

EP02.26. A large ovarian fibroma: a diagnostic challenge

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Introduction

Ovarian fibromas are rare benign sex cord-stromal tumors, often asymptomatic but sometimes presenting with pelvic pain, an adnexal mass, or Meigs syndrome. Their differentiation from degenerating uterine fibroids, is challenging due to overlapping imaging features. This report discusses a 51-year-old woman initially diagnosed with a degenerative myoma based on imaging but ultimately found to have an ovarian fibroma upon surgical exploration.

Case Report

The patient presented with pelvic pain and abnormal vaginal bleeding. On admission, her hemoglobin was 7.4 g/dL, with signs of anemia. A pelvic mass (11 cm) was detected on ultrasound, but its origin was uncertain. Tumor markers were negative. TAUS interpretations conflicted; one radiologist suggested an adnexal mass, while another reported a degenerative myoma. MRI confirmed a 10x8x10 cm anterior uterine mass with free fluid, supporting a diagnosis of degenerative myoma..

Given worsening pain, she underwent exploratory laparotomy. Intraoperatively, the suspected myoma was an ovarian mass arising from the right ovary. TAH-BSO was performed, and pathology revealed a 13.5x10x9 cm ovarian fibroma with spindle-shaped cells, mitotic activity, and edema

Conclusion

Ovarian fibromas and fibrothecomas often mimic uterine fibroids or malignancies on imaging, complicating preoperative assessment. Despite sonography and MRI, distinguishing ovarian from uterine origin remains difficult, emphasizing the importance of histopathological evaluation for definitive diagnosis and optimal surgical planning.

