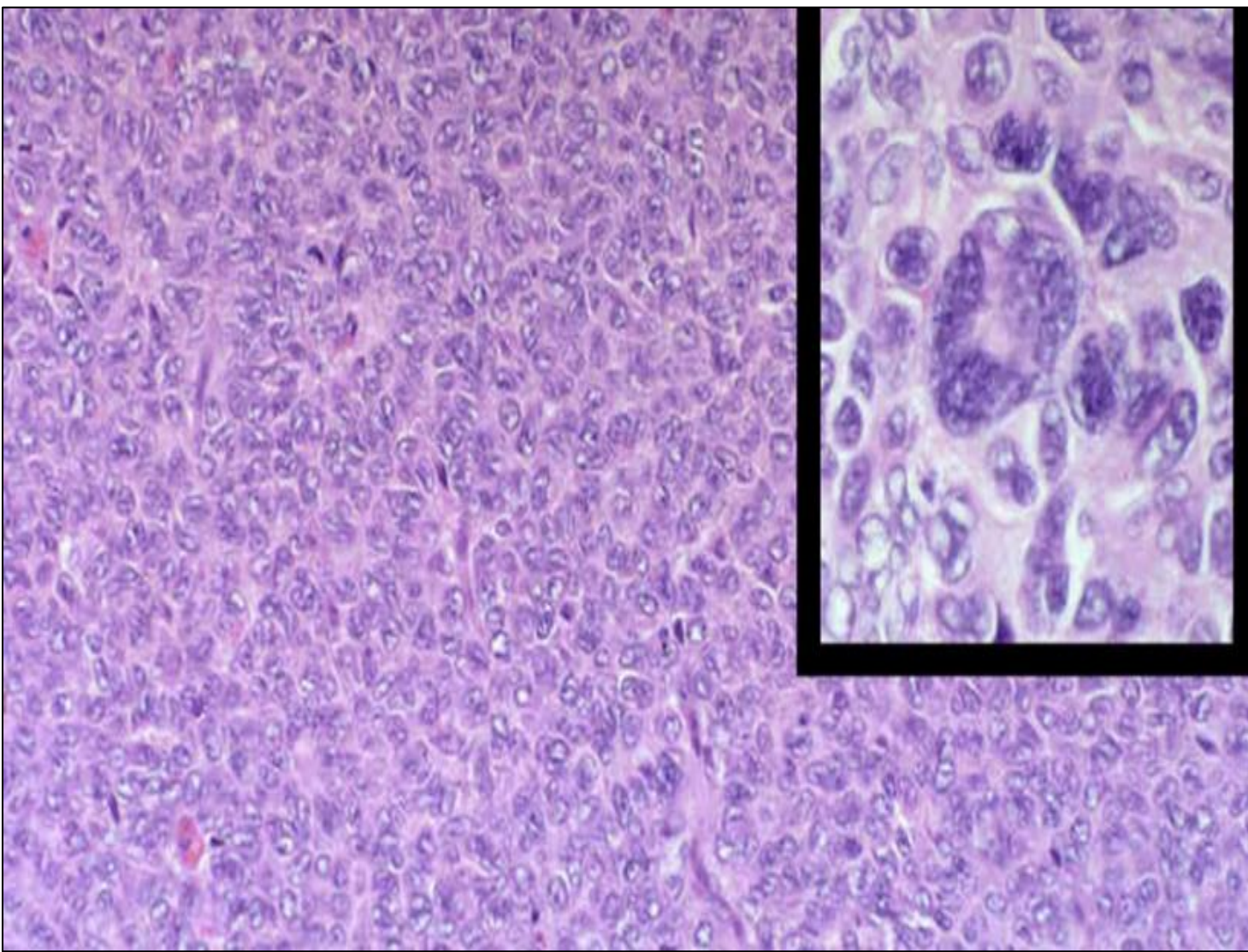


Study of cases of Granulosa cell tumour of the ovary over 6-year period in a district general hospital

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INTRODUCTION

- Granulosa cell tumours (GCT) of the ovary is an uncommon ovarian sex cord stromal tumours that represents 2% to 5% of all ovarian cancers.
- It arises from the granulosa cells, hormonally active component of ovarian stroma producing oestrogen.
- These can be adult or juvenile types.
- Usually diagnosed at an early stage and has good prognosis as it responds well to treatment.
- Due to propensity of recurrence years after initial diagnosis, prolonged surveillance with examination and investigations including serum oestradiol, AMH and inhibin B is reasonable.

