CALCIFYING FIBROMA OF THE OVARY

(A Case Report)

by

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A case of fibroma ovary getting completely calcified in a female of 70 years is reported. A brief review of literature is presented.

Fibroma ovary is not a rare but relatively uncommon solid ovarian tumour (Marcuse, 1966). It is generally unilateral and endocrinally inert. Some authors feel that it is impossible to differentiate from thecoma (Morris, 1958). Meigs (1954) described Meig's syndrome a well known clinical entity of fibroma ovary associated with ascitis and hydrothorax.

Varieties of secondary changes have been reported like collagenisation, fibrosis and calcification. A case of ovarian fibroma getting completely calcified in a female of 70 years is reported.

CASE REPORT

A female, 70 years old came with history of pain in abdomen and fever since 10 days in June 1978. Pain was continuous and was not associated with vomiting. Swelling was there for the past 10 years, but rapidly increasing since 3 years.

Menstrual and Obstetric History: Menopause 25 years back. Menarche at 13th year, past cycles were regular. She had 10 children, last child was born 35 years ago.

Examination

The patient was moderately built and nourished. Not anaemic. Pulse and blood pressure were 78/mt. and 110/80 mm of Hg. respectively. All the other systems were clinically normal.

On examination a stony hard mass was felt about 36 weeks' size of the gravid uterus. It was dull with restricted mobility from side to side and tender. There was no evidence of free fluid in the abdomen. No lymphadenopathy and no edema of lower limbs. Patient had no bowel or urinary complaints.

Vaginal examination revealed atrophic uterus with flushed cervix. No nodules were felt in the pouch of Douglas. Movements of the tumor were not transmitted to the uterus.

Investigations: Hemoglobin 8 G%; blood group 'O', blood sugar 95 mg%, blood urea 26 mg%, urine examination Normal.

A provisional diagnosis of malignant ovarian tumor was made and laparotomy was performed under general anaesthesia on 20-7-78.

Operative findings

On opening the peritoneum a little amount of peritoneal fluid was found. There was a

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greyish white tumor occupying almost the left iliac fossa extending on to the left loin. It was not adherent to any other viscera. The tumor was delivered and found to arise from the left ovary. Left sided salpingo-oophorectomy was done. The other ovary and tube were normal. Uterus was atrophic. Abdomen was closed in layers and post-operative period was uneventul.

Gross examination

The solid tumour was oval very hard and weighed about 2 kgs. X-ray revealed complete calcification of the tumor (fig. 1). It was very difficult to cut without bandsaw. The cut surface was almost like that of bone (fig. 2). The fallopian tube was elongated and running on the superior border of the tumor.

Microscopic examination

The tumor was composed of spindle shaped fibroblasts and fibrocytes were seen only at the periphery. The centre was completely replaced by calcified mass.

Discussion

On reviewing the biopsy files of the department of pathology, Kurnool Medical College, Kurnool a total of 295 tumours of the ovary have been recorded. Amongst the total ovarian tumors, benign tumors were 203. A total of 9 fibromas have been encountered for the past 19 years forming a percentage of 4.43 per cent among benign tumors and 3 per cent of all ovarian tumors.

The present case is a solitary example where such a big tumor was encountered undergoing calcification.

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See Figs. on Art Paper V