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Giant abdominopelvic mass in a postmenopausal woman: a case report

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INTRODUCTION

Ovarian fibromas are benign stromal tumors whose imaging appearance may mimic malignancy. The presence of a solid adnexal mass associated with ascites may raise significant oncologic concern; however, characterization with ultrasound, computed tomography, and magnetic resonance imaging is essential to guide the differential diagnosis.

CASE REPORT

A 68-year-old woman was evaluated in the outpatient clinic for abdominal pain and a progressively enlarging abdominopelvic mass of 6 months’ duration. The mass had initially been mobile and painless. On abdominal examination, an abdominopelvic mass of approximately 20 cm was palpated, while no mass was detected on vaginal examination. Abdominal MRI revealed ascites. Because of suspected ovarian malignancy, staging surgery was performed, including exploratory laparotomy, aspiration of ascitic fluid, right adnexectomy, total abdominal hysterectomy, contralateral adnexectomy, peritoneal biopsies, and omental biopsy. Gross examination showed a solid right ovarian tumor measuring 16 × 14 × 6 cm, with a homogeneous whitish-gray cut surface, and a right paratubal cyst measuring 4 cm with clear fluid content. The uterine cavity contained a light brown polypoid lesion measuring 1 cm.

Histopathological examination revealed a simple serous paratubal cyst and an ovarian fibroma in the right adnexa. The left fallopian tube showed no microscopic alterations, and the left ovary contained corpora albicantia.

Cytopathological analysis of the ascitic fluid was negative for neoplasia. The cell block consisted of fibrin and reactive mesothelial cells, with no neoplastic cells observed. The postoperative course was favorable.

Image N°1:

Axial T2-weighted MRI showing a large heterogeneous solid pelvic mass with associated ascites.

