CLEAR CELL CARCINOMA OVARY—AN UNUSUAL PRESENTATION

by

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Introduction

Clear cell carcinoma of the ovary known variously as mesonephroma, mesometanephroma, mesonephroid tumour and hypernephroid tumour is identified by the presence of clear cells and hobnail type of cells. This tumour is not confused with the endodermal sinus tumour any more because of its distinct histological pattern (Tei lum, 1959). Lack of agreement on its histogenesis has led to such a plethora of terms that one is frequently at a loss to understand the exact type and natural history of the tumour. One case of this uncommon tumour which presented as a rectal polyp is discussed here.

CASE REPORT

A 52 year old female was admitted for pain in abdomen for 1 month and fever of 3 days duration. The pain tended to increase after meals and she also complained of passing blood and mucus in the stool for 6 months. The patient had irregular cycles before attaining menopause 9 months back. There was no history of postmenopausal bleeding.

On examination the patient was anaemic. Liver was enlarged 3 cm. below costal margin. It was slightly tender. There was tenderness in right hypochondrium and right iliac fossa. On rectal examination a firm mass was felt in the anterior rectal wall in the lower one third. It was not mobile and there was no blood on the examining finger.

On protoscopy a whitish fungating polyp 2 cm in diameter was visualised. On vaginal examination there was third degree uterovaginal prolapse with the cervix lying outside the vulva. The uterus was of normal size and firm. A firm mass was felt in the left fornix and this appeared to be continuous with the rectal growth.

Liver function tests, X-ray chest and abdomen were normal. E.S.R. was raised to 90 mm. at the end of the first hour. A provisional diagnosis of carcinoma rectum with infiltration into surrounding para-rectal tissue was made.

Polypectomy was done and on histology it showed cells arranged in an adenoid fashion and some of the cells showed clear cytoplasm. Mucus could not be demonstrated. This was reported as adenocarcinoma rectum with clear cell change. The patient was prepared for exploratory laparotomy and colostomy. On opening the abdomen, a growth arising from the left ovary involving the surrounding fat and rectum was seen. Because of the adhesions, the mass could not be removed in toto and colostomy was done. The mass with uterus was removed. Postoperatively the patient developed peritonitis and she expired due to toxaemia, peritonitis and malignant caehexia.

Gross features

The mass removed consisted of several fragments, the largest measuring 5 x 4 x 3 cm with uterus attached on one side. The uterus was unremarkable. On cut section the mass was greyish white to greyish brown in colour. A few areas of necrosis were seen. Multiple sections were taken.

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MICROSCOPIC FEATURES

The uterus was lined by non-secretory endometrium. Myometrium was unremarkable. The tumour mass showed cells arranged in adenoid, papillary and trabecular fashion. There were cystic spaces lined by 'hobnail' type of cells (Fig. 1). There were also groups of clear cells (Fig. 2). Some of the cells showed ground glass to pink cytoplasm. In multiple sections studied no normal ovarian tissue was seen. The wall of the fallopian tube was seen to be infiltrated by the tumour tissue. It was diagnosed as clear cell carcinoma of the ovary infiltrating the surrounding tissues.

Discussion

The clinical presentation in this case was rather unusual. We have not found any case report of clear cell carcinoma of ovary presenting as a rectal polyp. However, Lifshit *et al* (1978) have reported 5 cases of ovarian carcinoma presenting as a vaginal lesion. Clear cell carcinoma of ovary presenting as a rectal polyp is an unusual finding and may cause the clinician considerable concern, since it is not usually considered in the differential diagnosis of a rectal polyp. However, the biopsy and complete physical examination may suggest the ovary as the primary site.

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References

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See Figs. on Art Paper VI