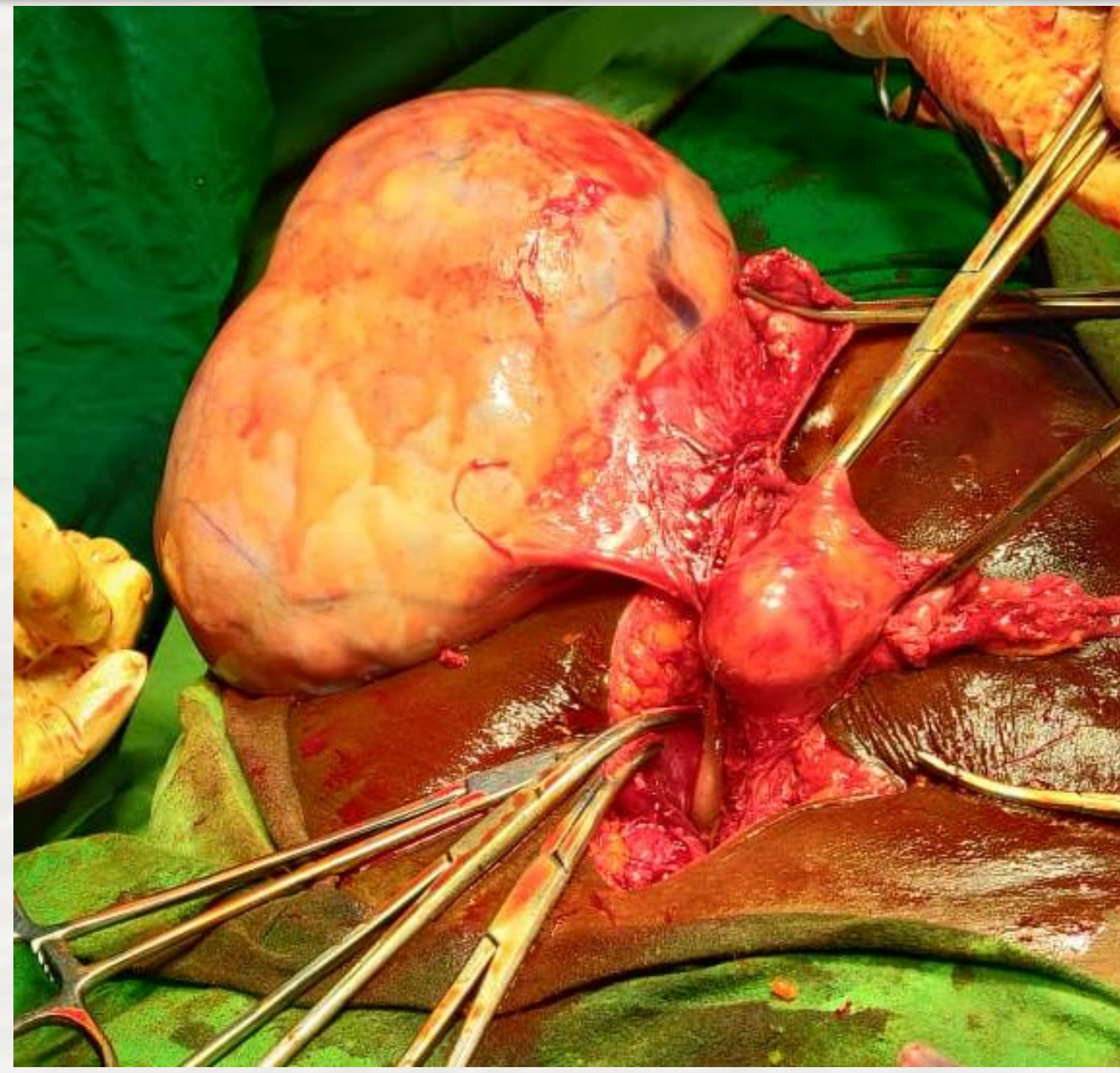
