

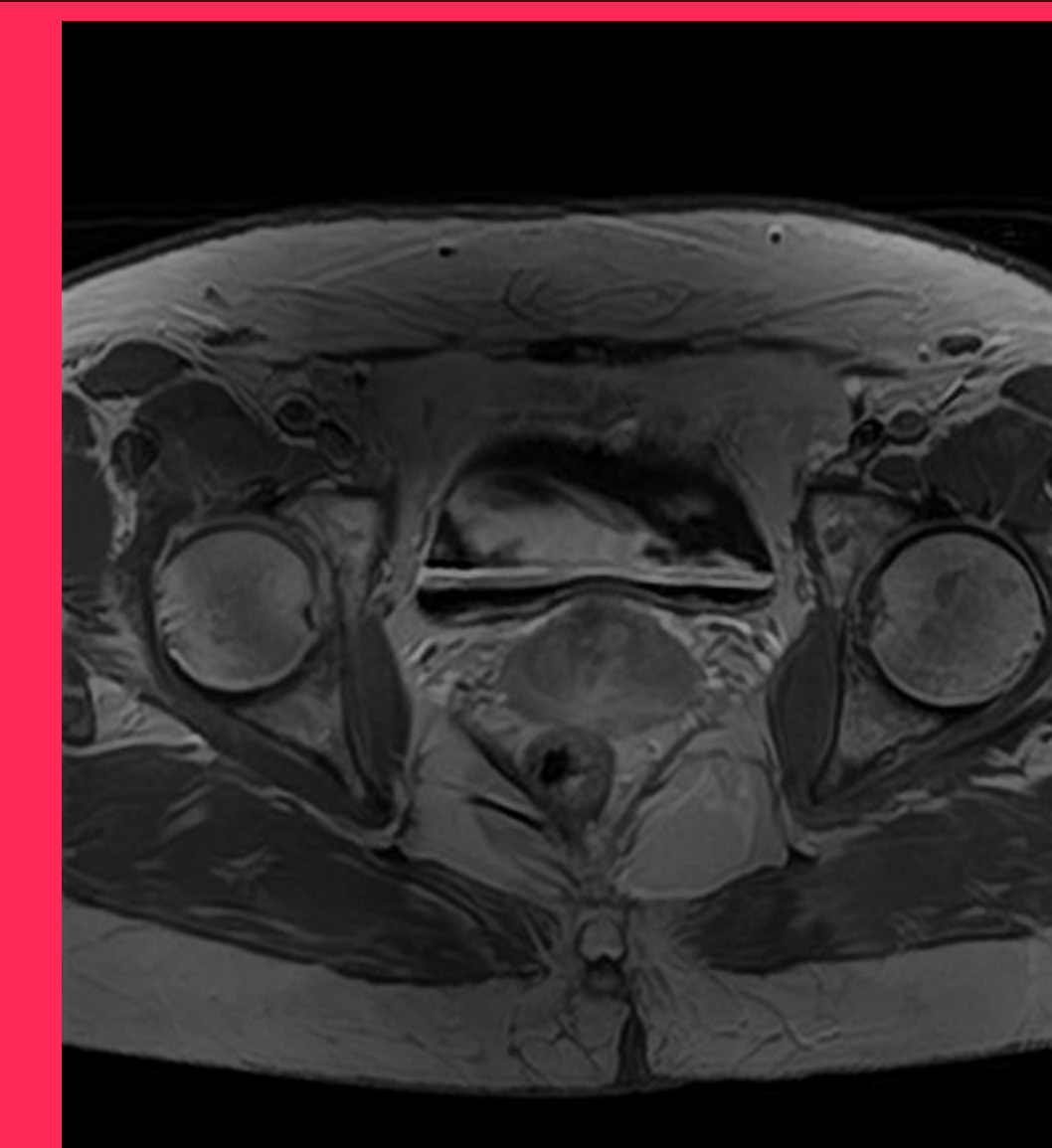
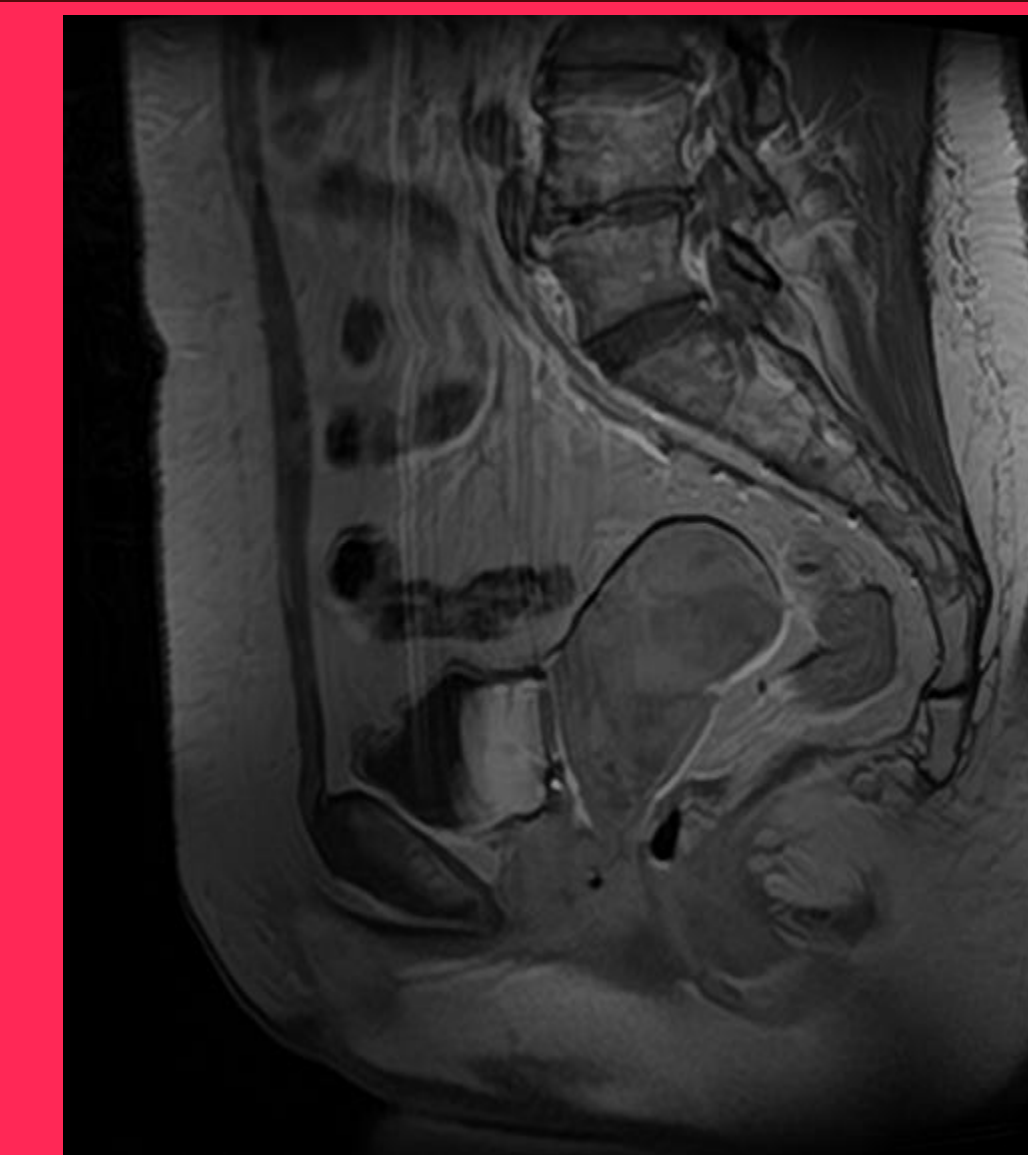
