

KEYWORDS : Ovary, Surface epithelial tumors, Adenocarcinoma .

## INTRODUCTION

Ovary is a unique organ in the body which can be a seat of large number of neoplasms, benign, malignant, primary and secondary with wide spectrum of clinical and histological patterns.

Pathology of the ovary is most difficult gynaecologic disease to evaluate clinically<sup>1</sup>. Ovarian neoplasm is the most fascinating tumor of the women in terms of its histogenesis, clinical behavior and malignant potentiality. Ovarian tumor accounts for 15 to 25% of all primary malignancies in female genital organs<sup>2</sup>.

Ovarian cancer is the sixth most common cancer in women worldwide and accounts 4% cancer in women and 5% cancer death in women. As ovary is an intra abdominal organ the diagnosis of ovarian malignancy is often late.

Ovaries are subjected to endocrinal and traumatic insult during the ovulatory cycle and prime site for tumorogenesis. Ovarian neoplasm can occur in all age groups and no age is exempted. In young age germ cell tumor is common. Among the older women epithelial tumors are common<sup>3</sup>. 50% of ovarian tumors are benign. Of malignant 90% are epithelial and remaining 10% are resulting from metastasis. There is higher frequency of carcinoma in unmarried women and married women with low parity.

The common ovarian cancers are surface epithelial tumors (85%). The main factors involved in the etiology are the age, genetic factors and reproductive factors. Ovarian tumors are insidious in onset and usually diagnosed at late stage. They commonly present with abdominal pain, a lump or menstrual irregularity<sup>4</sup>.

In present study an attempt was made to identify the high risk population, the etiological factors. The study was conducted to find out the histopathological types of various surface epithelial tumors of ovary.

# MATERIALS AND METHODS

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The present study is from June 2009 to June 2012. The study was done in Department of Pathology, Kurnool Medical College, Kurnool. During the above period ovarian tumors are obtained either by total abdominal hysterectomies or by salpingooopherectomy and were analyzed of an analysis of 220 cases of ovarian tumors, 132 were found to be surface epithelial tumors.

All the cases were reviewed after Hematoxylin and Eosin staining to diagnose various histological types of the surface epithelial tumors. Special stains and immunohistochemistry was done where ever necessary.

### ANALYSIS OF RESULTS

- 1. The commonest tumors noticed were Serous tumors (96 cases).
- Among the serous tumors one case of collision tumor Serous cystadenoma with mature tertoma was noted.
- 3. Mucinous tumors were the second commest (25 cases).
- Among the malignant tumors serous cystadenocarcinoma were the commonest (15 cases).
- Mucinous cystadenocarcinomas were the second common malignant tumors (8 cases).

## Table-1: Showing Distribution of All Surface Epithelial Tumors

Type of Tumor	No. of Cases			
Serous Tumours				
Serous Cystadenoma	62 (46.96%)			
Serous Cystadenoma with Mature Teratoma	1 (0.75%)			
Serous PapillaryCystadenoma	10 (7.57%)			
CystadenoFibroma	6 (4.54%)			
Serous Borderline Papillary Cystic Adenoma	2 (1.51%)			
Serous Cystadenocarcinoma	15 (11.36%)			
Mucinous Tumours				
Mucinous Cystadenoma	14 (10.60%)			
Mucinous Cystic Tumor with Pseudo Myxoma	2 (1.51%)			
Peritonei				
Borderline Intestinal Type Mucinous	1 (0.75%)			
Mucinous Cystadenocarcinoma	8 (6.06%)			
Benign Endometroid	2 (1.51%)			
Malignant Mixed Mullerian Tumor	3 (2.27%)			
Benign Clear Cell	3 (2.27%)			
Benign Brenner	3 (2.27%)			
Total	132			

In our present study 96 Serous tumors, 25 Mucinous tumors, two Endometroid, three Mixed Mullerian, three Clear cell and three Brenner tumors were noted.

Table	-2.	Table	Showing	Age	wise	Distribution	of	All	Surfaces
Epithe	lial	l Tumo	rs						

Type of tumor	11-20	21-30	31-40	41-50	51-60	61-70
Serous Cystadenoma	-	18	25	5	11	3
Serous Cystadenoma with	-	1	-	-	-	-
Mature Teratoma						
Serous	-	3	4	2	1	-
PapillaryCystadenoma						
CystadenoFibroma	-	1	2	2	1	-
Mucinous Cystadenoma	-	3	6	4	1	-

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Type of tumor	11-20	21-30	31-40	41-50	51-60	61-70
Serous Cystadenoma	-	18	25	5	11	3
Sorous Cystadonoma with		1	20	5	11	5
Mature Teratoma	-	1	-	-	-	-
Serous		3	4	2	1	
PapillaryCystadenoma	-	5	-	2	1	-
CystadenoFibroma	-	1	2	2	1	-
Mucinous Cystadenoma	-	3	6	4	1	-
Mucinous Cystic Tumor	-	-	-	1	1	-
with Pseudo Myxoma Peritonei						
Benign Endometroid	-	-	-	1	1	-
Benign Clear Cell	-	-	-	2	1	-
Benign Brenner	-	-	-	2	1	-
Serous Borderline Papillary Cystic Adenoma	-	-	2	-	-	-
Borderline Intestinal Type Mucinous	-	-	-	1	-	-
Serous Cystadenocarcinoma	-	-	-	7	7	1
Mucinous Cystadenocarcinoma	-	-	-	4	3	1
Malignant Mullerian Mixed Tumor	-	-	-	-	1	2
Total	-	26	39	31	29	7

There was wide variation of age noted. Youngest patient was 21yrs and the oldest was 75yrs. Most common Benign tumors were noted in the age group of 21-40yrs - 65 cases (49.24%). Malignant tumors were common in age group of 41-50 years- 11 cases (8.33%).



Gross appearance of Papillary serous cystadenoma



Micrograph (H&E) of Papillary serous cystadenoma 40x



Cutsection of Serous cyst adeno fibroma



Micrograph (H&E) of serous cyst adeno fibroma



Cut section of Serous Cystadeno Cracinoma showing multiple Polypoid excrescences



Micrograph (H&E) of Serous cyst adeno carcinoma 40x

# DISCUSSION

The tumors of the ovary present with many problems due to their complex structure and they are biggest diagnostic challenge in the field of Gynaecological Oncology. The benign nature of the tumor to remain silent clinically for a long period of time, tests the Gynaecolgist. Though many workers have worked extensively in the field of ovarian tumor pathology, the wide variation in facts and figures, reflect the confusion prevailing in the area of tumor nomenclature and different morphological subtypes. In this study, an attempt has been made to study the histomorphology of tumors and correlate with other studies.

In the present study out of 132 tumors, 103 cases were benign. The study was similar to those reported in other studies.

# CONCLUSION

The hormonal status in women is variable. The endocrine system and traumatic injury during ovarian cycles make the ovary a prime site for tumorogenesis. High frequency of carcinomas occur in low parity.

Histopathological classification of ovarian tumors along with clinical staging forms an integral part of evaluation of optimum mode of therapy. Effective therapeutic management of ovarian malignant tumors continue to be a challenge to the oncologist. An accurate histopathological diagnosis combined with clinical staging will help in prompt and appropriate treatment of the patients.

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