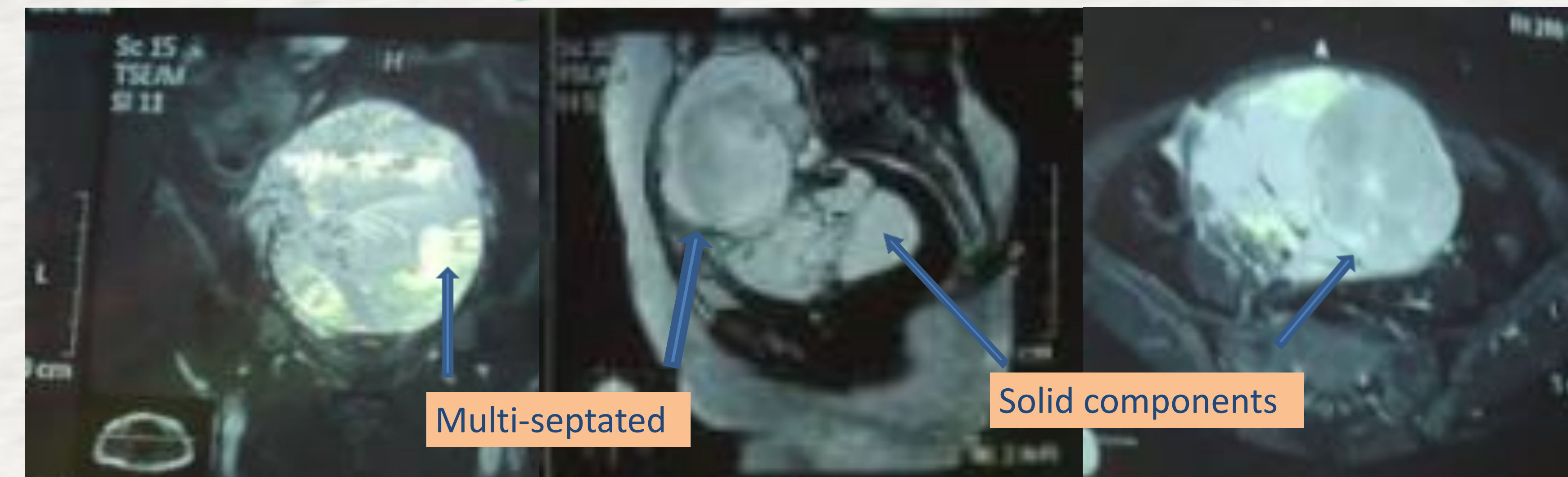


