International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Gopalkrishnan T. Int J Reprod Contracept Obstet Gynecol. 2024 Aug;13(8):2144-2145
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20241970

Case Report

Ovarian fibroma thecoma with serous cystadenoma-an unusual combination in young patient: a case report

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Received: 27 June 2024
Accepted: 12 July 2024

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ABSTRACT

The article is a case report of a 16-year-old patient who came to tertiary care centre in western part of India with a case of ovarian tumor with torsion. The ovarian mass was a composite tumor of ovarian thecoma fibroma and serous cystadenoma. The detection of ovarian mass was made with ultrasonography and CT scan. Her tumor markers were not raised. The patient was managed surgically with ovarian mass removal along with removal of non-salvageable ovary. The present literature has very few cases of ovarian thecoma fibroma with serous cystadenoma and there is no such case occurring at a young age of 16 years. Such a case needs to be kept in mind when dealing with ovarian masses in young age as a solid mass with a cystic tumor may raise a suspicion of malignancy in preliminary evaluation. Also, further evaluation is necessary as to occurrence of such composite tumors and that too in younger age groups.

Keywords: Ovarian firboma thecoma, Ovarian serous cystadenoma, Ovarian mass in young age, Composite ovarian tumor, Ovarian torsion

INTRODUCTION

Ovarian fibroma thecoma group is a rare tumor constituting less than 3% of ovarian neoplasia.[1] It has been rarely associated with other more common ovarian tumors like serous cystadenoma. Both these tumors occur more frequently in the perimenopausal age group. The common symptoms of ovarian tumors are abdominal pain and lump in abdomen. Benign tumors rarely have a raised tumor marker panel. Ovarian tumors, especially with a solid component, have a high risk of presenting as ovarian torsion, with an acute abdomen.

This is a case report of a 16-year-old female presenting at a tertiary care center in western part of India with ovarian fibroma thecoma with associated serous cystadenoma with accompanied torsion who was managed surgically.

CASE REPORT

A 16-year-old unmarried female, nulliparous, came to the clinic of gynecology at a medical college and hospital in western region of India complaining of pain in the abdomen for one month with palpable abdominal distension. On elaborating the history, she had an acute pain, sharp and shooting in character in the left hypogastrium along with vomiting 1 week before presenting to us. On examination, she had stable vitals, per abdomen there was a mass reaching 2 cm below the umbilicus, cystic and mobile from side to side as well as upwards and downwards.

Per speculum and per vaginal examination was not done as the patient declined. She was admitted to the ward for further evaluation. Her AFP and CA125 were normal. Her ultrasound examination suggested a solid lesion arising from the right ovary of maximum diameter 12 cm and a cystic mass in communication with the solid mass of maximum diameter of 14.5 cm. The right ovary did not show any internal vascularity indicating possibility of torsion.

Her CECT report suggested two well defined lesions from which the right ovary cannot be seen separately.

She was posted for laparotomy. Intraoperatively, a solid mass of 13×10 cm was found to arise from the right ovary, and a cystic mass of 15×9 cm arising from the solid mass. The masses had led to torsion of the right ovary. Mild ascites was noted and an ascitic sample was taken. Right oophorectomy was done to remove the solid and cystic masses. The left ovary was found to be normal. A punch biopsy was sent from the left ovary. All the samples were sent for frozen section report. On macroscopic examination, the C/S of cystic mass had serous fluid with no papillary areas with histology of serous cystadenoma and the C/S of solid area was yellowish and firm with histology of fibroma-thecoma. The left ovary punch biopsy was found to be normal in histology. Her ascitic fluid report was within normal limits.

The post operative state was uneventful for the patient. She was discharged on the 5th postoperative day and asked to follow up to the clinic on the 10th postoperative day. The final histopathology report confirmed the frozen section report.

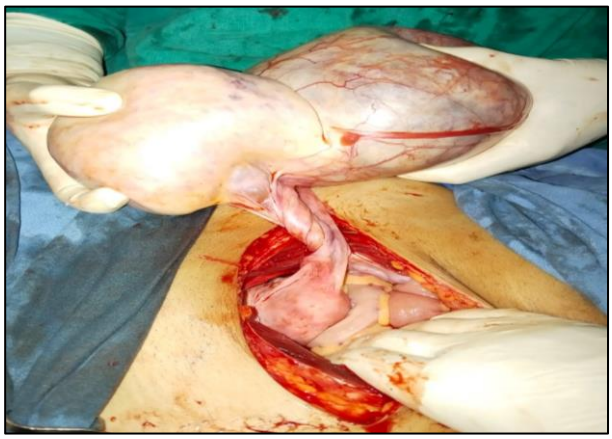

Figure 1: Torsion ovary with a composite mass with both solid and cystic components.

DISCUSSION

Serous cystadenoma is classified by WHO into surface epithelial ovarian tumors and fibroma thecoma are placed under the sex cord stromal category.

Ovarian thecoma fibroma group (OTFG) constitutes less than 3% of all ovarian tumors whereas serous cystadenoma is one of the common tumors of ovary.[1] However a composite tumor of both is rarely reported in literature. Another distinguishing feature of this case is the young age. Cho et al upon evaluating 97 cases of OTFG reported the mean age of 42.5 years (±11.4 years) whereas Chen et al has reported the mean age of OTFG to be 53.57 years (26-86 years).[2,3] Jaylakshmy et al and Balhara et al have reported similar cases of association of the two tumors, but in the perimenopausal age group (56 years).[4,5] The age of the patient in present consideration is 16 years which stands out in this present case compared to other cases with similar tumor patterns.

As pointed out in a similar study, there is a possibility of cystic degeneration of the fibroma thecoma tumor of the ovary. However, in such a case there would be absence of lining epithelium of the cyst wall. In our case there was a lining epithelium to the cyst with a clear separation between the cystic and the solid part.[5]

CONCLUSION

Two very important points are highlighted in the present case. Firstly, more and more cases are coming up in the literature which reflect the composite nature of the tumor in histopathology were presence of solid mass favors malignancy. Hence such aberration should be kept in mind. Secondly, this is the first ever reported case of such a composite tumor in the adolescent age group which has led to torsion of the ovary and hence ovarian sacrifice. Such cases should also be kept in mind while dealing with the younger age group.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Gopalkrishnan T. Ovarian fibroma thecoma with serous cystadenoma-an unusual combination in young patient: a case report. Int J Reprod Contracept Obstet Gynecol 2024;13:2144-5.