MESONEPHROID CLEAR CELL CARCINOMA OF OVARY

(A Report of a Case)

by

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A case of mesonephroid clear cell carcinoma of ovary is described from a series of 62 malignant ovarian tumours registered in Department of Pathology and Microbiology, Dr. Sumpurnanand Medical College, Jodhpur, in past ten years.

CASE REPORT

R.B., 5th gravida, a 54 year old Hindu married woman was admitted in Umaid Hospital attached to Dr. S.N. Medical College, Jodhpur for low abdominal pain and intraabdominal swelling of 4 months' duration. She had menopause 6 years back but irregular vaginal bleeding for the last 6 months. Her menstrual history was unremarkable and patient had 3 full term normal deliveries and 1 abortion.

On examination: A right sided mobile solid mass of approximately 10 cms. extending to umbilicus was felt per abdomen, On Vaginal examination a normal sized, freely mobile, non-tender uterus in mid position and a solid to cystic mass in fornix was felt. There was no ascitis and no lymphadenopathy.

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Investigations

A diagnosis of malignant ovarian tumour was made. At laparotomy the tumour was discovered to originate in the right ovary measuring 10 x 10 cms. It was mobile, had a smooth surface and was soft to cystic in nature. There was no extra pelvic spread, left ovary was normal. Hysterectomy with bilateral salpingo-oophorectomy was performed, myometrium was normal. Cervix showed only histological evidence of inflammation, both tubes were normal.

Gross Examination

The tumour replaced the normal ovarian tissue, it was in major part composed of grayish-yellow solid to cystic varigated areas filled with turbid gelatin like material. The tumour was encapsulated. The over all tumour dimensions were 10 x 10 cms.

Microscopic Examination

Sections obtained from various areas of tumour showed tumour cells with finely granular to clear appearing cytoplasm arranged in irregular solid growths and channels separated by loose connective tissue. In other areas these cells showed tubular pattern and indistinct papillary projections (Figs. 1 and 2). Single layer of cuboidal cells projecting into lumen of tubules were also descernible (Fig. 2). with Sudan Stain no cytoplasmic lipids were seen.

Sections showed no staining for acid mucopolysaccharides in tubules.

Comments

The mesonephroma showing morphology described by Schiller (1939) and Saphier (1944) has been considered a rare ovarian neoplasm with controversy regarding their histogenesis. The origin of these tumours has been attributed to indifferent remnants of the mesonephros (Schiller, 1939), teratomatous nature designating it as papillo endothelioma (Kazancigil *et al,* 1940), (Stromme and Traut, 1943) supporting teratomatous nature called these tumours' teratoid adenocystoma, germinal tumour designating it as endodermal sinus tumours' (Teilum, 1950) and derivation from surface epithelium (Fine *et al,* 1973). Much confusion surrounds the concept of Schillers mesonephroma and its relation to embryonal carcinoma, meso metanephric rest tumours and clear cell adenocarcinoma of Saphir and Lackner (Evans, 1978).

Parker *et al* (1960) reported 2% incidence of the hypernephroid variety among the ovarian cancers they studied, (Molloy *et al,* 1965) gave an incidence of 5.7% in series of 653 primary malignant ovarian tumours, however, we have observed an incidence of 1.60% out of 62 malignant ovarian neoplasms.

Mesonephromas occur not only in the ovary but also in the broad ligament, the uterus, the cervix and vagina from the extra ovarian vestiges of the mesonephric tubules (Novak, 1975).

The prognosis of clear—cell carcinoma of the ovary is that of ovarian carcinoma in general (Parker *et al* 1960) and is grave when there is evidence of capsular invasion and adherence to adjacent structures. Although histology is similar irrespective of the site at which they occur, ovarian mesonephroma are more lethal even when the lesion is confined to ovary, mortality approximates 35% despite any surgical and irradiation therapy (Novak, 1975), when there is extra ovarian extension there is practically no salvage.

See Figs. on Art Paper VII