INTRODUCTION

Ovarian cystadenofibroma is a rare benign tumour originating from the germinal lining and stroma of the ovary containing both epithelial and fibrous component. So it presents as a multi-cystic mass with solid components mimicking ovarian malignancy.

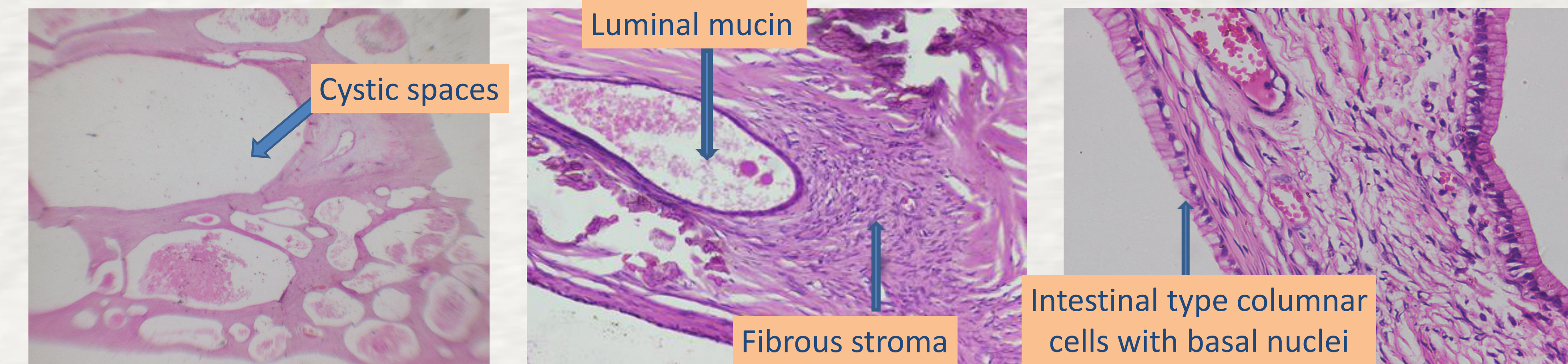


■MRI showed a large complex cyst with several septations and solid components in pelvis measuring 152*92*128mm, likely right ovarian in origin f/s/o cystadenocarcinoma/ borderline neoplasm.



HISTOPATHOLOGY

Histopathology showed variably solid and cystic spaces and single layer of gastrointestinal or endocervical mucinous epithelium without atypia, embedded in a fibrous stroma suggestive of mucinous cystadenofibroma.



CASE DESCRIPTION

A 55 year old P2L2 came with complain of pain abdomen since 10 days, of moderate degree, radiating to back and history of constipation and loss of appetite. No complains of menstrual irregularity, mass abdomen or sudden loss of weight.

Abdominal examination revealed mass of 20 weeks, firm in consistency and with restricted mobility.

Per Speculum examination showed a pulled up cervix, visualised just below the bladder base and vagina appeared healthy.

Bimanual examination confirmed a midline mass~ 20-22 weeks with restricted mobility and firm to hard consistency with a flushed-out cervix and the uterus could not be made out separately.

INVESTIGATIONS

- Routine investigations sent were within normal limits.
- CEA: 3.52. (0-5.2) and CA-125: 7.57
- USG revealed a Multi septate cystic lesion with mural nodules seen in both Adnexa measuring 12.3*10 cm and 10*11 cm f/s/o neoplastic ovarian lesion.
- RMI Score of 61.13

MANAGEMENT

- Patient underwent Staging Laparotomy + TAH + BSO + Infracolic omentectomy.
- Intra-operatively a large right ovarian mass, cystic and solid in consistency of 20*20 cm noted, uterus appeared atrophic, fibroid of 2*2cm on right anterior wall noted. Left ovary and Fallopian tube were normal.
- Histopathology showed leiomyoma of uterus and mucinous cystadenofibroma of right ovary.
- Peritoneal wash sent for fluid cytology was negative for malignant cells.



Right ovary showing multiple septations with solid and cystic components suggestive of malignant aetiology on gross appearance.

DISCUSSION

Primary ovarian cystadenofibromas are encountered in women aged between 15 and 65 years. As a group, they are thought to represent ~1.7 % of all benign ovarian tumours.

These tumours are classified, according to the epithelial cell types present, as serous, endometrioid, mucinous, clear cell, and mixed categories. They contain solid components and thus mimic malignant neoplasms. Since they are often diagnosed as malignant ovarian tumour, staging laparotomy is done and these tumours often have the gross appearance of a malignant tumour intra-operatively also. A frozen-section diagnosis may be helpful in many of these cases because a correct diagnosis of cystadenofibroma can be made in the operating room and will therefore help in avoiding extensive surgery. Definitive treatment is oophorectomy and the prognosis is excellent.

CONCLUSION

Our case of ovarian cystadenofibroma was found masquerading an advanced ovarian neoplasm both clinically and radiologically. Treatment of cystadenofibroma is complete removal of the tumour. Intra-operatively frozen section will avoid extensive surgery. It is a rare entity and poses diagnostic challenges mimicking malignancy.

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