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CASE REPORT

A Case Report of Ovarian Fibrothecoma mistaken for a Fibroid

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INTRODUCTION

Ovarian fibrothecomas are common in 5th decade of life and have nonspecific clinical features which makes definitive preoperative diagnosis difficult.

CASE REPORT

A 47-year-old parous lady, admitted with abdominal distension and pain, which was vague in nature, more toward left iliac fosse. Clinical examination revealed 14 weeks size mass, on bimanual examination tenderness was noted in left fornix, with the firm mass causing the fullness in left iliac fosse and pouch of Douglas. Ultrasound showed a large solid appearing mass near the fundus of the uterus, no ascitis and reported as suggestive of fibroid with degeneration. CA-125 was 7 IU/ml preoperative investigations done were found to be normal.

Intraoperatively, 10 × 8 cm solid mass arising from the left ovary which was removed *in toto*. Other ovary was normal. Both ovaries sent for frozen section which was reported as benign neoplasm. Hysterectomy was proceeded with. She had an uneventful postoperative period and was discharged on 5th postoperative day. Histopathological examination reported as fibrothecoma of left ovary, with microscopic features of spindle-shaped cells with vacuolated cytoplasm with areas of hemorrhage and fat suggestive of fibrothecoma. No evidence of malignancy noted. The right ovary and the fallopian tubes showed no gross pathology.

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DISCUSSION

Fibrothecoma are seen in 5th decade of life. Ovarian tumor, especially solid tumor are commonly mistaken for fibroid more so because of the similarity in the radiological appearance. Fibrothecoma with abdominal distension and raised CA-125 must be differentiated from the edema of the ovary, ovarian myxoma and sclerosing stromal tumor.

Fibrothecoma consist of mixture of both fibroma and thecomas, the difference being imprecise because of histological and immunological overlap. Therefore the term fibrothecoma is frequently used.[1] These tumors account for about 4% of all ovarian neoplasm.[1] Grossly, they appear as greyish white, smooth, slightly lobulated, unilateral in 90% of cases. Although degeneration occur in large fibrothecomas,[2] this particular case did not show evidence of it. Edema may be observed in fibrothecoma,[3] and it can be massive if induced by a stasis of lymphatic drainage in the presence of torsion.

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