

EP02.39

When thyroid meets ovary in pregnancy: struma ovarii masquerading as ovarian malignancy.

Dr. Sriveni Sana, Surekha Pai Kalsank, NMC Healthcare Ltd, Dubai, United Arab Emirates

Introduction

CLINICAL HISTORY:

35-year-old G2P1 at 34 weeks, referred for routine growth scan, NT and anomaly scans normal.

ULTRASOUND:

Normal fetal biometry.

Large **right multilocular-solid ovarian mass**, 10 cm, with 6 cm solid component.

No papillary projections or ascites; colour score 3.

Progressive growth: **266 cc (34 weeks) → 320 cc (36 weeks) → 470 cc (postnatal)**.

FURTHER EVALUATION:

CA-125: **36.3 IU/mL**.

IOTA ADNEX model: **36.6% malignancy risk**.

MRI: **diffusion restriction and enhancement** in solid areas.

SURGERY:

Right oophorectomy with pelvic lymph node and peritoneal fluid sampling.

PATHOLOGY:

Multiloculated cystic lesion with serohaemorrhagic fluid.

Macro- and microfollicles containing colloid, with solid cords/trabeculae.

No malignancy.

IHC: **AE1/AE3 and PAX8 positive; synaptophysin negative**, excluding carcinoid.

Conclusion

Struma ovarii is a **monodermal teratoma**, composed predominantly of thyroid tissue with variably sized follicles containing colloid. **Mostly benign.**

Presents with **nonspecific symptoms** or may be an **incidental imaging finding**. Can **mimic ovarian malignancy** on imaging.

Surgery and histopathological examination provide the definitive diagnosis.

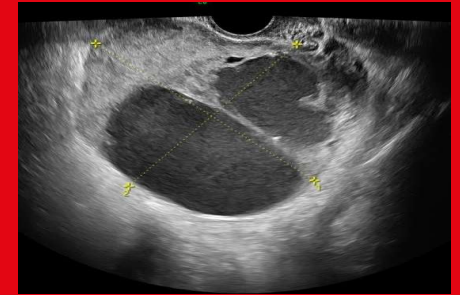


Figure 1. Large multilocular solid ovarian lesion



Figure 2. colour score of 3 along the solid components

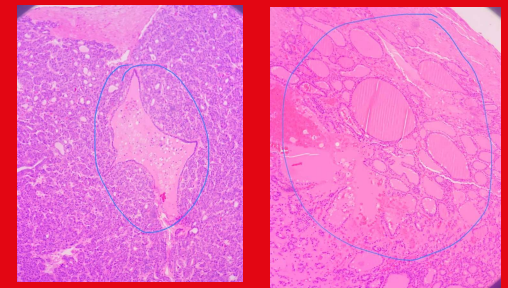


Figure 3. Macro and micro follicles with colloid component