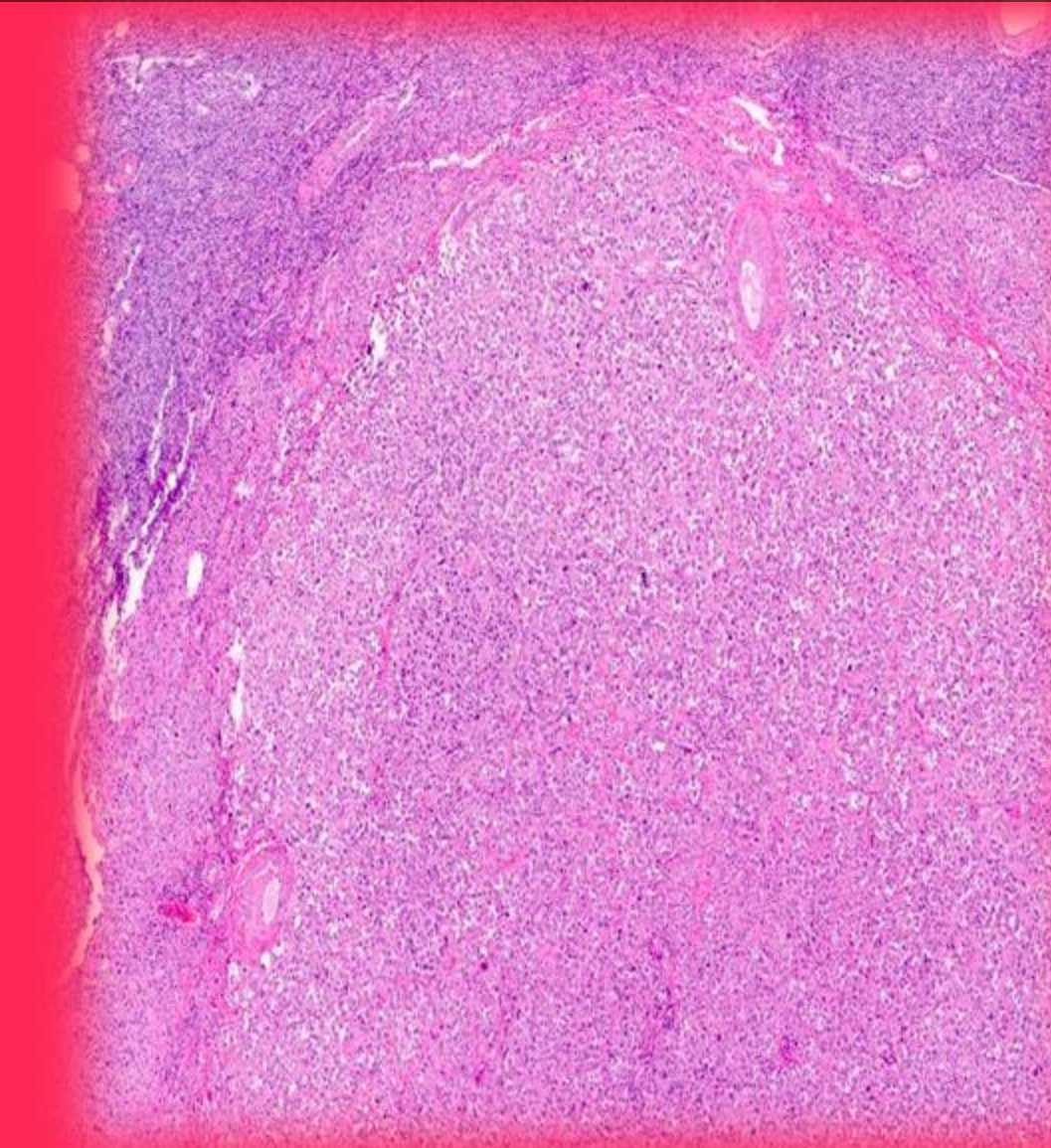


