

Adenofibroma of Fallopian Tube in Pregnancy: A Rare Case Report

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Abstract

Adenofibroma of fallopian tube are benign and rare tumor which are usually asymptomatic and discovered incidentally. We report a case of large fallopian tube adenofibroma which was discovered during lower segment caesarean section and managed by conservative surgery only without the need of salpingectomy.

Introduction

Benign and malignant neoplasm of fallopian tube are uncommon. Adeno-fibromas are benign, solid, rare, fallopian tube tumor which are analogous to adenofibroma of ovary¹. Most common benign fallopian tube tumor is adenomatoid tumor of less than 1 cm.² Till now only three cases of fallopian tube Adeno-fibroma with pregnancy are reported in literature³. These tumors are usually asymptomatic, require only tumor excision. We report a case of large fallopian tube adenofibroma, discovered incidentally during caesarean section in which we have removed the tumor only, fallopian tubes and fertility well preserved.

Case report

21 year old G2 female with 39 weeks pregnancy was planned for elective caesarean section in view of previous caesarean section with short inter pregnancy interval. Her

previous baby was still birth and caesarean section was done due to major degree of placenta Previa. After doing caesarean section in usual way, as per protocol bilateral fallopian-tubes and ovaries were examined and it was observed that Fimbria of left fallopian tube had a solid papillary growth of size 9×4 cm (Figure 1,2). Right fallopian tube and both ovaries were normal. Abdominal palpation of under surface of diaphragm, liver, ascending colon, descending colon, pouch of Douglas were done and found apparently normal. Fimbria growth sent for frozen section which revealed benign nature. Seeing the young age, one live issue, gross appearance of the growth and frozen section report decision in favour of excision of growth only was taken so that fertility of patient can be preserved. Post-operative period was uneventful. Histopathology of excised growth revealed adenofibroma with congested decidualized stroma with mixoid degeneration. (Figure-3)

Discussion

Fallopian tube neoplasms are rare. Mostly they are present in lumen of the tube and infundibulum and Ampullary region but in some cases these tumors may be seen at Fimbria. In our case adenofibroma of left fallopian tube was seen at Fimbria. Usually these tumors are small. 5-

3cm may be cystic with coarse capillary excrescences, tumors have benign course and no malignant potential and usually asymptomatic. In a first case reported by Kanbour 4, intramural portion of fallopian tube was involved. Most of these tumors are benign mixed mullarian origin analogous to tumors of cervix and ovary⁵ Fallopian tube adenofibroma less than 3mm are incipient adenofibroma. In both adenofibroma and incipient adenofibroma stromal cell proliferation and, glandular cell proliferation are inhibin and CD10 positive. In a case reported by Pandey et al⁶ incidental finding of left Fimbrial cyst during lower cesarean section was cyst adeno-fibroma. In present case size of tumor was large (9cm×4cm with solid, papillary excrescences. Gross appearance of fallopian tube was normal and patient had only one live child so only excision of growth was done without altering the integrity of fallopian tube. It was a incidental disc ovary but needs reporting because of rare association of tumor with pregnancy and management done by excision of tumor and preserving the fertility.

Conclusion

Adeno-fibromas are benign tumors and if we are not aware of the entity we may we go ahead with salpingectomy even in young females.

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Legends Figure



Figure 1: Gross appearance of fimbrial growth

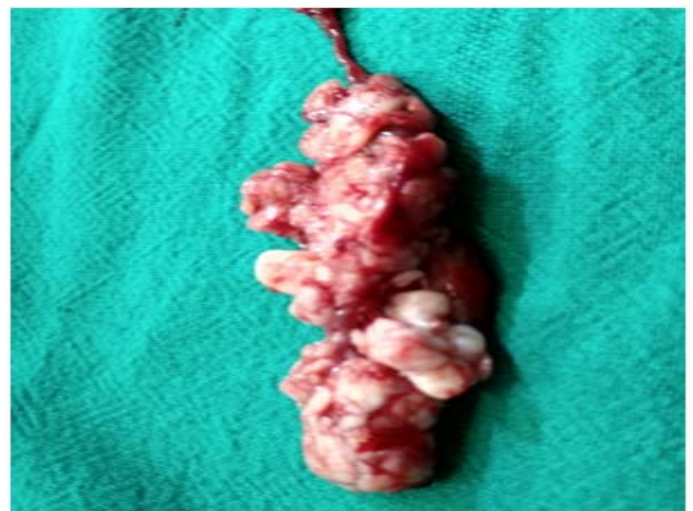


Figure 2

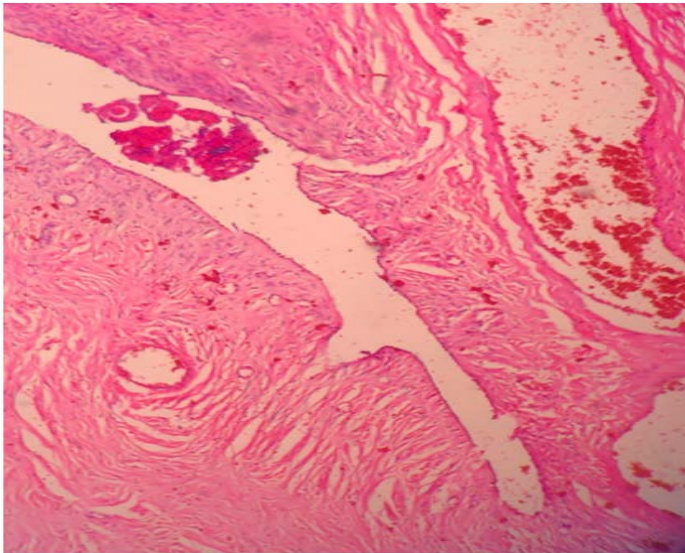


Figure 3: Histopathological examination shows Adeno-fibroma with decasualization of stroma with congestion