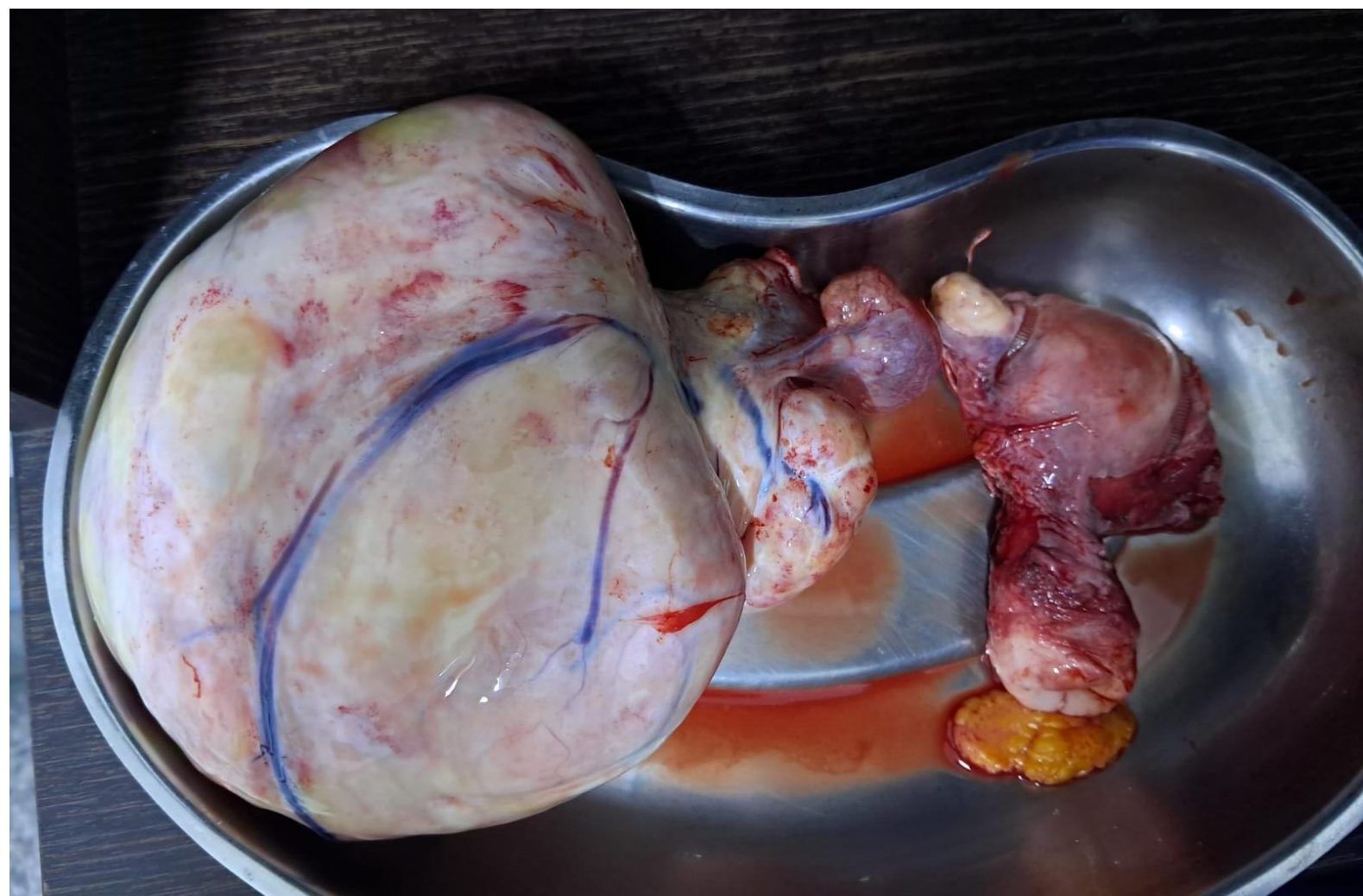
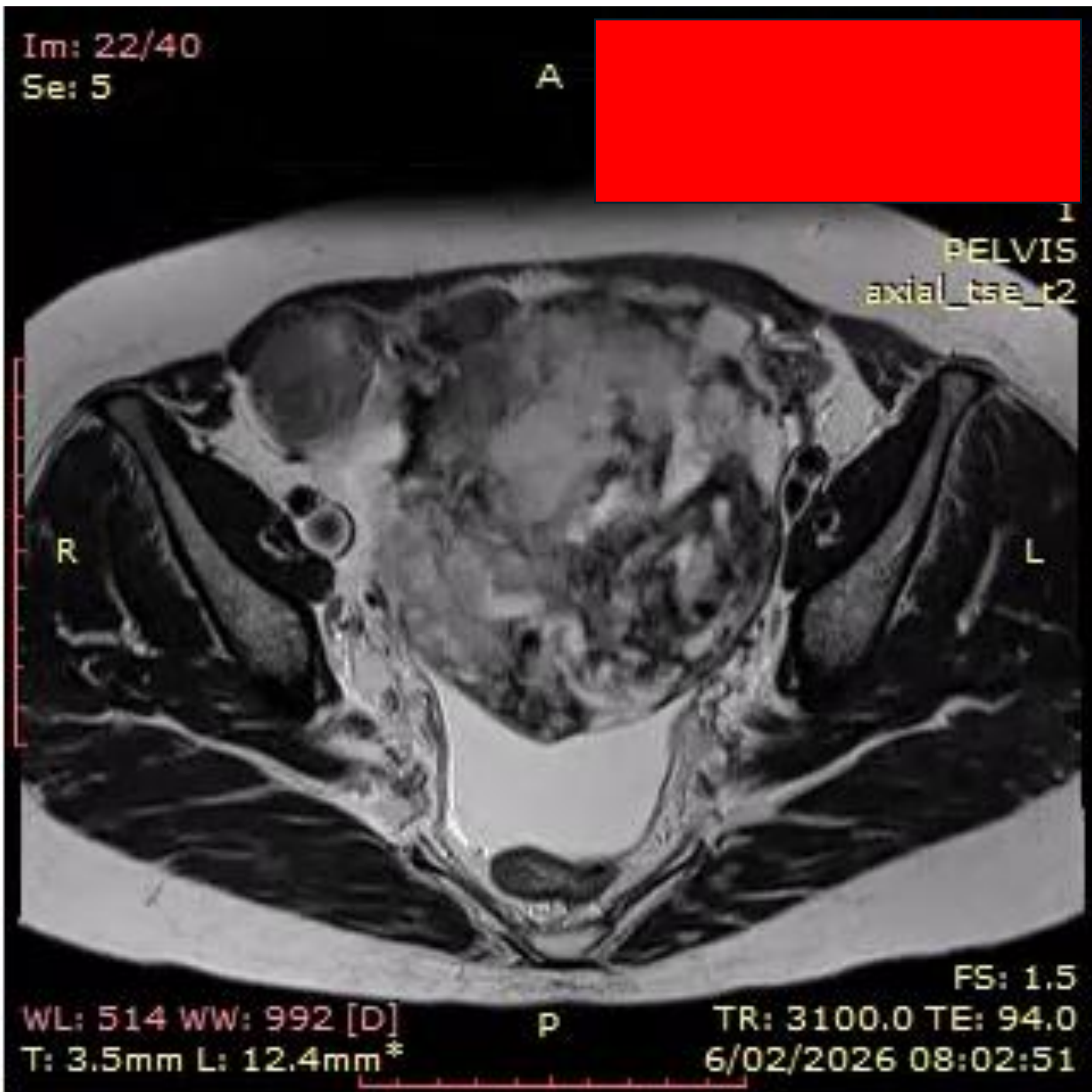


Image N°2: Sagittal T2-weighted MRI showing a giant heterogeneous solid abdominopelvic mass associated with ascites



CONCLUSIONS

This case was noteworthy because an abdominopelvic tumor associated with ascites in a postmenopausal woman is suggestive of a neoplastic process until proven otherwise.