PRIMARY LYMPHOSARCOMA OF OVARY

(Report of A Case)

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Primary lymphosarcoma involving the ovary is rare, considering its great frequency in other sites. In a review of world literature (Collins and Piper, 1962), only 6 cases of lymphosarcoma of the ovary have been reported. Since this entity is so unusual, it was thought worth while to report the following case.

A Christian woman aged 65, was admitted to the Bombay Hospital No. 7842/62) in November, 1962, complaining of pain in the left side of the back and lumbar region. There was no discharge or bleeding per vaginam nor were there any urinary or bowel complaints. There was no fever, vomiting, emaciation or loss of weight. The patient was rather poorly built. She had regular menstrual periods. The bleeding used to be moderate in quantity and painless. Her last menstrual period was 15 years ago. She had four full-time normal deliveries. There were no palpable lymph nodes anywhere in the body. The liver and spleen were not palpable. The examination of blood did not show any evidence of leukemia.

Clinical examination revealed a tender lump in the abdomen in the left lumbar region. It had a restricted mobility. There was no edema over the feet.

Total hysterectomy with bilateral salpingo-oophorectomy was carried out. The tumour of the ovary was on the left side. The post-operative recovery was uneventful and there is no further follow-up.

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Pathology

Gross Description. The tumour from the left side of the ovary measured 5 x 2.5 cm. It was soft in consistency. The cut surface was greyish white in appearance and had a fleshy feel. The uterus was small in size measuring 3 cm. in long axis.

Microscopical Findings.—The tumour was composed predominantly of small round to oval cells. It contained dark-stained or vesicular nuclei. The cytoplasmic outlines were indistinct. An occasional mitotic figure could be identified. The Gomori's method of staining showed a fine net-like reticular stroma.

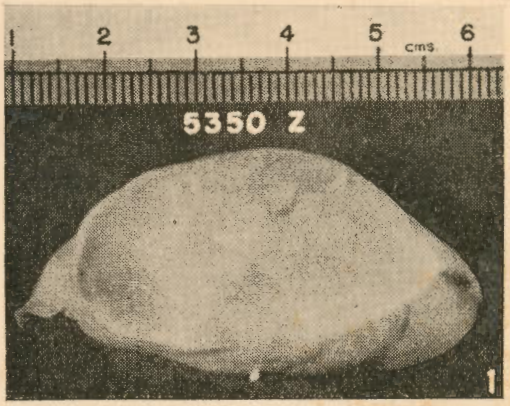

Fig. 1
Surgical specimen of primary lymphosarcoma of the ovary. Note the homogenous appearance of the tumour.

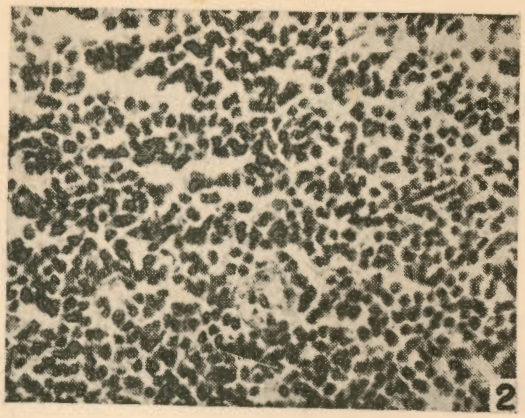

Fig. 2
Photomicrograph showing that the ovarian tissue is completely replaced by dark, round malignant cells of the lymphoid series (H & E stain X 480).

Comments

The case reported herein is an example of primary extra-nodal manifestation of malignant lymphomas in the ovary. Even though the lesion has primarily started in the ovary, it may be incorrect to surmise that it would remain localised, as malignant lymphomas are multicentric. In extra-nodal lymphomas surgical removal of the involved organ gives a good long term survival rate. This is seen in primary lymphosarcomas of stomach, breast and ovary.

A question may well be asked as to what is the histogenesis of primary lymphosarcoma of the ovary. The presence of lymphoid tissue in the normal ovary is denied by most histologists. It is possible that lymphoid tissue could be present in the ovary as a result of previous chronic inflammation and give rise to lymphosarcoma. Durfee et al (1937) have suggested that lymphosarcoma in the ovary may arise as a massive overgrowth of the lymphoid element of a pre-existing teratoma.

Summary

The present report intends to introduce a new case of primary lymphosarcoma of the ovary. The reported example of this entity in the world literature is very small.

References

1. Collins, J., and Piper, P. G.: Obst. & Gynec. **20**: 686, 1962.

2. Durfee, H. A., Clark, B. F. and Peers, J. H.: Am. J. Cancer, **30**: 567, 1937.