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A Poseur of Malignancy- Ovarian Cystadenofibroma

Ovarian adenofibroma is a rare benign tumour originating from the germinal lining and stroma of the ovary containing both epithelial and fibrous component. So it presents as a multi-cystic mass with solid components mimicking malignancy.

CASE DISCUSSION: 55 years old P2L2 came with complain of pain abdomen since 10 days, of moderate degree, radiating to back and history of constipation and loss of appetite. No complains of menstrual irregularity or mass abdomen. Abdominal examination revealed mass of 20 weeks, firm in consistency and restricted mobility. Per Speculum examination showed a pulled up cervix and vagina appeared healthy. Bimanual examination confirmed a midline mass ~ 20-22 weeks with restricted mobility and firm to hard consistency with a flushed-out cervix and the uterus could not be made out separately. USG revealed a Multi septated cystic lesion with mural nodules seen in both Adnexa measuring 12.3*10 cm and 10*11 cm f/s/o neoplastic ovarian lesion. MRI showed a large complex cyst in pelvis measuring 152*92*128mm, likely right ovarian in origin f/s/o mucinous cystadenocarcinoma/ borderline neoplasm.

MANAGEMENT: Patient underwent Staging Laparotomy + TAH + BSO + Infracolic omentectomy. Intra-operatively a right ovarian mass, cystic and solid in consistency of 20*20 cm noted, uterus atrophic, fibroid of 2*2cm on right anterior wall noted. Left ovary and Fallopian tube were normal. Infracolic omentectomy done. Histopathology showed leiomyoma of uterus and mucinous cystadenofibroma of left ovary.

DISCUSSION: Primary ovarian cystadenofibromas are encountered in women aged between 15 and 65 years. As a group, they are thought to represent ~1.7% of all benign ovarian tumours. They contain solid components and thus mimic malignant neoplasms. Since they are often diagnosed as malignant ovarian tumour, staging laparotomy is done. These tumours have the gross appearance of a malignant tumour intra-operatively also. A frozen-section diagnosis may be helpful in many of these cases because a correct diagnosis of cystadenofibroma in the operating room will help in avoiding extensive surgery. Definitive treatment is oophorectomy and the prognosis is excellent.

CONCLUSION: Our case of ovarian cysadenofibroma was found masquerading an advanced ovarian neoplasm both clinically and radiologically. Treatment of cystadenofibroma is complete removal of the tumour. Intra-operatively frozen section will avoid extensive surgery. It is a rare entity and poses diagnostic challenges mimicking malignancy.

Publications

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Biography

Neelashma Singhel, is currently a final year resident at Kasturba Medical College, Mangalore, India. Her passion to change the scenario with regards to women and child health and welfare lead her to pursue obstetrics and gynecology. Not only that, but she was also one of the few doctors from India to have been selected to attend the healthcare innovation technology bootcamps organized by Harvard Medical College and MIT Boston which enables her to incorporate small changes which make big impacts in her daily patient care routine. Always learning and constantly evolving is her daily motto.

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