

# EP02.58 Are we good at diagnosing stromal tumors of the ovary?

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## Introduction

Ovarian microcystic stromal tumor is a rare entity described in 2009 with few data related to clinical behavior and imaging features.

## Case description

A 60-year-old patient, with a vaginal hysterectomy in 2015 for submucosal fibroid with microcyst degeneration, was referred to our Gynecologic Oncology Department, for a suspicious adnexal mass diagnosed at routine scan.

21 March 2017

Pelvic scan described a 5,5x6,6x8,5mm solid left adnexal mass, color score3 (Figure 1).

7 April 2017

Pelvic MRI showed a left ovarian mass with 12 cm long axis, very suspicious for malignancy, with no evidence of extra-pelvic disease (Figure 2). Negative tumor markers.

5 June 2017

While waiting for surgery, the patient presented with severe pelvic pain and perineal and left abdominal hematoma of the skin. Pelvic scan was limited by vaginal obstruction but identified a solid mass extending to the perineum with 205 x 85 x 121 mm, color score2 and peritoneal clots (Figure 3).

7 June 2017

Patient was submitted to exploratory laparotomy, with identification of an exuberant hemorrhagic mass arising from the left ovary, occupying the pelvis and left parieto-colic quadrant. Although frozen section was compatible with **fibroma**, the patient was submitted to infra-colic omentectomy, right adnexectomy and random peritoneal biopsies due to clinical suspicion of malignancy.

First pathology result was compatible with a mitotically active fibroma of the left ovary with no atypia but due to the clinical and imaging discrepancy the samples were sent to a reference center, that diagnosed a **ovarian microcystic stromal** tumor.

May 2018

Patient was admitted in the emergency department for profuse diarrhea and pelvic and abdominal pain and diagnosed with a pelvic mass with 136x189x100 mm.

June 2018

Exploratory laparotomy with excision of the described mass. Pathology reported a **low grade endometrial stromal sarcoma**.

July 2018

Extensive abdominal relapse, with septic shock and death.

## Conclusion

Fibromas of the ovary usually present with typical benign sonographic features. Discrepancy between imaging and the pathology report in this case prompted additional analysis, allowing the diagnosis of microcystic stromal tumor. It’s still not clear if the relapse was related to the primary ovarian tumor or the initial hysterectomy for “benign leiomyomas”.

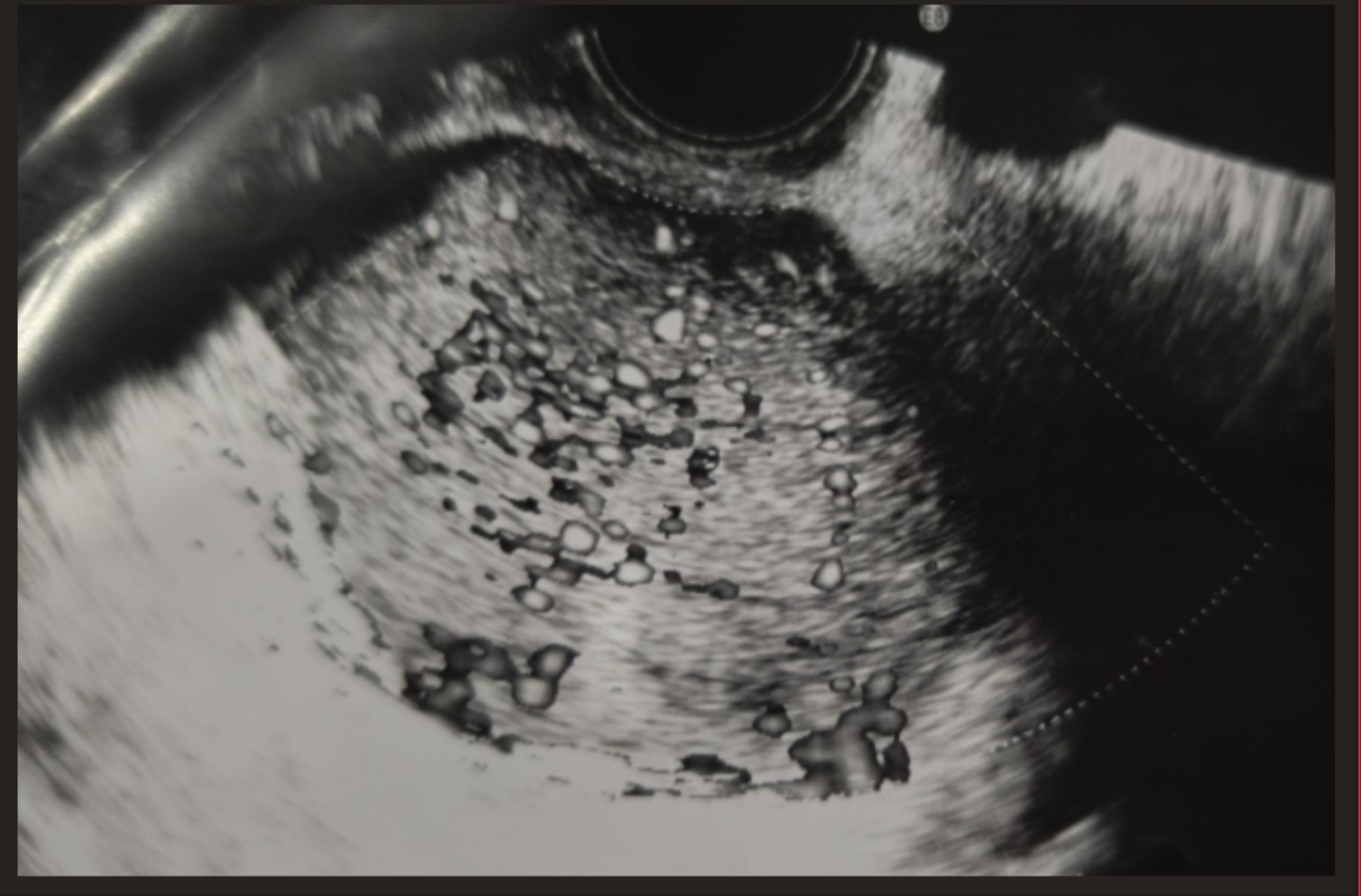


Figure 1.



Figure 2.



Figure 3.