

Cystadenofibroma of the Ovary: A Case Report

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Abstract:- Ovarian cystadenofibroma is a rare benign epithelial tumor whose radiological and intraoperative appearance may simulate a malignant tumor, hence the interest of our clinical case. The patient was 77 years old, multiparous, with no notable pathological history, and had presented with chronic pelvic pain. Physical examination revealed right latero-uterine tenderness with bulging in the right cul de sac. Pelvic ultrasound revealed a double tissue and fluid (mostly cystic) image in the right retro and latero uterine area, with a solid component that did not show up on color Doppler, measuring 10.5 × 5.7 cm. In addition, the uterus was of normal size with a thin endometrium and no effusion. The thoracoabdomino-pelvic CT scan showed a solid cystic mass probably ovarian right measuring 96 72+68 mm, otherwise no suspicious abnormality. The tumor marker CA125 was negative. A total hysterectomy with bilateral adnexectomy and multiple biopsies were performed. The postoperative course was simple. Pathological examination revealed an ovarian serous cystadenofibroma. Serous cystadenofibroma of the ovary can have a misleading appearance on imaging. It is therefore a differential diagnosis of malignant tumors of the ovary.

I. INTRODUCTION

Ovarian cystadenofibroma is a relatively rare benign tumor of the ovary [1] that arises from the germ lines and ovarian stroma. This tumor can be solid, cystic, or solid-cystic, depending on the fraction of epithelium and stroma it contains and the secretory activity of the epithelium within it [2]. Cystadenofibromas of the ovary may present as malignant tumors, and therefore may wrongly induce an aggressive surgical attitude. and thus posing the problem of adjusting the surgical treatment. We present a case of serous cystadenofibroma of the ovary which simulated the appearance of malignancy, thus leading to a radical surgical treatment

II. OBSERVATION

The patient was 77 years old, with no notable pathological history G5 P5 (vaginal deliveries), who consulted for chronic abdominal-pelvic pain of the heavy type, associated with an increase in abdominal volume, without any other associated signs, evolving in a context of conservation of the general state with, on physical examination, a supple abdomen with no palpable mass and, on vaginal touch combined with abdominal palpation, a right latero-uterine tenderness with a bulge in the right cul-de-sac

Pelvic ultrasound revealed: presence in the right retro and latero-uterine area of an image with a double tissue and fluid component (mostly cystic), the solid component of which did not show up on the color Doppler, measuring 10.5 × 5.7 cm. In addition, the uterus was of normal size with a thin endometrium .

Thoracic abdominal and pelvic CT scan:

- Solid cystic mass probably right ovarian measuring 96 72+68 mm (images 1,2,3).
- No suspicious abnormality
- The tumor marker Ca125 was negative (13 IU/ml)

The patient underwent a laparotomy with the following exploration:

- Small peritoneal effusion aspirated and sent for cytological study
- Uterus of normal size Right adnexa: presence of a solid cystic mass 10 cm long, suspicious of malignancy without capsular effraction, Left adnexa without any particularity.
- The rest of the exploration was unremarkable (liver, omentum and peritoneum)

In view of the clinical, radiological and perioperative data, a hysterectomy with bilateral adnexectomy and multiple biopsies with cytological sampling were decided, the histological study of the operating room revealed a serous cystadenofibroma of the ovary, the cytology was free of tumour cells, the postoperative course was simple.



Images 1,2,3: different CT sections of the voluminous solid-cystic ovarian mass whose solid component is enhanced after injection of contrast medium, without visualization of vegetations or endocystic septum, measuring 9 x 72 x68 mm in diameter

III. DISCUSSION

Ovarian cystadenofibromas represent 1.7% of benign tumors of the ovary. They are most often of the serous type, but can also be endometrioid, clear cell or mucinous [2,3]. These tumors can be asymptomatic. When they are larger, they cause pain [2], an increase in abdominal volume or dysuria [3,4,5]. The ultrasound appearance is variable; according to Viriligo et al [6], one can find either a unilocular cyst with one or more papillary projections (25.9%), or a multilocular solid mass with one or more solid components but without any papillary projection (19.4%). Intraoperatively, they most often have a smooth, shiny surface, sometimes they have a surface covered with papillary growths. The tumors vary in size. They can reach up to 30 cm in diameter. The operative aspect is most often simulative of malignancy, hence the interest of extemporaneous histological examination, to avoid an aggressive surgical treatment especially when it is a young patient.

IV. CONCLUSION

Serous cystadenofibroma of the ovary is a rare benign tumour that can simulate a malignant tumour on imaging and even intraoperatively. It therefore constitutes an essential differential diagnosis of malignant tumours of the ovary, hence its susceptibility to wrongly induce an aggressive surgical attitude.

Conflicts of interest

The authors declare no conflicts of interest.

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