Fibroma of the Ovary

Introduction:
Fibroma of ovary is most common benign ovarian tumour encountered in gynaecology practice. They tend to occur mostly during perimenopause and post menopause, the median age having been reported to be about 52 years and are rare in children. [3] Ovarian fibroma are reported to be unilateral in 90% of cases. [4] Preoperative accurate diagnosis is difficult since there is no specific characteristic symptoms. The ultrasonographic finding can not easily distinguish ovarian fibroma from uterine myoma. Being its solid nature and some time associated with ascites, confused with ovarian malignancy. Here is the 55 years old patient presented with lower abdominal mass with discomfort is treated with hysterectomy and bilateral salpingo-oophorectomy.

Case Report:
A 55 years old post menopausal women reported to our out patient department with complaints of mass abdomen. The mass was gradually increasing in size, but there is no history of pain in any form. She is known case of diabetes mellitus and on insulin for last three months. Prior to that she was on oral hypoglycemic agents. On examination, she has moderate body on insulin for last three months. Prior to that she was on oral hypoglycemic agents. On examination, she has moderate body mass index, blood pressure 120/80 and pulse rate 80 /min. She was discharged after a casual hospital stay. Cut section of specimen shows solid gray-white mass with whorled appearance.

Microscopically, ovarian fibromas are solid tumour comprising spindly fibroblastic cells. Celluler fibroma, which is a rare form of ovarian fibroma, can also occur. A tumour comprising cell close packed with nuclei with absent or minimal nuclear atypia and 1 to 3 mitoses/10 high power field is classified as celluler fibroma. A tumour showing moderate nuclear atypia and >3 mitoses/10 high power field has a malignant potential and is designated as a fibrosarcoma.

Discussion:
Ovarian fibroma, which belong to the group of sex cord-stromal cell tumour, are the most common benign solid tumour of the ovary. In almost all cases, they are benign and curable by surgical excision. The tumour generally occur in older women.

Since there are no characteristic symptoms and the ultrasonographic findings can not easily distinguish ovarian fibromas from the uterine myomas. Ovarian fibromas are often difficult to diagnose before surgery. One of the study reported only 21.7% were diagnosed accurately as ovarian fibroma, and some were misdiagnosed preoperative as uterine myoma.

Conclusion:
Ovarian fibroma are uncommon but are the most common benign solid tumour of the ovary. Treating doctors should be aware of this type of tumour because of the difficulties in preoperative and post operative period was uneventful and patient was discharged after a casual hospital stay. Cut section of specimen shows solid gray-white mass with whorled appearance.

ABSTRACT
An ovarian fibroma is a benign ovarian tumour of sex cord-stromal (mesenchymal) origin. Although fibroma accounts for 4% [1-2] of all ovarian neoplasms, they are the most common sex-cord ovarian tumour. These tumours generally occur in older women. Preoperative accurate diagnosis is difficult, since there is no specific characteristic symptoms. The ultrasonographic finding can not easily distinguished ovarian fibroma from uterine myoma. Being its solid nature and some time associated with ascites, confused with ovarian malignancy. Here is the 55 years old patient presented with lower abdominal mass with discomfort is treated with hysterectomy and bilateral salpingo-oophorectomy.
ervative diagnosis This tumour is often misdiagnosed as a uterine myoma in ultrasonographic findings and is some time mistaken for a malignant tumour of the ovary, because of its solid nature, increased tumour marker levels, and ascites. However ovarian tumour are benign in nature and can be treated completely by surgical removal.

(Figure-1) Cut section of ovarian fibroma

(Figure-2) Microscopic picture of ovarian fibroma

REFERENCE