

An unusual sex cord stromal tumour in an elderly patient

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Background

Granulosa cell tumours of the ovary are rare and account for only 2-5% of ovarian cancers. However, it is the most common sex cord stromal tumour and usually occurs in younger women. We present a rare case of this tumour in a 77-year-old patient. This case highlights the importance of investigating post-menopausal women who are found to have proliferative endometrium, which is uncommon in this age group, especially in this case where the patient had a normal BMI.

Case Report

- 77-year-old female patient
- Few episodes of post-menopausal bleeding

Investigations

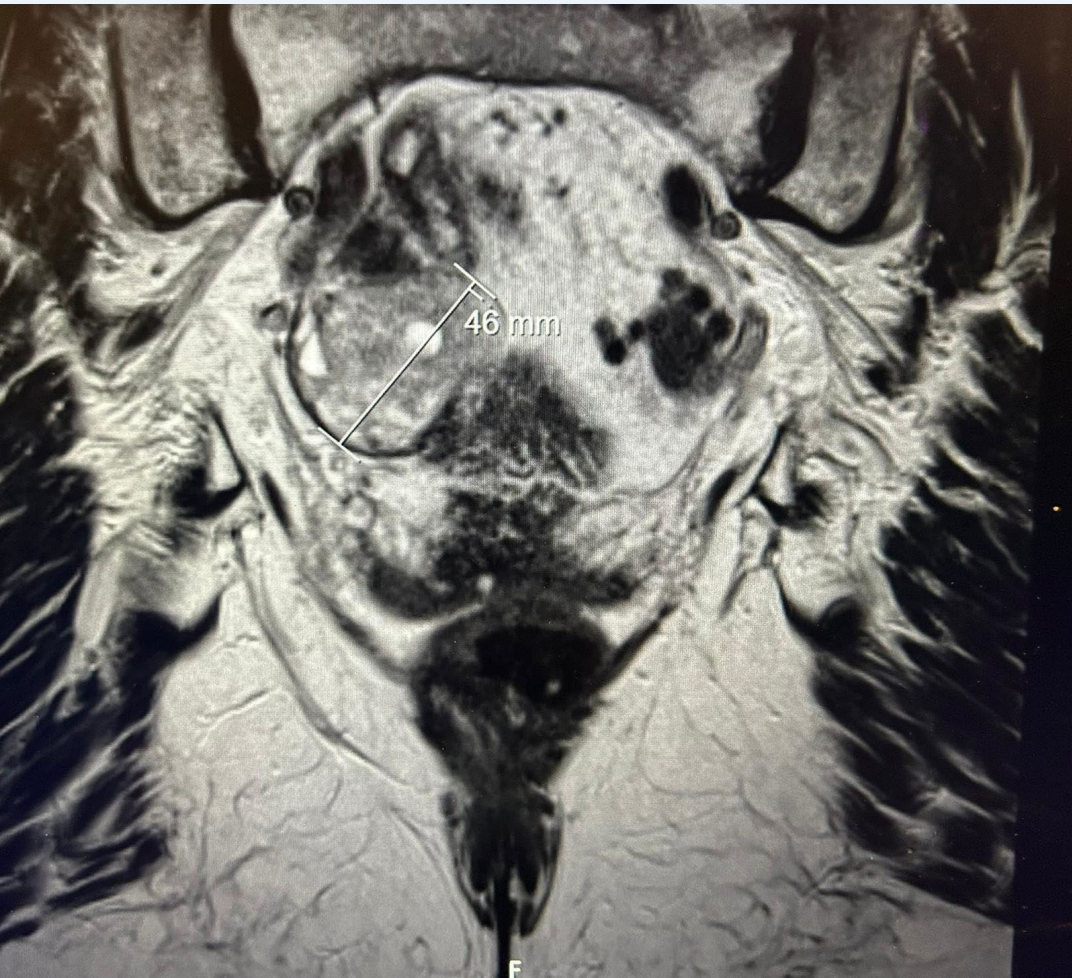
- Ultrasound: Thickened endometrium, right ovarian cyst 35x29x33 mm
- Hysteroscopy: Normal
- Endometrial biopsy: Proliferative endometrium
- MRI: Complex right ovarian mass which looks malignant
- Ca125 levels: 14
- Estradiol levels: 264

