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PRIMARY SEROUS CYSTADENOFIBROMA OF FALLOPIAN TUBE IN POSTMENOPAUSAL WOMAN- DIAGNOSIS & CLINICAL IMPLICATIONS

Histopathology

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ABSTRACT

Introduction: Cystadenofibromas are commonly encountered benign neoplasms of ovary but their occurrence in fallopian tubes is rare. These lesions have a benign prognosis and excision has proven to be sufficient. They are mostly asymptomatic and rarely exceed 1cm in size. **Case Report:** A 72 years old female P2L2 presented with intramural fibroid and total abdominal hysterectomy with bilateral salphingectomy was done. Apart from the leiomyoma, a small greywhite tumor measuring 0.7cm was noted in fimbrial end of one of the fallopian tube. Microscopy revealed cystic areas and stromal proliferation as papillary fronds with benign tubular glands embedded in them. There was no cytological atypia or signs of chronic hemorrhage. The case was diagnosed as Serous cystadenofibroma of fallopian tube. **Conclusion:** Serous cystadenofibromas occurring at such unusual sites can be missed out or could be a cause of confusion for pathologists. Hence, documentation of such rare cases can improve their incidence at rare sites. This case report is submitted for the same.

KEYWORDS

Serous cystadenofibroma, fallopian tube, case report, fimbriae, mullerian origin

INTRODUCTION:

Cystadenofibromas are commonly seen tumors of ovary, but their occurrence in fallopian tubes is a rare phenomenon [1]. The tumors are not yet explored in literature and can be misdiagnosed as premalignant lesions. The recent WHO classification of female genital tract highlights that it is a benign tumor with a good clinical outcome. [2] Certain cases with these tumors masquerading as ectopic pregnancies[7] can result in misdiagnoses. Hence, there is a need to emphasize the incidence of such cases with low malignant potential at uncommon locations.

Case Report:

We present a case of a 72 years old female P2L2 who was admitted for elective myomectomy identified on routine ultrasonogram. There was no significant family history. Total abdominal hysterectomy with bilateral salphingo-oophorectomy was done and the specimen was sent for histopathological examination. On gross examination, uterus showed a large intramural fibroid measuring 13x8.5x5cm. Bilateral salphingo-oophorectomy specimen were sent separately. One of them showed a small greywhite mass measuring 0.7x0.7cm near the fimbrial end. Cut surface showed firm greywhite areas with tiny clefts.(Fig1)

Histopathological examination of the tiny mass showed a neoplasm with thin walled cystic spaces lined by flattened to cuboidal epithelium with irregular papillomatous surface(Fig2).Surrounding stroma showed sclerotic areas with tubular glands lined by flattened epithelium embedded in them. Focal area showed hyalinisation and calcification. There was no cytological atypia noted. (Fig3) Postoperative condition of the patient was uneventful and was discharged after 6days postop. Follow-up visits showed complete recovery.

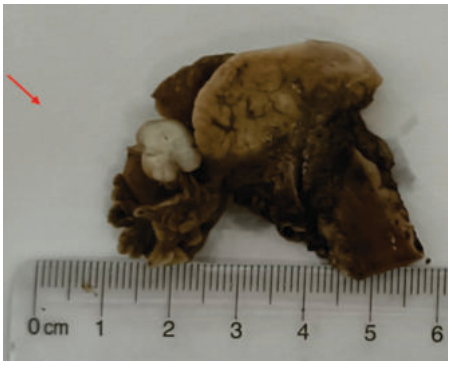

Fig.1 shows ovary with fallopian tube. A tiny greywhite firm tumor is seen attached to fimbrial end of fallopian tube

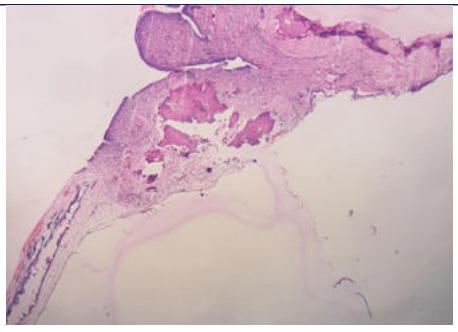

Fig 2. Shows cystic area lined by flattened epithelium.Adjacent areas show proliferating stroma with areas of calcification (10x view, H&E stain)

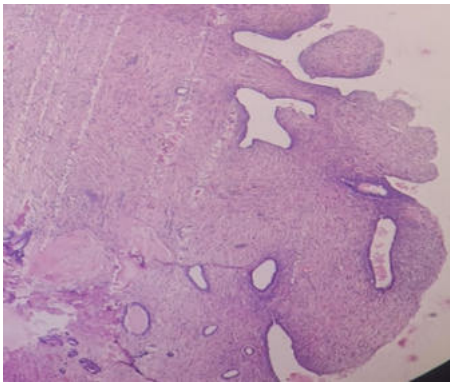

Fig 3. Shows proliferating stromal fronds with tubular glands embedded in them (10x view, H&E stain)

DISCUSSION:

Cystadenofibromas are commonly seen tumors of ovary, but their occurrence in fallopian tubes is a rare phenomenon. The pilot case was reported by Iwanow who termed it as Cystadenofibroma papilliferum [3]. These are asymptomatic and incidentally noted tumors with only 18 cases reported in literature [4]. Most of the tumors are less than 1cm. Only 3 cases with size more than 8cm have been reported in literature [5,6]. This is why most of them are missed out during routine radiological examinations. Also, the presence of concurrent tumors at adjacent sites mask their presence. Larger and symptomatic tumors make pre-operative diagnosis difficult [7]. Ectopic pregnancies should be also ruled out in reproductive women owing to the confusion by the

subepithelial location of the tumors during ultrasonography [8]. Excision provides treatment completion with cases reported to have had children post operatively [5,9].

Cystadenofibromas are usually found near the fimbriated end of the fallopian tube either within the lumen or on the serosal surface. Most of the patients are operated for leiomyomas, like in our case, wherein the adenofibromas were found incidentally [3,10,11,12]. Apart from ovary, cystadenofibromas are known to be reported in cervix ,endometrium, and intramural part of fallopian tubes [13,14] .Of all, Fallopian tumors are the rarest site for these tumors. The benign tumors of fallopian tube are analogous to their ovarian counterparts. Silverman et al [16] in 1978 speculated that cystadenofibromas could be an unusual form of paramesonephric duct cyst but in 2003, Guburz et al did a panel of immunohistochemical markers and concluded that these tumors are of mullerian origin rather than that of wolffian origin. [17,10,11]

The differential diagnoses include serous tumor of low malignant potential and borderline serous tumors. The epithelial stratification, nuclear atypia and hyperchromasia seen in these tumors will be absent in cystadenofibromas. Also the absence of endometrial stroma and hemosiderin laden macrophages differentiates it from salphingo-endomteriosis [18].

Serous cystadenofibromas are reported to have a benign clinical course. Simple excision of the tumor is sufficient. Until date, there are no cases reported with confirmed malignant potential. Thorough grossing of uterine specimens with a lookout for tiny tumors near fimbrial end of fallopian tubes is essential. This would aid in avoiding missing out the documentation of these tumors [4]

CONCLUSION:

Serous cystadenofibromas are benign tumors of the fallopian tube which are yet to be studied in detail. The clinical course of this tumor is entirely benign with a very low malignant potential. So, The familiarity of these tumors will help in avoiding them being misdiagnosed as premalignant entities.

Conflicts Of Interest: None

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