cytoplasmic grooving was also appreciated. Cytomorphologicval features suggested features of Metastatic deposits of adenocarcinoma?Ovary. Meanwhile the patient underwent exploratory laparatomy with presemptive diagnosis of intraabdominal hydatidos. On histopathological examination, grossly we received cystic masses omentum and abdominal wall 4 in number ranging in size from 3-4 cms. Cut sections showed soild and cystic aras, yellow in colour along with areas of haemorrhage. Microscopic finding showed tumour cells arranged in shteets, trabeculae, microfollicular pattern. Individual cells were round to oval in shape with angulated margins depicting moderate atypia. Nuclear grovving was also addreciated. Histologicval features were of metastic deposits of Granulosa cell tumour.



DISCUSSION

Granulosa cell tumour is an uncommon cancer. It can be adult or juvenile type based on cinical and histological features. The more common adult type usually presents during the perimenopausal or early menopausal period. The median age being 50-55 years. The estimated of granulose cell tumour in US is 99 per 100,000 whereas reported incidence in other developed countries ranges from 0.4 - 1.7 per 100,000. Patients with granulose cell tumour require long term followup with history physical examination as tumour metastasis can occur though rarely. The most common site for recurrence is in the pelvis. It can also develop in retroperitoneum.

Broadligament, mesentry, omentum, liver, adrenals, lungs, bones. Typical histological features of granulose cell tumours include small, pale, round to oval granulose cells with characterstic coffee bean nuclei. The characterstic amorphous globular structures called "CALL EXNER BODIES" are present in some granulose cell tumours. The morphological differential diagnosis includes undifferentiated carcinomas, small cell carcinoma, endometrial stromal sarc oma, carcinoid, lymphoma.

CONCLUSION

Granulosa cell tumours are ovarian tumours with long natural history and low malignant potential However, recurrenhce and distant metastasis are known to occur as late as after 30 years of initial diagnosis. Thus patients should be kept on long term follow up protocol.

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