FIBROTHECOMA OF OVARY AND PREGNANCY

by

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Both fibroma and thecoma are rare tumours of ovary. They are usually benign and almost always unilateral. In the present communication a case is reported which exhibited the morphological characteristics of both fibroma and thecoma.

Case Report

Mrs P.S., 25 years, was admitted in Basirhat State Hospital on 8-2-1977 with the complaints of lower abdominal pain, constipation and dysuria following her last childbirth 3 months back. She noticed a lump in lower abdomen one month after the last confinement. She was mother of 4 children and her previous menstrual history was normal.

General Examination

Nothing abnormal was detected.

Abdomination Examination

There was a firm mobile lump about 20 weeks pregnant uterus size. The liver was not palpable and there was no ascites.

Internal Examination

The uterus was small and deviated to left side by the lump felt per abdomen. The pouch of Douglas was clear.

A provisional diagnosis of ovarian tumour was made. Routine laboratory and radiological examinations were normal. No hormonal assay was done.

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Management

Laparotomy was done on 11-2-1977 which confirmed the clinical diagnosis of ovarian tumour. There was no adhesions. The left ovary and uterus were healthy. There was no evidence of spread of the tumour. Hence right ovariotomy was done and abdomen was closed in layers. She made an uneventful recovery and was discharged on 9th postoperative day.

Gross Pathology

The tumour was solid, smooth, greyish white in appearance and measured 18 cm x 16 cm x 10 cm (Fig. 1). The cut surface looked yellowish and showed cystic haemorrhagic and mucoid areas at places. There was no obvious whorl-like appearance.

Microscopic Pathology

Routine H & E stain revealed broad spindle shaped cells with epithelioid appearance. These cells were separated by bands of connective tissue (Fig. 2). Lipoid staining with Sudan Black showed presence of fat mostly intracellular (Fig. 3). The presence of fibrous tissue was confirmed by reticulin stain (Fig. 4). No calcification or glandular tissue were seen.

Follow Up

She was reviewed 3 months and 6 months after the operation and was found to be in excellent health. The youngest baby was a male baby who did not show any obvious congenital malformation.

Discussion

Coexistence of fibroma and thecoma is a well recognised entity (Chakravarty and Gupta 1976). Both of them arise from ovarian mesenchyme. The exact

diagnosis can only be made after microscopical examination including special staining reactions. Recently, however, endocrine potentiality of these tumours has been considered as an important diagnostic criteria though some of them are hormonally inactive 'inert' tumours. In the present case hormone assay was not done and diagnosis was based solely on morphological characteristics.

Pregnancy may occur with both granulosa and theca cell tumours. Diddle and O'Connor (1951) have demonstrated this association in 37 of nearly 1200 reported cases. In the present case too it is conceivable that the tumour was present throughout the pregnancy. The size of tumour and its histological appearance excludes the possibility of being 'pregnancy luteoma' of Sternberg.

Both fibroma and thecoma are usually innocent but malignant forms have been described. Pedowitz *et al* (1954) have reported the incidence of malignancy as 3% in theca cell tumours. In the present case the patient was young, the tumour was encapsulated. Besides exact nature of tumour was doubtful at operation and diagnosis was confirmed only after microscopical examination. Hence, conservative operation was performed and she is under regular follow up.

Summary

A case of fibrothecoma of ovary of about 20 weeks pregnant uterus size is reported. It is highly probable that the tumour was present throughout the pregnancy. A conservative operation has been done.

Acknowledgement

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References

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See Figs. on Art Paper VI