Management

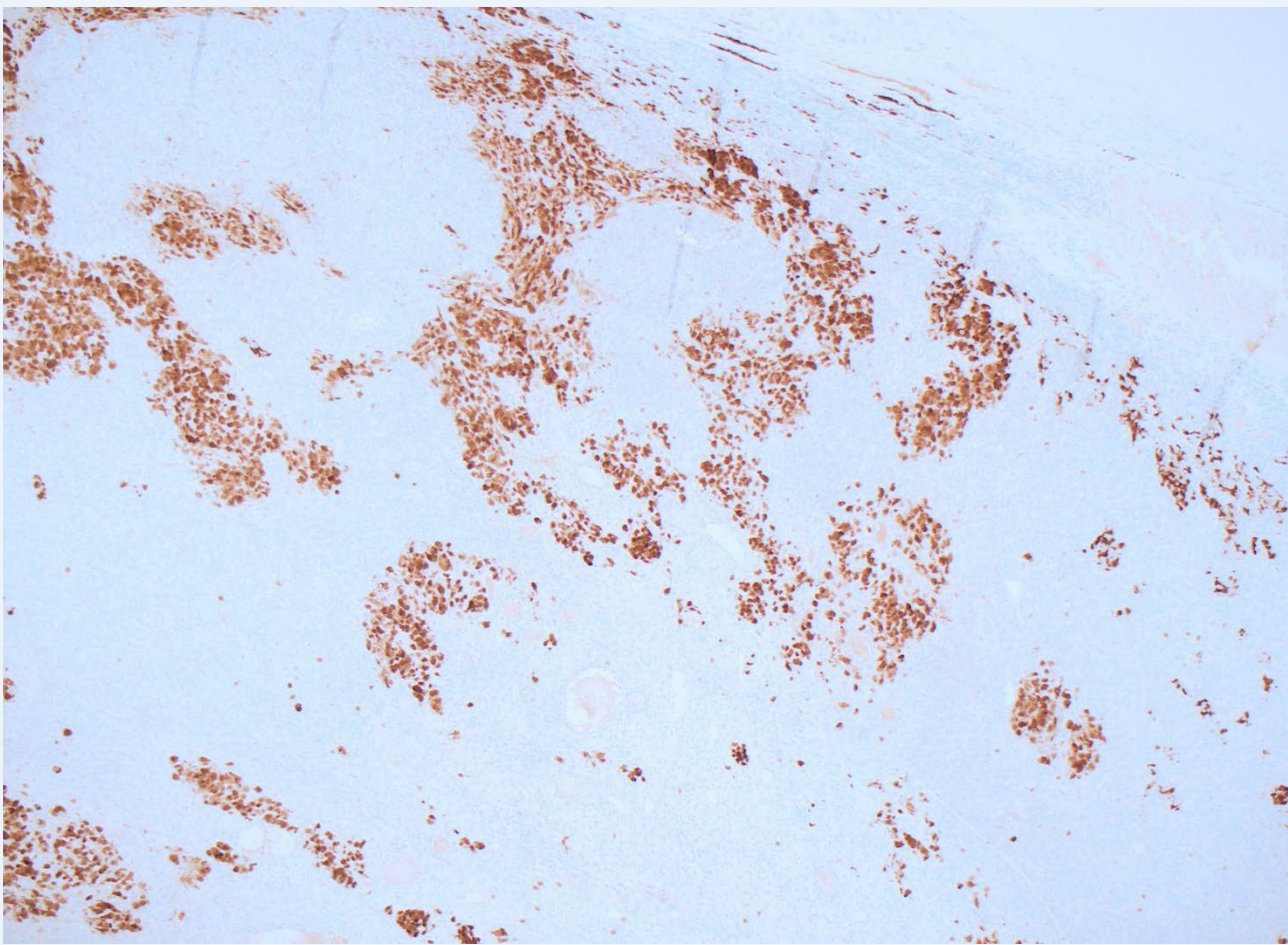
- Total laparoscopic hysterectomy, bilateral salpingo- oophorectomy, omentectomy and peritoneal washings
- Follow up post-op: Normal estradiol levels

