



ORIGINAL RESEARCH PAPER

Gynaecology

A RARE CASE REPORT OF COLLISION TUMOUR OF OVARY

KEY WORDS: Collision tumour, ovary, mucinous cystadenoma, dermoid cyst.

Dr. Bandana Shyam Gohain

Assistant Professor, Department of Obstetrics and Gynaecology, Silchar Medical College and Hospital, Silchar, Assam.

Dr. Rocky Saha*

Senior Resident, Department of Obstetrics and Gynaecology, Silchar Medical College and Hospital, Silchar, Assam. *Corresponding Author

ABSTRACT

Collision tumours represent a coexistence of two adjacent but histopathologically distinct tumours, without admixture in same tissue or organ. These tumours are rarer in various organs and rarer in ovary. It is important to correctly diagnose component of tumour for further management and favourable prognosis.

CASE REPORT:

A 28 years old lady, para 1+0, female presented with complains of pain and abdominal lump for past 6 months with regular menstrual cycles. On physical examination, abdomen was soft and a mobile left adnexal mass felt. Routine haematological investigations were unremarkable. On USC, mass of 8x11x7cm noted in pelvic cavity. MRI pelvis findings was large multiloculated cystic lesion measuring 8.9 x 11.7 x 7.3 cm noted in pelvic cavity in left adnexa. The lesion shows T1 hypointensity and variable hyperintensity in T2 on left side of lesion, part of lesion on right side shows T1 hyperintensity which get suppressed on T1FS. Right ovary separately visualized.

The patient underwent left salpingoophorectomy. On gross examination, tumour measured 8.5x11.5x7 cm. The outer surface was smooth and cystic. Cut surface showed multiloculated cysts filled with mucin along with areas showing pultaceous material, fatty tissue and hair. Sections from the multiloculated cyst revealed cyst wall lined by a single layer of mucin secreting tall columnar epithelium. Sections from the teratoid part showed hair shafts, adipose and muscle tissues. Sections from solid part of left ovary revealed respiratory epithelium, cartilage, mucus secreting glands and neural elements.

cystadenoma and Sertoli-Leydig cell tumor, granulosa cell tumor and ovarian hepatoid carcinoma, granulosa cell tumour and endometrioid carcinoma. Each component of collision tumors occur coincidentally with no connection, and the biologic behavior depends on their own tumor characteristics. Histopathologist, Gynaecologists to be aware of existence of such rare collision tumours and recognition of such tumours are important as they will be helpful in appropriate treatment. The factors which should be considered for further management after surgery are the types of component, most aggressive component and the stage of tumour which will determine the prognosis.

REFERENCES :

1. Bige O, Demir A, Koyuncuoglu M, Secil M, Ulukus C, Saygili U. Collision tumor: serous cystadenocarcinoma and dermoid cyst in the same ovary. Archives of gynecology and obstetrics. 2009 May 1;279(5):767-70.
2. Singh AK, Singh M. Collision tumours of ovary: a very rare case series. Journal of clinical and diagnostic research: JCDR. 2014 Nov;8(11):FD14.
3. Karki D, Karki S, Adhikari P, Dahal M, Adhikari M, Adhikari B. Collision tumor of ovary: A rare entity. Asian Journal of Medical Sciences. 2018 Jul 2;9(4):61-4.
4. Sharma N, Santa Singh A, Raphael V. Collision Tumor of Ovary-A Rare Entity.

In our case both components of collision tumour are benign.



Intra-operative picture of collision tumour



Cut section of collision tumour

CONCLUSION:

Teratoma is one of the most common component of collision combination in ovary. Pathogenesis of collision tumour has remained controversial. Various combinations have been reported such as combinations of cystadenocarcinoma and dermoid cyst, teratoma and mucinous cystadenoma, serous cystadenocarcinoma and teratoma, carcinosarcoma and dermoid cyst, choriocarcinoma and cystadenoma, sarcoma and mucinous tumor, sarcoma and serous carcinoma, serous