



**ORIGINAL RESEARCH PAPER**

**Pathology**

**A RARE CASE OF BILATERAL OVARIAN FIBROMA ARISING FROM OVARIAN STROMA: HISTOPATHOLOGY CASE REPORT**

**KEY WORDS:** Ovarian tumor, Fibroma, Spindle cells, Storiform pattern

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**ABSTRACT**

**INTRODUCTION:** Ovarian fibroma is a solid tumor that belongs to sex-cord stromal cell tumor of ovary commonest benign tumor of ovarian stroma. **CASE REPORT:** A 43-year-old female admitted in obstetric and gynecology department with complain of abdominal pain for 2 months and heavy menses. **DISCUSSION:** Ovarian fibroma are common benign ovarian tumor accounts for approximately 1-4% of ovarian tumor usually unilateral but bilateral ovarian fibroma is rare entity. Large ovarian fibroma can be associated with ascites and right sided pleural effusion (Meigs syndrome).

**INTRODUCTION:**

Ovarian fibroma is a solid tumor that belongs to sex-cord stromal cell tumor of ovary commonest benign tumor of ovarian stroma (1-4% of ovarian neoplasm) usually unilateral (90% cases) bilateral ovarian fibroma is rare. It occurs almost all the age groups of female but most commonly affects women after puberty average age group 48 years. They are solid, spherical or slightly lobulated, encapsulated, hard, grey-white masses covered by glistening intact ovarian serosa with average diameter of about 6cm and microscopically it comprises of spindle shaped fibroblastic cells and abundant collagen.

**CASE HISTORY:**

A 43-year-old female admitted in obstetric and gynecology department with complain of abdominal pain for 2 months and heavy menses. After hysterectomy biopsy sent for histopathological examination. Specimen received in 10% formalin consist of uterus with bilateral fallopian tube and ovary.

**GROSS EXAMINATION:**

Uterus with cervix with bilateral separated fallopian tube and ovary are received.

Ovary I: A 7x5x3cm sized ovary shows 5x4x3cm & 1x1cm sized mass with 1.5x1cm sized cyst. On cut section of mass it shows whitish, homogenous areas.

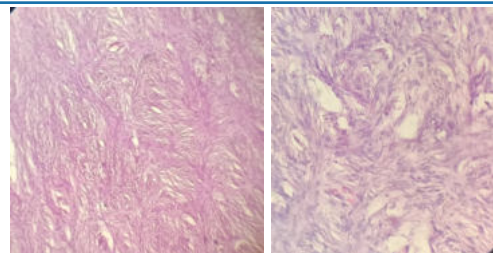
Ovary II: A 4.5x3x2cm sized ovary shows 1x1cm sized mass. On cut section of mass it shows whitish, homogenous areas.



**Fig 1: Gross appearance of ovary**

**MICROSCOPIC EXAMINATION:**

Studied section from both ovaries shows proliferation of closely packed spindle shaped cells in ovarian stroma, cells are arranged in storiform pattern. Cells having bland nucleus and eosinophilic cytoplasm.



**Fig 2: Microscopic appearance of ovary in low power and high power view**

**DIAGNOSIS:** "Benign ovarian stromal tumor :Fibroma"

Proliferation of closely packed spindle shaped cells in ovarian stroma, cells are arranged in storiform pattern. Cells having bland nucleus and eosinophilic cytoplasm.

**DISCUSSION:**

Ovarian fibroma are common benign ovarian tumor accounts for approximately 1-4% of ovarian tumor usually unilateral.

Fibromas are solid, lobulated, firm, uniformly white and not accompanied by adhesions. Grossly fibroma have a similar appearance to Thecoma, Brenner tumor and Krukenberg tumor.

Fibromas are composed of closely packed spindle cells arranged in feather-stiched or storiform pattern. Hyaline bands, edema and hyaline globules may be seen.

Some fibroma occurs in young women with Gorlin syndrome are calcified, usually bilateral and often multinodular. Fibroma with high degree of cellularity referred as cellular fibroma. Some of have conspicuous mitotic activity and these may be diagnosed as Mitotically active cellular fibroma.

Cytogenetically fibroma and thecoma have been found trisomy of chromosome 12 in minority of the tumor cells. Large ovarian fibroma can be associated with ascites and right sided pleural effusion (Meigs syndrome).

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