Histopathology

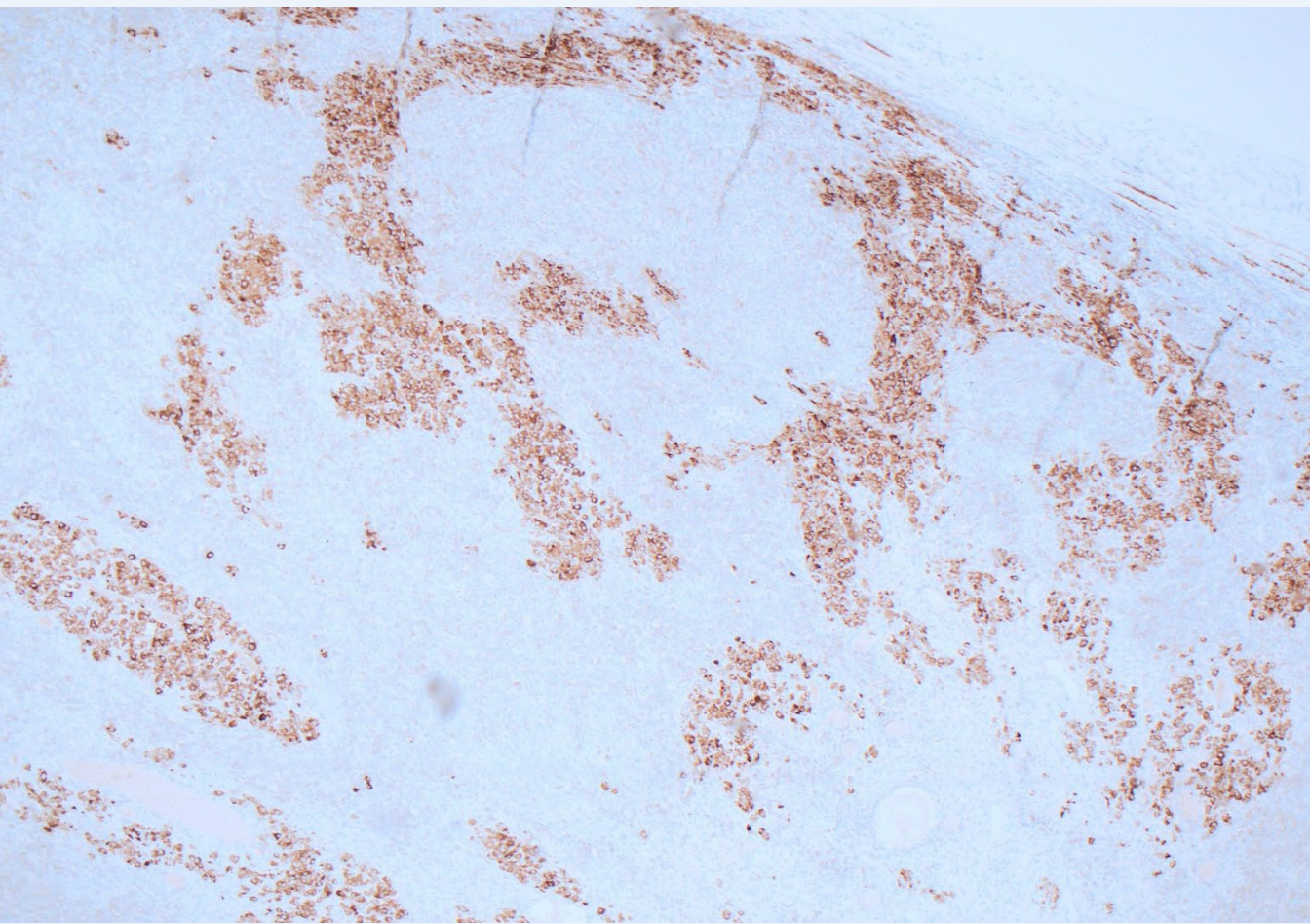
- Mix of luteinizing granulosa cells and Leydig cells
- Differentials: Poorly differentiated Sertoli-Leydig cell tumour vs granulosa tumour
- More likely granulosa tumour as Sertoli-Leydig more common in younger women
- More like granulosa tumour as low levels of atypia and low mitotic activity



MRI scan image of the ovarian cyst



Calretinin- Granulosa cell element



Inhibin- Granulosa cell element

Conclusion

Overall, granulosa cell tumours are the most common type of sex cord stromal tumours. It is vital to perform surgery on post-menopausal patients who have elevated tumour markers or hormone levels with an ovarian mass to definitively diagnose and treat this cancer as it is mainly a histological diagnosis. This type of tumour usually causes increased estrogen levels which usually results in bleeding in postmenopausal women and hence, an early diagnosis and treatment leads to a good prognosis.

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