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Images in clinical practice

Sclerosing stromal ovarian tumor.

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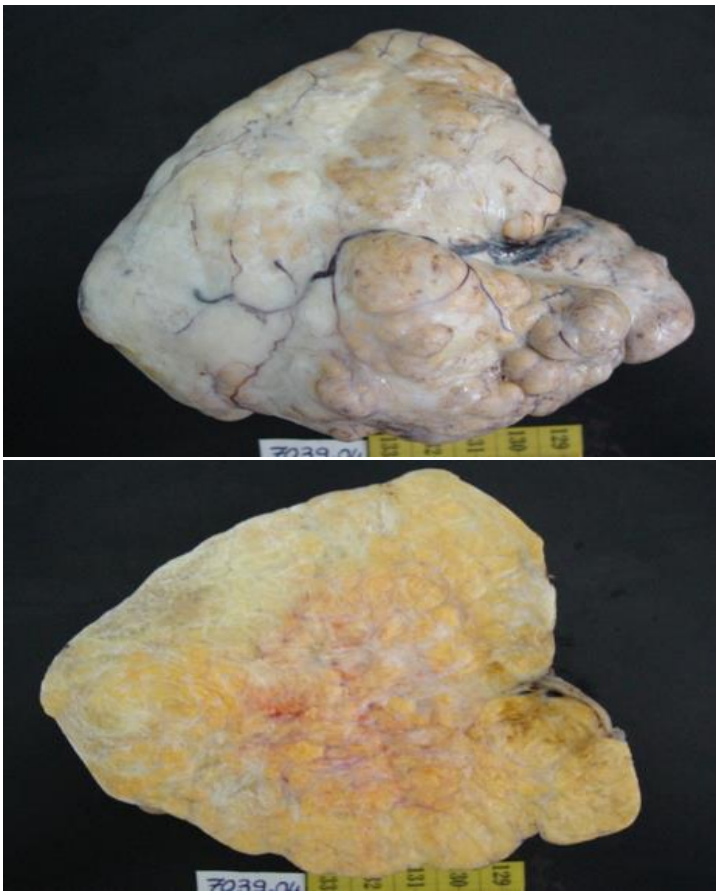

Figure 1: solid well encapsulated ovarian mass with no focal hemorrhage or necrosis and yellow cut surface

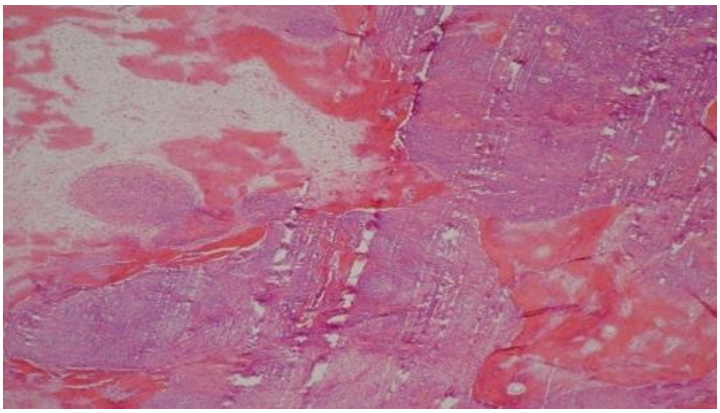

Figure 2: pseudo-lobular aspect of cells proliferation separated by edematous, myxoid hypocellular areas

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Observation

An 18-year-old female presented with left-sided recurrent lower abdominal pain. The physical examination was unremarkable. Preoperative investigations confirmed a solid mass measuring 5x6 cm. Laboratory investigations including tumor markers were normal. The patient underwent unilateral salpingo-oophorectomy with uneventful postoperative course. The histopathologic gross examination revealed yellowish ovarian tumor of 53 grams with no focal hemorrhage or necrosis (figure1). Microscopic examination revealed heterogeneous cell proliferation separated by edematous, myxoid, and fibrous hypocellular areas (Figure 2). The tumor was well circumscribed with pseudo-lobular aspect. The immunostaining showed moderate positivity to Calretinin, Inhibin and smooth muscle actin. However, the tumor was negative for Pancytokeratin.

Sex cord-stromal tumors are rare ovarian neoplasms. Described first in 1973, sclerosing stromal tumor (SST) is a subtype that accounts for less than 6% of all ovarian tumors[1]. This entity with specific immunohistochemical characteristics is mostly diagnosed in young active females and usually non- secreting [2]. The clinical and radiological features are nonspecific. The diagnosis is always made by the pathological examination of resected tumor specimen [3].

Conflict of Interest: None

References

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