

## A Rare Case of Left Ovarian Granulosa Cell Tumor in A Patient of 35 Year Age With Mullerian Agenesis With Past History of Huge Simple Serous Ovarian Cystectomy of Right Ovary 16 Years Ago: Case Report



### Medical Science

**KEYWORDS :** Mullerian agenesis, granulosa cell tumor, simple serous ovarian cyst, call Exner body.

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### ABSTRACT

*Mullerian agenesis accounts for approx. 10% of cases of primary amenorrhea. Granulosa cell tumors account for approx. 2% of all ovarian tumors. Incidence of mullerian agenesis with granulosa cell tumor of ovary is very rare.*

#### INTRODUCTION

Mullerian agenesis accounts for approx. 10% of cases of primary amenorrhea. It is the second most common cause of primary infertility after gonadal dysgenesis. Prevalence is 1 in 4000 female births. Mullerian agenesis is characterized by vaginal atresia associated with an absent or rudimentary uterus (Unicornuate / Biocornuate) and normal ovaries.

Granulosa cell tumors account for approx. 2% of all ovarian tumors.

They are found in prepubertal girls in 5% of cases, the remainder are found in women throughout their reproductive and postmenopausal years. These tumors are bilateral in only 2% of patients.

Incidence of mullerian agenesis with granulosa cell tumor of ovary is very rare.

#### CASE REPORT

A 35 year old woman, admitted in the Department of Obstetrics and Gynecology, RNT Medical College, Udaipur, Rajasthan on 31st Aug 2013. Patient complained of lump abdomen for 15 days.

**On General Examination:** Vitals were within normal limits.

**Marital Status:** Patient was married 10 years back.

**Past History:** Patient was the diagnosed case of mullerian agenesis. Had excision of huge right ovarian simple serous cyst (20cm x 16cm) in September 1997.

**Per Abdominal Examination:** Showed no palpable liver or spleen. There was a mass of approx. 14cm x10 cm on right side of lower abdomen.

**Investigations:** Hb=10.2gm/dl. Blood group B+ve, BT, CT, PT-INR, LFT, RFT were normal.

**USG:** There was a cystic mass with solid component 14.4cm x 10 cm with massive ascites.

After complete evaluation and investigations laparotomy was done.

Intraoperatively, we have found massive ascites which was drained and ascitic fluid was saved for cytology. Omentum was adherent to parietal peritoneum and studded with nodules. A chunk of omentum was excised and saved for biopsy; 2-3 friable masses of ovarian tissue were lying in peritoneal cavity (approx.

5cm x5 cm) saved for histopathological examination. Right ovary was absent due to previous cystectomy in 1997. Uterus was absent due to mullerian agenesis. Left infundibulopelvic ligament clamped, cut & ligated and ovarian tissue attached to it excised and saved for histopathological examination.

The postoperative period was uneventful. The patient was discharged on the 7th postoperative day.

**Histopathological examination** of the surgical specimen showed presence of multiple compact lobules of variable sizes separated by thin fibrous septa.

The lobules comprise of pleomorphic cells having scanty cytoplasm. However, indistinct coffee bean appearance and Call Exner bodies seen occasionally. Few tumor giant cells were also seen (Fig: 1).

Section from the lymph nodes in omentum show features of metastatic carcinoma, suggestive of granulosa cell tumor with metastasis in omental lymph nodes. So, the patient was considered for postoperative chemotherapy which includes

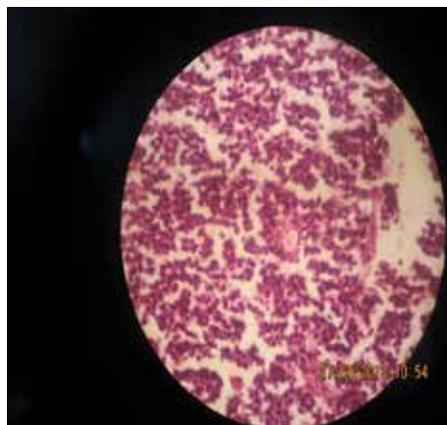
Bleomycin 30 units on day 1, 8 and 15.

Etoposide 130 mg for day 1-5.

Cisplatin 20mg/m<sup>2</sup> for day 1-5.

Cycles were repeated every 21 days. Total 3 cycles were given.

Till now the patient is living normal life without any complains or complications.



**Figure 1: Granulosa cell tumor of ovary-Note the classic Call Exner body with minimal stromal component.**

**DISCUSSION**

Although uterus was absent due to mullerian agenesis, still the ovaries were functional throughout the life and lead to simple serous cyst in right ovary many years ago. At that time left ovary was healthy. Sixteen years later, left ovary developed granulosa cell tumor with metastasis to pelvic lymph nodes.

10% of cases are associated with ascites and rarely, pleural effusion is present. Adult granulosa cell tumors have a prolonged natural history and a tendency towards late relapse, reflecting their low grade biology.

10 year survival rates of about 90% are reported, with 20-year survival rates dropping to 75%.

**REFERENCES**

- [1] Gell JS. Mullerian anomalies. *Semin Reprod Med* 2003; 21:375-388.
- [2] Schumer ST, Cannistra SA. Granulosa cell tumor of the ovary. *J Clin Oncol* 2003; 21:1180-1189.
- [3] Al-Badawi IA, Brasher PM, Ghatage P et al. Postoperative chemotherapy in advanced ovarian granulosa cell tumors. *Int J Gynecol Cancer* 2002; 12:119-123.