



Borderline Ovarian Tumours: Does it Warrant Hysterectomy?

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INTRODUCTION/BACKGROUND

Borderline ovarian tumours (BOTs) account for 15–20% of all ovarian malignancies and exhibit distinct features compared to invasive cancers. These tumours commonly present in younger women, where fertility-sparing surgery may be considered. However, the role of hysterectomy remains debated, particularly when long-term surveillance is limited by diagnostic challenges.

OBJECTIVES/AIMS

To assess the justification for hysterectomy in the management of borderline ovarian tumours, particularly in women desiring fertility preservation, and to explore factors influencing recurrence and patient decision-making.

METHODS

A case of a 36-year-old woman with BOT is presented. Diagnostic work-up included MRI and tumour markers. Surgical management involved left salpingo-oophorectomy with staging. Histopathological findings confirmed FIGO stage 1A serous borderline tumour. Follow-up outcomes and the rationale for subsequent hysterectomy are discussed in the context of literature review and patient preferences.

CONCLUSIONS

Hysterectomy may be a justified option in borderline ovarian tumours when follow-up tools are inadequate and patient anxiety is high. While fertility-sparing surgery is preferred in younger women, oophorectomy shows better outcomes than cystectomy alone. Informed decision-making and individualized care plans are essential.

Case Report:

