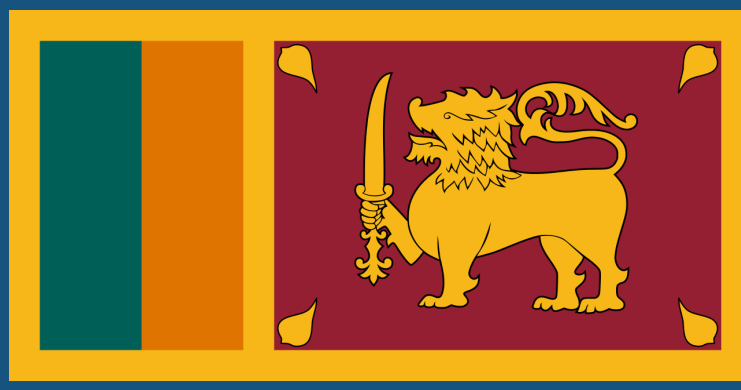




Incidental diagnosis of an Adult Granulosa Cell Tumour of the ovary in a patient with atypical endometrial hyperplasia

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INTRODUCTION

Adult granulosa cell tumours (AGCT) of the ovary are rare malignancies with good prognosis and a tendency for late recurrences. Manifestations of unopposed oestrogen is common with various degrees of endometrial hyperplasia..

CASE PRESENTATION

- A 51-year-old multipara presented with irregular heavy menstrual bleeding for four months.
- On gynecological examination, uterus was normal in size with age-appropriate cervix and normal adnexa.
- TVS revealed a thick endometrium of 15mm, with ultrasonically normal-looking ovaries on both sides with no evidence of free fluid.
- Patient underwent hysteroscopy, which showed polyps in endometrial cavity and was subjected to dilatation & curettage.
- Histology revealed atypical endometrial hyperplasia.
- As the patient had completed her family, a TAH + BSO was carried out.
- Histology of the specimen revealed AGCT of the ovary in addition to atypical endometrial hyperplasia.

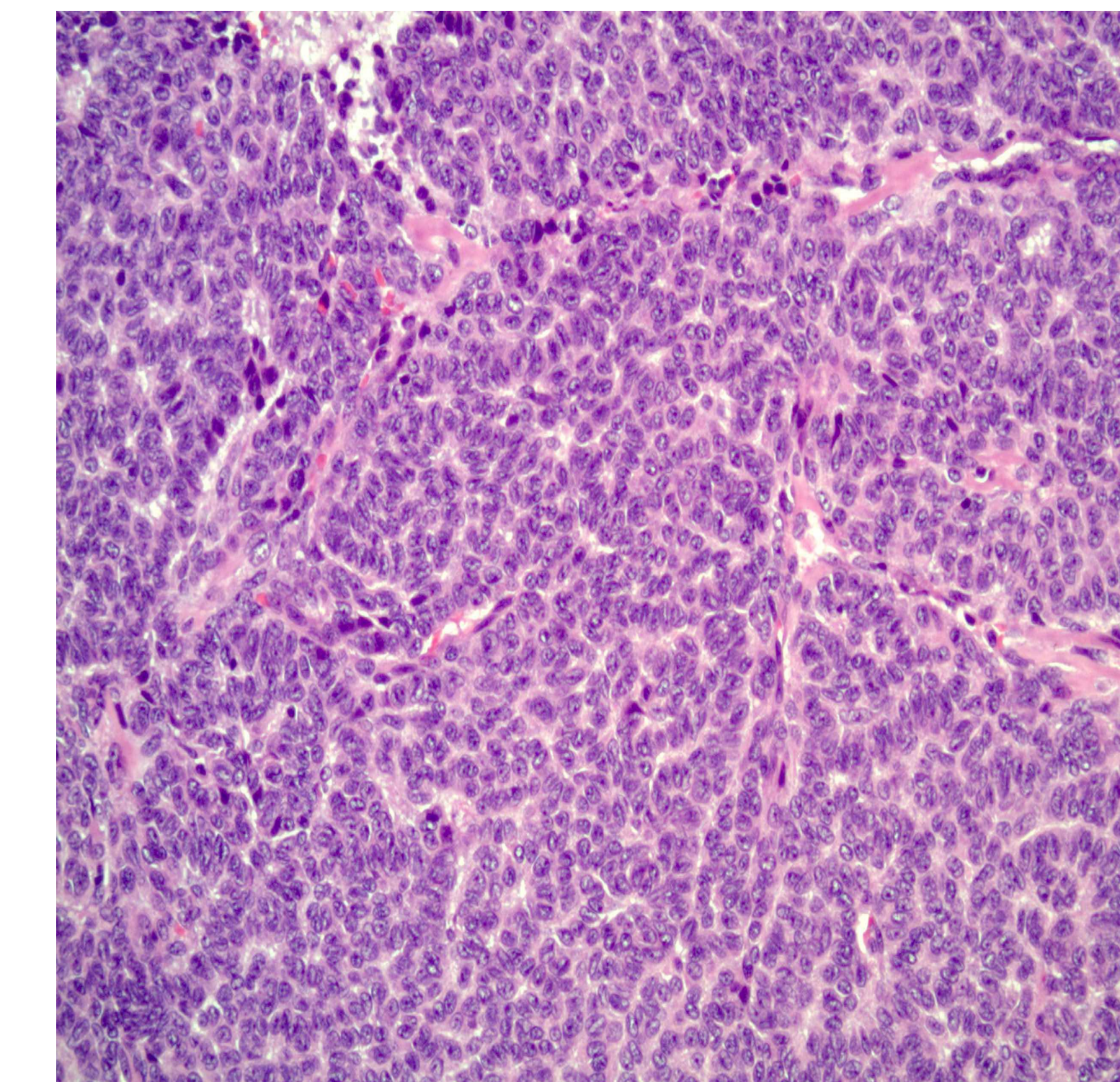
DISCUSSION

- AGCT originates from proliferating normal preovulatory granulosa cells and retains ability to produce oestrogen, thus giving rise to menstrual abnormalities.
- This leads to early diagnosis, most at Stage-I, thus leading to favourable outcomes.
- Due to long-term exposure to endogenous oestrogen endometrial hyperplasia is common and around 2% develop endometrial cancer.
- Given the perimenopausal age, menstrual symptoms and abnormalities, the clinician is driven to exclude endometrial pathologies, but as in AGCT the primary cause could be an ovarian pathology.
- The serum level of CA-125, oestradiol, inhibin, and anti-Müllerian hormone are used in different capacities, but none has been correlated with tumour progression in large studies.
- The somatic missense mutations in the transcription factor FOXL2 is pathognomonic for AGCT.

- Evidence-based management of AGCT is limited, considering the rarity.
- Adjuvant radiotherapy, chemotherapy & hormone therapy may have a place in recurrent or extensive disease.
- In comparison to epithelial ovarian cancers, AGCT has a good prognosis (5-year survival-91.3%).

CONCLUSION

AGCT of the ovary is an uncommon neoplasm with a favourable prognosis and late recurrences. Surgery remains the mainstay of management



Histological appearance of AGCT

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