

MESONEPHROMA OF OVARY

(A Case Report)

by

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Mesonephroma of the ovary is one of the rare type of tumours and constitute 1% of all malignant ovarian tumours in Mayo clinic. It is a relatively new cancer to the ranks of specially recognizable ovarian tumours. It is probably one of the widely confused and poorly understood entities in the complete field of gynaecological pathology. It must be borne in mind that mesonephrome is not a truly ovarian lesion in that its origin is probably from mesonephric remanants in close proximity to the ovary. As it grows it encroaches on and frequently replaces the gonad so that the designation "mesonephroma of the ovary" while perhaps not proper has achieved common usage. It presents such a variegated appearance, that a single case may reveal areas closely resembling such different entities as dysgerminoma, teratoma, arrhenoblastoma and papillary cystoma, indeed practically every type of ovarian neoplasm.

Case Report

Mrs. A., aged 35 years, was admitted on 6-11-1970 with a history of severe pain in the lower abdomen for the last 10 days, and profuse bleeding on the 5th and 6th day of her previous menstrual cycle.

Previous history: She is married for 20 years, has 3 living children, last child 14 year old. She is a widow for the last 14 years.

On examination there was a subumbilical

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swelling in the hypogastric region of 18 weeks' pregnancy size. The tumour was cystic in consistency and mobility was restricted.

Vaginal examination showed that the size of the uterus could not be made out. A cystic mass was felt in the right and anterior fornices. On colpocentesis thick chocolate coloured fluid was drawn. A diagnosis of twisted ovarian cyst was made.

Her B. P. was 110/70, Hb 10 grms%, urine was clear, blood urea 23 mgm and Blood group was 'B'. On 19-11-1970, laparotomy was done. On opening the peritoneum a bluish, thin walled cyst came into view. The tumour was eroding the layers of the broad ligament deep into the pelvis; the right ovary could not be made out. The left tube and ovary were normal. The tumour was removed after incising the peritoneum of the broad ligament anteriorly and the gap was closed by interrupted sutures. She was discharged 1 week after the operation on 25-11-1970 in a good condition.

Because the tumour is invariably malignant, the treatment advocated is total abdominal hysterectomy with bilateral salpingo-oophorectomy followed by post-operative radiation. In the present case only ovariectomy was done because malignancy was not suspected. She refused post-operative radiation. She is being regularly followed up every month and so far there is no evidence of recurrence.

Biopsy Report

The sections studied show tubules-like structures lined by cuboidal epithelium (Fig. 1). Some of the spaces contained eosinophilic secretions. Cystic spaces lined by the typical peg-like epithelium of the mesonephroma were also seen. There were structures resembling glomeruli (Fig. II).

The histological appearances suggest mesonephroma of the ovary.

Discussion

Genesis of mesonephroma of ovary is so confusing that various authors have given different names for the same tumour. In 1939, Schiller called it as "mesonephroma ovary" as it resembled mesonephric glomerulus. Laqueur & Ladewig (1940) could not demonstrate glomeruli in their study and called it "Papillo-endothelioma ovary." Strome and Traut (1943) found the tumour resembling a pseudomucinous cyst and called as "Teratoid Adenocystoma." Teilium (1954) considered it as a sex cell tumour and named it as "Gonocytoma" as it lies in between characteristic dysgerminoma and chorionepithelioma. In 1969, Anderson *et al* described two cases and gave this tumour the name "clear cell adenocarcinoma" Mcleod and Read (1955) classified this tumour under Teratoma and complex tumours of the ovary and Novak *et al* (1962) classified it as primary carcinoma of ovary. Mesonephroma of the endometrium in 70 years old woman was reported by Fechner in 1968 and mesonephroma of cervix in a 14 year old white girl by Capraro *et al* in 1970.

Summary

This case was in a married woman of 35 years with three live children coming with the main complaint of pain and mass in the abdomen of short duration of 10

days. The picture was all the more confusing as it was occupying the layers of the broad ligament and the actual ovary could not be made out.

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See Figs. on Art Paper VII