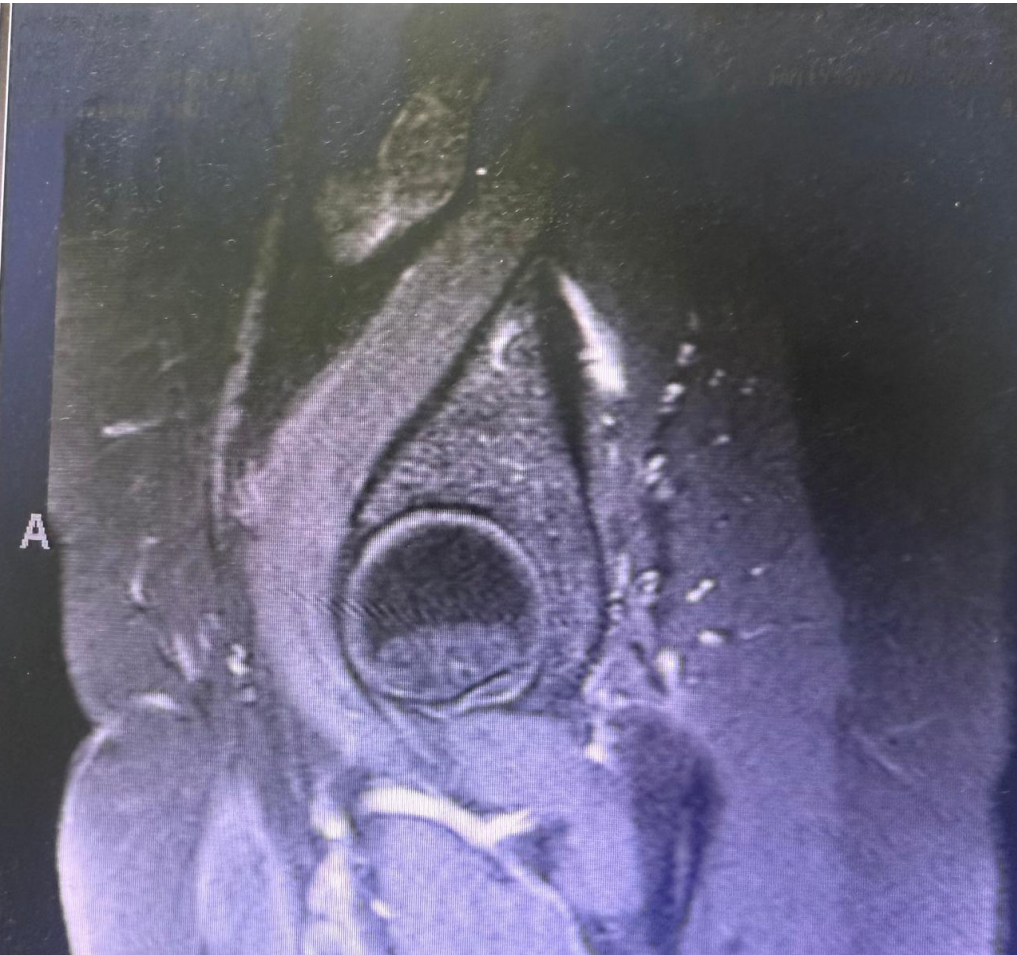
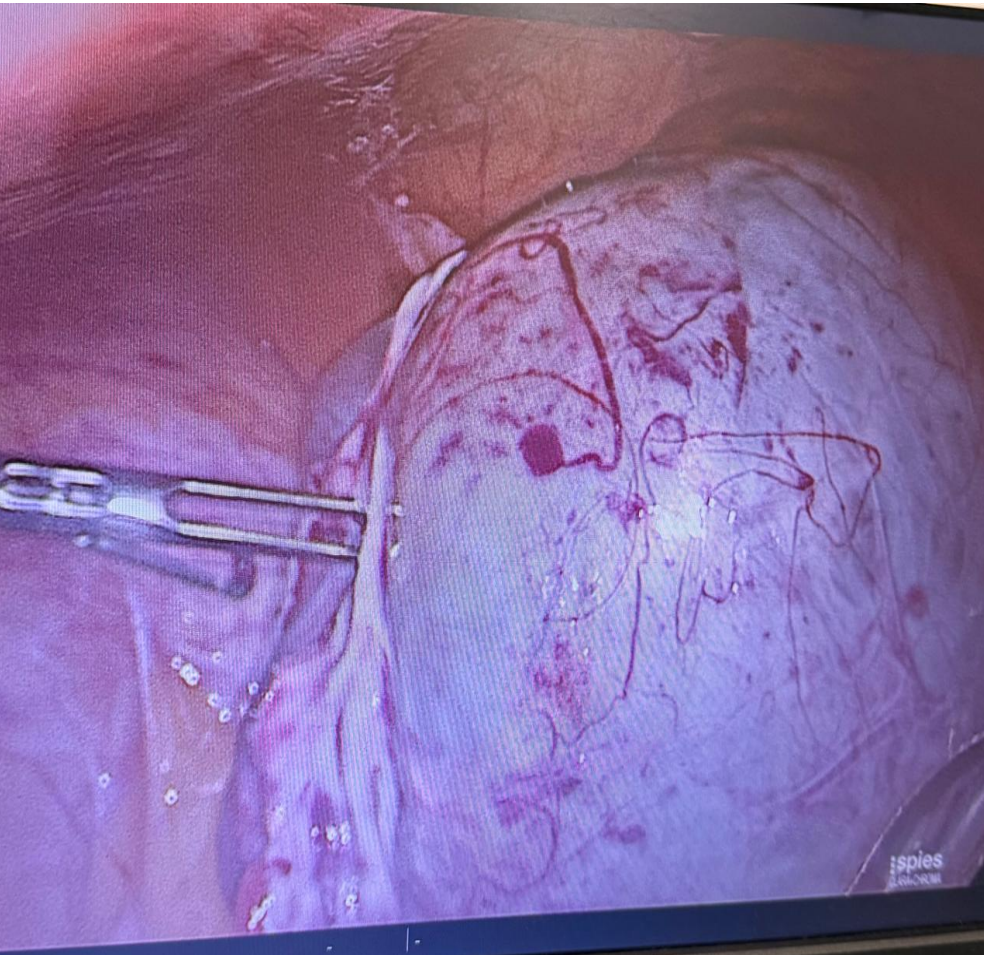
A 36-year-old para 1 woman presented with abdominal pain and vaginal discharge. MRI revealed a large multilobulated left ovarian cyst with solid, enhancing papillary components. Tumour markers and pap smear were negative. Laparoscopic left salpingo-oophorectomy, peritoneal cytology, and right ovarian biopsy were performed. Frozen section confirmed borderline serous tumour (FIGO 1A). Despite counselling, the patient opted for total abdominal hysterectomy with right salpingo-oophorectomy a year later due to anxiety about recurrence. Final histopathology was negative for malignancy.

REFERENCES

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Francogyne Group, Adele Ozenne et al.
Chevrot et al., Meta-analysis on BOT restaging.

Discussion:

Age, parity, and tumour features such as micropapillary patterns or implants influence recurrence in BOTs. Despite being low-risk, this patient requested restaging surgery. Literature suggests restaging may not reduce recurrence risk, yet no reliable surveillance methods exist. Conservative management remains controversial, particularly in older patients or those not pursuing fertility.



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