ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

A CASE REPORT ON MUCINOUS CYSTADENOFIBROMA OF OVARY IN POST-HYSTERECTOMY

KEY WORDS: Mucinous cystadenofibroma, Ovary, Benign, Post-hysterectomy

Dr. Arthi. G* PG Resident Obstetrics and Gynecology. Karapaga Vinayaga Institute of Medical Science and Research Centre, Chinna Kolambakkam. *Corresponding Author

Dr. S. N. S. Minnalkodi HOD & Professor Obstetrics and Gynecology. Karapaga Vinayaga Institute of Medical Science and Research Centre, Chinna Kolambakkam.

ABSTRACT

Mucinous cystadenofibroma of ovary is a rare benign tumor. A 55-year old post-hysterectomy woman with ovarian mucinous cystadenofibroma, diagnosed as benign cystic lesion prior to surgery. Patient successfully underwent excision of cyst.

INTRODUCTION:
Ovarian cystadenofibroma is a uncommon benign tumour that contains epithelial and fibrous stromal components. Most of the reported ovarian cystadenofibromas were benign.

Case Presentation:
55yrs old, P3L3, Post hysterectomy, came with the C/O abdominal distension for 6 months, gradually progressive, not associated with pain. H/o loss of weight and apetite present.

Examination:
- **General examination :**

Conscious, oriented, not anemic, not jaundiced , no supraclavicular/ inguinal lymphadenopathy, no pedal edema.
Breast and thyroid examination - normal

Presenting vitals :
Heart rate - 78beats /min, normal volume, regular rhythm
Blood Pressure - 110/70 mmHg
Spo2 - 99% at room air
Respiratory rate - 16 cycles /min

- **Systemic examination :**

Cardiovascular system - S1, S2 heard, No murmurs
Respiratory system - Bilateral air entry present
Central nervous system - No focal neurological deficit

Abdominal examination :
Inspection:- Abdomen distented, all quadrants moves equally with respiration, midline vertical scar present, no dilated veins, hernial orifices free.

Palpation:– A cystic mass of around 26*24*12 cms extending upto supraumbilical region, occupying right & left illiac fossa non tender, smooth surface, lower border of mass felt, mobility restricted, no organomegaly.

Percussion:- no shifting dullness/fluid thrill
- Per speculum examination : Vault healthy
- Per vaginal examination : Both right and left fornix fullness present, Cystic mass felt in right fornix
- Per rectal examination : Rectal mucosa free, no nodules felt

Investigation:-
- Complete haemogram, Renal function test, Liver function test, Thyroid function test – Within normal limits
- CA 125 - 89.4 U/ml
- CEA - 3.4 ng/ml
- USG Abdomen and Pelvis –Post hysterectomy status. A cystic mass of around 22*20*16 cms with internal echoes & septations without internal vascularity. Both ovaries not seperately seen. S/o Large ovarian complex cyst.
- Intravenous Pyelogram (IVP): Normal excretion of contrast in both kidneys. Right upper ureter displaced laterally. Non visualization of distal half of upper ureter, mid ureter and distal ureter on both sides.
- Vault smear report – normal study
- Chest X-Ray – normal

CECT whole abdomen: Large well defined multiloculated cystic lesion with multiple thick and thin septations of 16.1x19.8x18.8 cms extending from epigastrium to pouch of douglas displacing the adjacent bowel loops, abutting and displacing the right ureter laterally and indenting the urinary bladder inferiorly. Post -hysterectomy status. Minimal ascites.

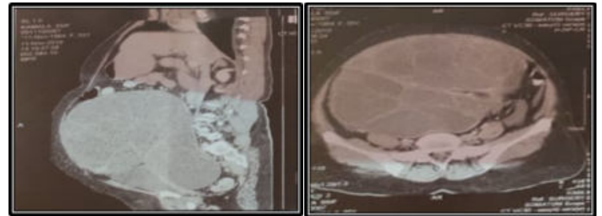


Image 1 - Mri Images

Treatment :
Laparotomy With Excision Of Cyst
In supine position, abdomen opened in midline. Large multi loculated cyst of size 17*20 cms occupying the abdomen & found arising from the mesentry of sigmoid colon. Cyst decompression done, which showed mucinous material with both cystic and solid elements. Cyst wall excised. During mobilization & excision of cyst wall, small tear found in the seromuscular layer of sigmoid, and the same sutured.