ISUOG WORLD CONGRESS ON ULTRASOUND IN OBSTETRICS AND GYNECOLOGY CANCUN, MEXICO 14–17 SEPTEMBER 2025

Multimodal imaging in the diagnosis of a steroid cell tumor of the ovary: a rare case mimicking Meigs' syndrome

dr Emina Ahmetlic, dr Maja Selimovic

A 59-year-old woman presented with irregular menses and mild hyperandrogenic signs (acne, seborrhea, hirsutism). TVS showed a small uterus with a 3-cm posterior myoma and a 3-cm left ovarian cystic lesion with ipsilateral hydrosalpinx; mild ascites and a right pleural effusion suggested Meigs' syndrome. Contrast-enhanced MRI demonstrated a well-circumscribed solid left ovarian mass with hypervascularity and diffusion restriction, arguing against fibroma and favoring a steroid cell tumor. The patient underwent laparoscopic bilateral adnexectomy; histopathology confirmed a steroid cell tumor, NOS (pT1a/IA). Immunohistochemistry was positive for inhibin, calretinin, and vimentin, and negative for CK7, WT1, PR, Napsin A, and PAX8.



•Follow-up MRI (status post bilateral adnexectomy) showed expected postoperative findings: fibroid uterus and no significant abdominopelvic lymphadenopathy.

Ascites with pleural effusion initially suggested **Meigs' syndrome**.

MRI characterized a well-circumscribed solid ovarian mass; no overtly aggressive features. **Ovarian hilum disruption (OHD)** was present, indicating some malignant potential.

Based on tumor size and histology, **no adjuvant therapy** was indicated.

Conclusion

Steroid cell tumors are rare and can mimic benign disease. Multimodal imaging—especially MRI—together with histopathology and immunohistochemistry is essential to secure diagnosis and guide appropriate surgical management and follow-up.