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Giant Seromucinous Cystadenoma of Ovary: Case report

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Abstract

Seromucinous tumours are extremely rare, cystadenomas accounts for 1% of benign epithelial tumours. These tumours are seen in late reproductive group, diagnosed incidentally. We report a rare case of 45yr old women with giant benign ovarian cyst exhibiting features of both serous and mucinous cells. Conclusion: Seromucinous cystadenomas have unique clinicopathological independency and prognosis from that of other epithelial tumours. Thus reduces mismanagement in treatment and aids in search of other endometriosis or other related lesions.

Keywords: ovarian cystadenomas, Seromucinous tumours, benign.

Introduction

Epithelial ovarian tumour is the most commonly encountered malignancy in day to day practise. These tumour types, which account for 98% of ovarian carcinomas, can be reproducibly diagnosed by light microscopy[1].

Seromucinous tumours are extremely rare, cystadenomas accounts for 1% of benign epithelial tumours. These tumours are seen in late reproductive group, diagnosed incidentally. [2]

Case Report

45year old women presented with the complaints of abdominal distension and lower abdominal pain in the lumbar and iliac region since 2 months. She had undergone vaginal hysterectomy 20years back. Known case of diabetes mellitus, hypothyroidism on treatment. Per abdominal examination revealed tense, nontender and distended abdomen. Bowel sounds and rectal examination were normal. CT Scan revealed a huge pelvo-abdominal multiloculated solid cystic lesion about 16x23x29cm. Serum CA125 levels was increased (51U/ml). On exploration laprotomy, per operatively a

huge pelvo-abdominal mass was found arising from left ovary reaching up to xiphisternum, was excised in-toto, along with that right salphingo-oophorectomy, omentectomy and bilateral pelvic lymph node dissection was done and sent for histopathological examination. Minimal Ascitic fluid was drained from the intraperitoneal cavity was also sent for malignant cytology. Histopathological Examination: Gross Examination-5 containers were received. Container 1 showed an intact left ovarian cyst measuring 34x29x14.5cm without fallopian tube. The cyst was capsulated, glistening with congested capillaries. No papillary excrescences were identified. On cut section, the ovarian cyst was multiloculated, exudes predominantly pale yellow serous fluid with some of the cyst filled with mucous fluid. Inner wall of the cyst was smooth. Focal solid areas noted in the wall, cut surface revealed tiny multiloculated cystic areas (Fig. 1). Other containers had right tube and ovary, omentum and bilateral fallopian tubes with unremarkable findings. Multiple sections were taken from the left cyst, right adnexa, omentum and lymph nodes. Sections from left ovarian cyst showed cyst wall, which was lined by admixture of cuboidal epithelium andciliated columnar epithelium (Fig. 2). In addition to it the cyst wall was also lined by tall columnar mucinous cells (Endocervical - type) (Fig. 3). The sub epithelium reveals fibromatous stroma with congested blood vessels. Right adnexa revealed normal histology. Ascitic fluid also showed negative for malignant cells.

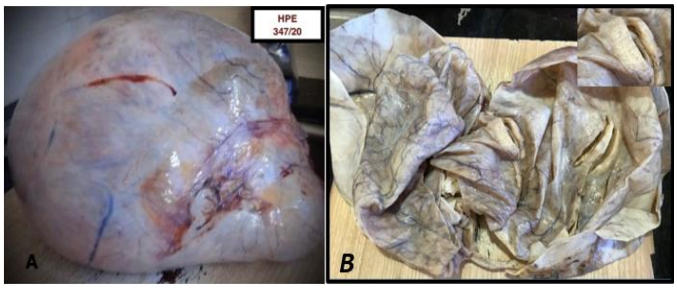


Fig 1: A- Cyst with intact capsular surface.
B- Multiloculated Cyst with Smooth inner surface

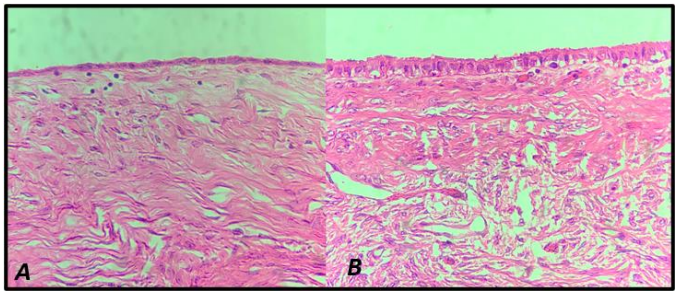


Fig 2: Cyst lined by cuboidal epithelium in A and Ciliated Columnar Epithelium in B (H and E, 40X)

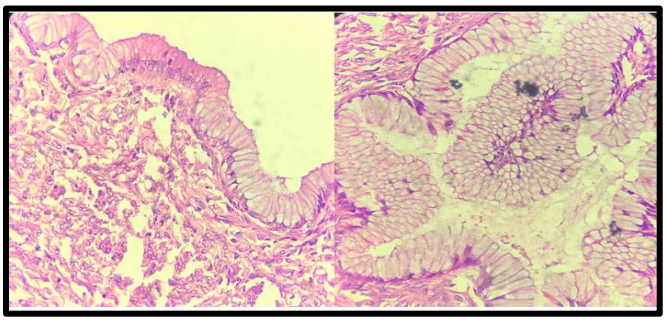


Fig 3: Endo-cervical type mucin secreting tall columnar epithelium. (H and E, 40X)

Discussion

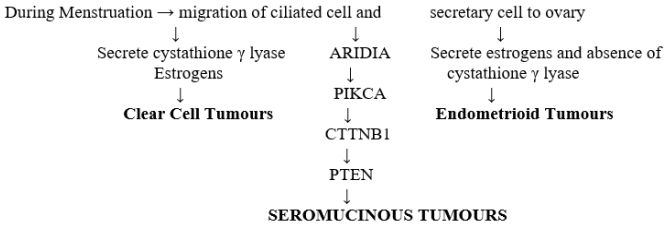
Seromucinous ovarian tumours are rare and not adequately described in the literature. They are categorized as benign, borderline or carcinomas, are rare neoplasms formerly classified with mucinous tumours, as the Mullerian or Endocervical subtype, but now comprise a new category of ovarian epithelial tumours in the 2014 World Health Organization (WHO) classification[2,3].

Seromucinous Cystadenomas are also called mixed Mullerian tumour and are benign, non-metastasizing

mixed epithelial neoplasm. It is characterized by the presence of more than one epithelial cell type, most often serous and Endocervical-type mucinous. In our reported case showed similar features without atypia and invasion.[4,5]

The histogenesis of Seromucinous tumours, clear cell carcinoma and endometrioid carcinomas are closely associated with endometriosis. Mutation of ARIDIA and loss of heterozygosity of phosphatase and tensin homolog deleted from chromosome 10 are seen in cells of endometrioid cyst, which were similar to Seromucinous, clear cell carcinoma cells [2,6].

Tumorigenesis related to endometriosis.[6]



Conclusion

Seromucinous cystadenomas have unique clinicopathological independency and prognosis from that of other epithelial tumours. Thus reduces mismanagement in treatment and aids in search of other endometriosis related lesions.

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