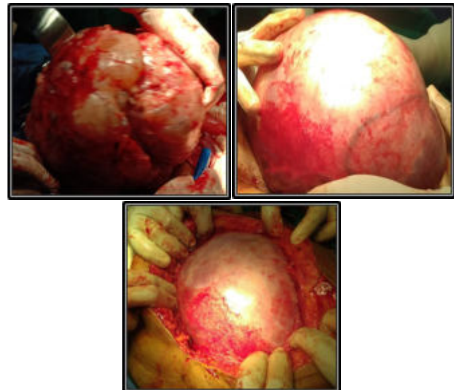


Image 2 - Intraoperative Images

Histopathology :

Mucinous Cyst Adenofibroma Of Ovary

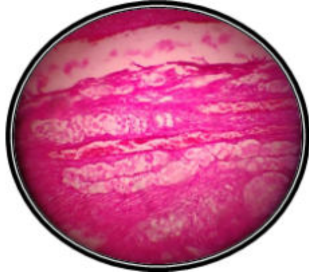
Gross:

Cyst measuring 23x20x5cms. Brownish mucoid material let out. Cut section multiple cystic lesions filled with mucoid material. No papillary projections.

Microscopy:

Cyst lined by columnar cells which are engorged with mucinous material. The stroma is spindle celled arranged in wavy bundles. A focal excuberant collection of fibrocollagenous tiossue with areas of hyalinization.

Histopathology Images



DISCUSSION:

- Ovarian cystadenoma is common benign tumour but cystadenofibroma is relatively rare.
- Primary ovarian cystadenofibromas occurs between 15 and 65 years.
- These tumours account for approximately 1.7% of all benign ovarian neoplasms.
- It is a type of surface epithelial tumour.
- These tumours are classified into serous, endometrioid, mucinous, clear cell and mixed categories, based on the type of epithelial cell present.
- These tumors present as multicystic mass with solid components and have a gross appearance, hence it is difficult to distinguish it preoperatively from malignant neoplasms.
- In ultrasonography, uniocular or multilocular both solid and cystic structures which may be purely anechoic or contain septations, papillary projections or solid nodules and difficult to differentiate from malignancy.
- MRI may be an essential modality for diagnosing this tumour, especially when the characteristic "black sponge" appearance is observed on T2 weighted images.
- Positive Stains : CEA, keratin, EMA, amylase (20%) and usually CK7+/CK20-
- Management – Oopherectomy
- On table frozen section biopsy avoids extensive surgeries.

CONCLUSION:

The patient did not receive any additional treatment beyond regular follow-up.

This case is being presented because ovarian cystadenoma is more common but cystadenofibroma of ovary is rare.

REFERENCES

1. Cho SM, Byun JY, Rha SE, Jung SE, Park GS, Kim BK, et al. CT and MRI findings of cystadenofibromas of the ovary. Eur Radiol. 2004;14:798–804.
2. Korbin CD, Brown DL, Welch WR. Paraovarian cystadenomas and cystade nofibromas: sonographic characteristics in 14 cases. Radiology. 1998;208 (2): 459-62.
3. B. Czernobilsky, R. Borenstein, and M. Lancet, "Cystadenofibroma of the ovary. A clinicopathologic study of 34 cases and comparison with serous cystadenoma," Cancer, vol. 34, no. 6, pp. 1971–1981, 1974.
4. Alcázar JL, Errasti T, Mínguez JA, Galán MJ, García-Manero M, Ceamanos C. Sonographic features of ovarian cystadenofibromas: spectrum of findings. J Ultrasound Med. 2001;20:915–19.
5. Outwater EK, Siegelman ES, Talerman A, Dunton C. Ovarian fibromas and cystadenofibrornas: MRI features of the fibrous component. Journal of Magnetic Resonance Imaging. 1997;7(3):465–471