Original Research Paper

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A RARE CASE REPORT ON BENIGN BRENNER TUMOR OF OVARY

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ABSTRACT Brenner tumour of ovary is a rare tumor with incidence of 1 % in postmenopausal patients. Brenner tumor is an uncommon neoplasm of the ovary first reported by MacNaughton-Jones in 1898. Brenner tumours are relatively rare fibroepithelial tumors composed of transitional-type cells, resembling urothelial cells, and account for 1.4–3% of all ovarian tumors with a mean age of 51.4 years (16–82 years).[3]

KEYWORDS :

INTRODUCTION :

- Ovarian neoplasms are divided into epithelial , germ cell , sex cord stromal depending upon tissue differentiation. Of these, ovarian epithelial carcinomas comprise 90 to 95% of all cases[1]. The ovarian Brenner tumour (BT) represents a rare epithelial ovarian neoplasm and accounts for 1-2% of all ovarian neoplasms[2]. The World Health Organization (2014) classifies them into benign, borderline/atypical proliferating, and malignant Brenner tumors based on proliferation and invasion.[4] .WHO classification of tumours of the female reproductive organs. Kurman RJ, Carcangiu ML, Herrington CS, Young RH, editors. IARC WHO Classification of Tumours. World Health Organization. 2014 [Google Scholar]

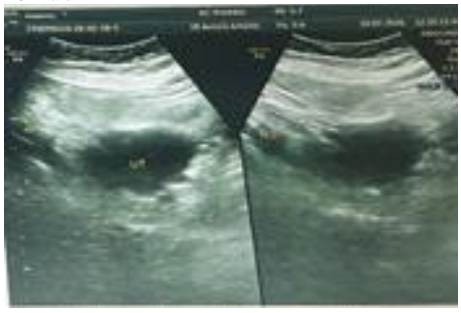
Case report :

A 56 year old menopausal female presented in gynaecology OPD with pain in lower abdomen for 1 week and swelling in lower abdomen for 1 month .She was a known case of hypertension for 5 years and was on antihypertensive medicines (metoprolol and amlodipine).

She was menopausal for 10 years. she was para 6 live 6 (all FTVDs). Tubal ligation was done 25 years back.

There was no history of diabetes mellites , tuberculosis , asthma or thyroid disorder.

There was no significant family history.
On examination
Abdominal obesity was present with no visible mass or veins
Uterus was just palpable at symphysis pubis
Per speculum examination
Cervix was hypertrophied and deviated to left side and white discharge was present
Per vaginum examination
Uterus size 12 to 14 weeks
Rt adnexal mass, about 6x7 cm with firm consistency felt. It was non tender
Left fornix was free.
Patient was admitted for evaluation and all investigations were sent.
Blood group -B positive
Hb -12.7 g%
TLC- 4.38mill/mm3
Platelet count-288thousand/micro-L
INR -1
TSH -2.22microIU/ml (WNL)
HBA1C -6.2u/ml (WNL)
Tumor markers
Inhibin B – 15.71 pg/ml(WNL)
CA 125 -7.24U/ml(WNL)
Beta HCG – 4.85mIU/l(WNL)
LDH – 168U/L(WNL)
CEA – 2.55ng/ml(WNL)
CA19.9 -14.20U/mL
Chest X ray -WNL
USG abdomen and pelvis
Right adnexal heterogenous hypoechoic mass lesion about 6.5 and 4.8 cm, with central moderate calcification with low resistance peripheral vascularity. uterus size 9.4x5.4x4.1 cm.
Endometrial thickness 7.8mm.Left ovary normal and cervix also appears normal.

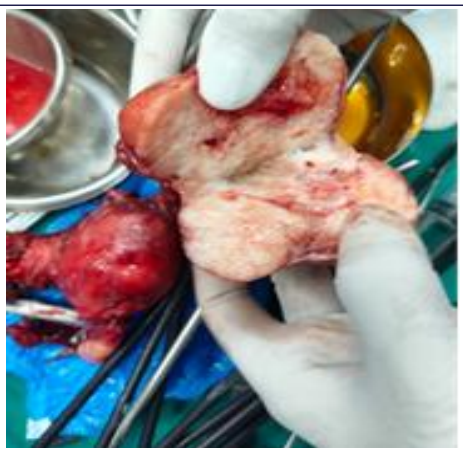


CECT findings were consistent with USG findings

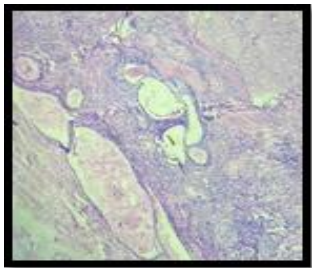
After all the investigations patient was planned for laparotomy and Exploratory laparotomy bilateral salpingo oophorectomy and total hysterectomy was done and specimen was sent for histopathology .Abdominal washings were also sent for cytology.

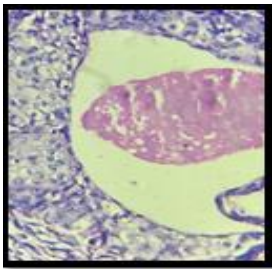
On gross examination uterus was large and myometrium was thickened with normal appearing endometrium on cut section with a solid rt ovarian mass about 6 x7 cm which was firm to hard in consistency and on cut section revealed greyish white color.

Cut section of ovarian mass



4X Histopathological view 10X Histopathological view





Fluid cytology revealed haemorrhagic smear with no malignant cells. Histopathology revealed features suggestive of Right Benign Brenner tumor .

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