

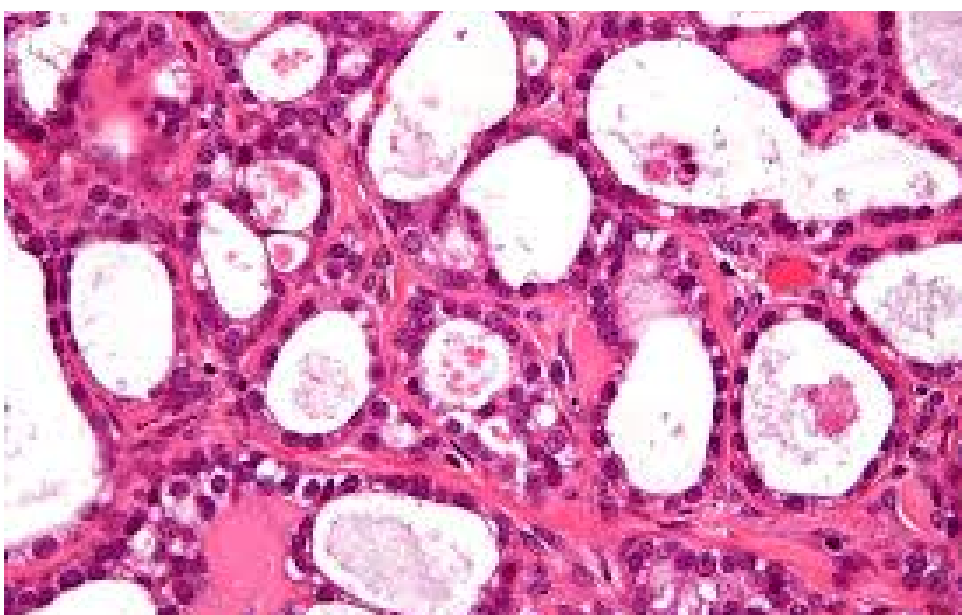
The Silent Malignancy: Clear Cell Ovarian Cancer Masquerading as a Benign Adnexal Mass



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BACKGROUND

Clear cell ovarian carcinoma is a rare epithelial subtype often presenting deceptively as benign on imaging and tumour markers. Misclassification can delay treatment, risking disease upstaging.



CASE SERIES SUMMARY

A 56-year-old postmenopausal woman presented with left iliac fossa pain. Imaging revealed bilateral 4-5 cm adnexal masses. IOTA ultrasound scoring and MRI ORADS classified them as benign (ORADS 2), with normal CA125 levels.

OTA/ORADS Scoring Summary

Feature	IOTA Simple Rules	ORADS Category	Interpretation
Mass size	4-5 cm	ORADS 2	Low risk
Solid areas	None detected	ORADS 2	Low risk
Papillary projections	None present	ORADS 2	Low risk
Acoustic shadows	Present	ORADS 2	Suggests benign lesion
Septations	Thin, incomplete	ORADS 2	Suggests benign lesion
Ascites	Absent	ORADS 2	Low risk
CA125 level	Within normal range	N/A	No indication of malignancy

The features to the left led to an initial benign classification under both IOTA and ORADS scoring systems. Initially opting for cystectomy, she later consented to laparoscopic BSO. Surgery was uneventful with intact specimen retrieval. Unexpectedly, histopathology confirmed clear cell carcinoma confined to the ovary. Highlighting limitations of imaging-based risk assessment in certain malignancies.

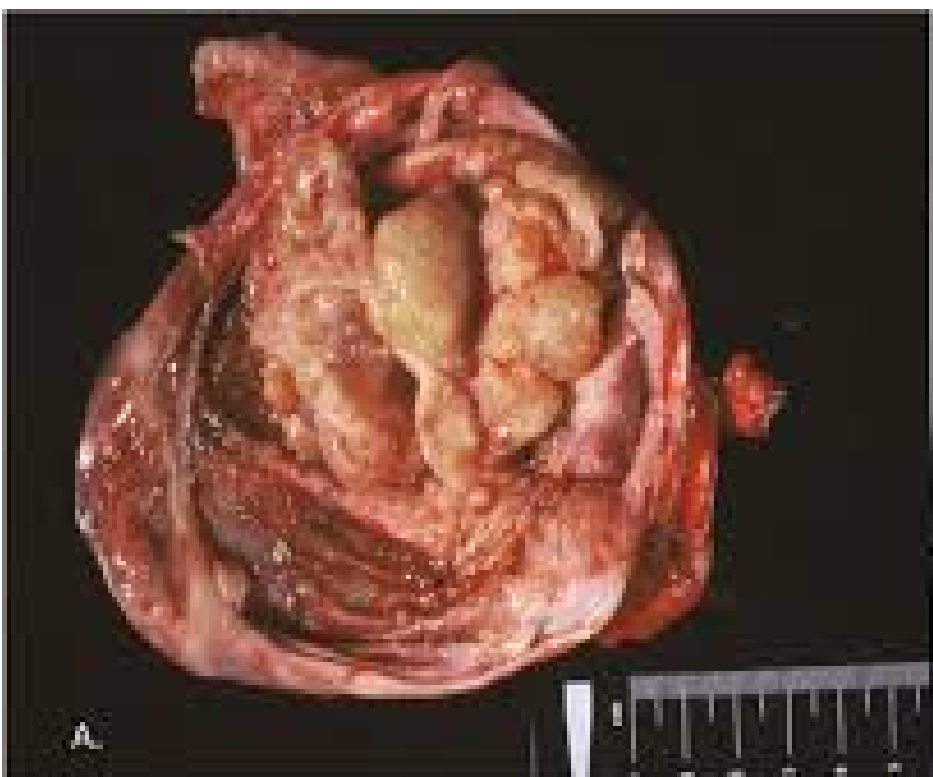
MDT referral led to staging investigations and oncological follow-up.

DICUSSION

The case underscores the subtlety of clear cell carcinoma, often lacking solid components or raised CA125. Conservative management risks intraoperative spillage and upstaging. Early surgical intervention with intact specimen retrieval mitigated this risk.

LEARNING POINTS

- Clear cell carcinoma can appear benign on imaging and tumour markers.
- Postmenopausal adnexal masses warrant a cautious approach regardless of ORADS score.
- Surgical planning should consider oncological principles even for presumed benign masses.



CONCLUSION

Clear cell ovarian cancer is a diagnostic challenge. A high index of suspicion and appropriate surgical planning are essential for optimal outcomes. MDT involvement and thorough histopathology are crucial in identifying rare malignancies.

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