AIM

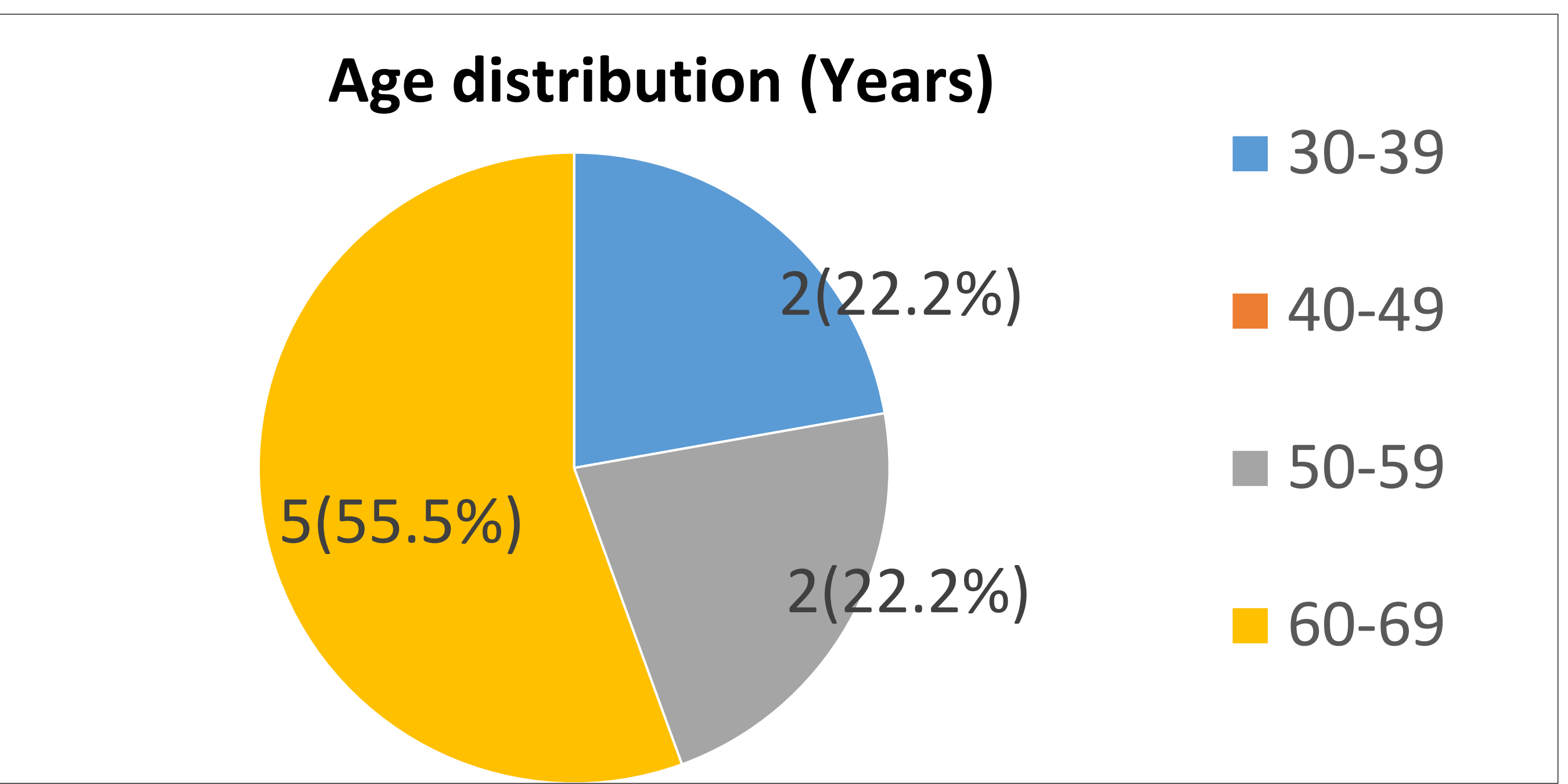
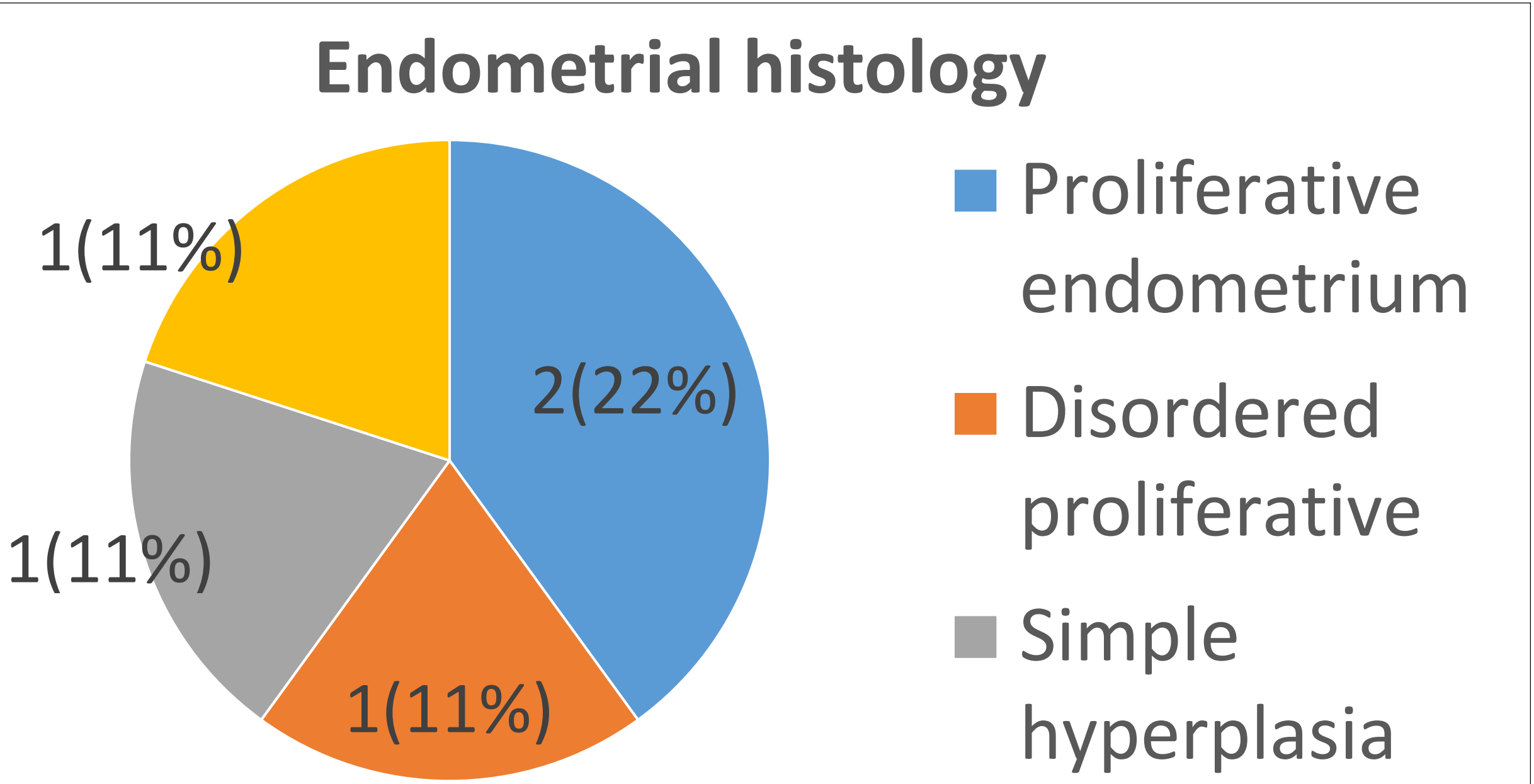
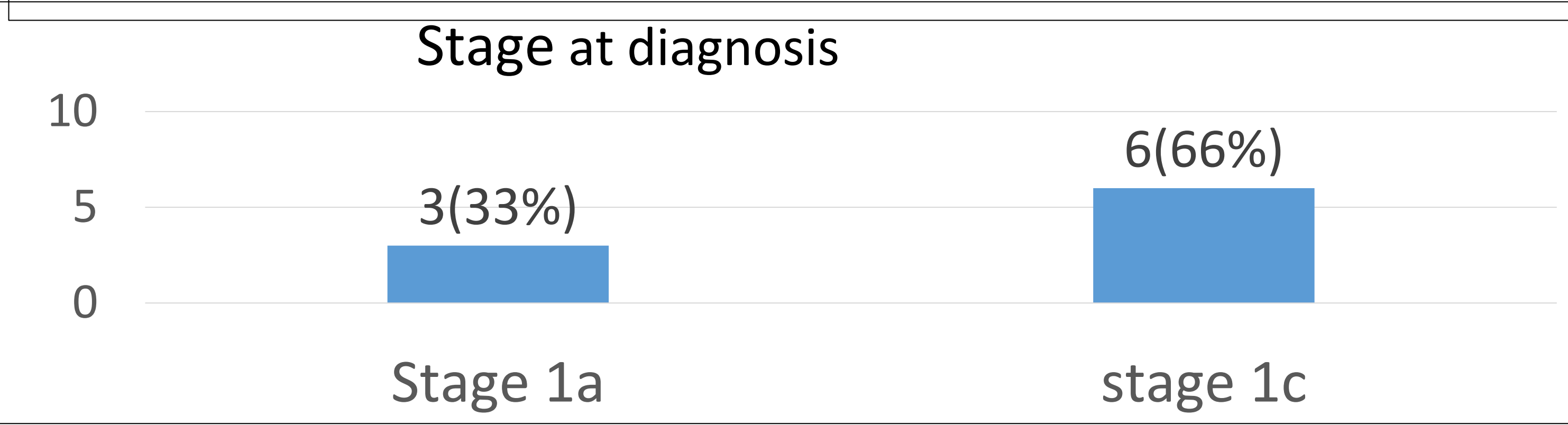
- To study the demographic factors, presentation, management, and follow up in women with diagnosis of granulosa cell tumour
- To look into effectiveness and need for 10 year follow up.

METHODS

- Retrospective study conducted in NHS Lanarkshire
- Period of study- 6 year (2019-2025)
- Initial cohort generated from pathology department.
- Further data collected from electronic patient records
- Analysis in the form of means and percentages.

RESULTS

- Number of cases-9. All were adult GCT.
- Average age distribution was 56 yrs.
- 5 women (>50%) presented with abnormal bleeding which on investigation confirmed hyperplasia or higher.
- All except one woman (89%) had a total hysterectomy with bilateral salpingo-oophorectomy, either laparoscopic or laparotomy.
- One woman (11%) had vault recurrence within 2 months after hysterectomy.
- All the women had stage 1 disease (6 with stage 1c while 3 with stage 1a)
- No one had adjuvant chemotherapy



CONCLUSION

- Adult GCT are more often seen as compared to juvenile GCT.
- Early diagnosis with treatment results in good prognosis.

REFERENCE

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