BILATERAL MALIGNANT OVARIAN LIPID CELL TUMOUR

by

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Introduction

Lipid or lipoid cell tumours of the ovary are rare, about 150 (one third, hilus-cell type) cases being on record, 5% of them were bilateral (Hughesdon and Symmers, 1978).

CASE REPORT:

A 60-year-old woman (S.K.), Para 6, gravida 6, complained of abdominal swelling, epigastric pain and loss of appetite of 5,3 and 1 months duration respectively, at the time of admission to Women Hospital attached to Dr. Sampurnanand Medical College, and Associated Group of Hospitals, Jodhpur. She had a normal menstrual history and attained menopause at the age of 40 years, without any history of post-menopausal bleeding. She had ascites and a hard mass in the right fornix and slightly enlarged uterus, suggesting uterine neoplasm. Lab. investigations: ESR-70 mm in first hour, Hb-7 gm per cent. Diagnostic curettage did not produce any material. The laparotomy revealed both ovaries enlarged and replaced by solid neoplasms extending to involve uterus, omentum and even stomach. Under the circumstances only two small pieces from right ovarian neoplasm were obtained for biopsy, which were soft in consistency and cut surface was homogenous with yellow-tan.

Microscopic picture: The tumour consisted almost entirely of diffusely arranged, closely placed typical steroidogenic, polygonal, rounded and occasional spindal cells of slightly varying size, appearance and having variable amount of intracellular lipid (Fig. 1), cytologically all appeared benign. The richly vascular connective tissue stroma, progressively branching into delicate strands, was dividing the tumour cells into ill-defined masses and smaller nests. The tumour cells resembled hilus-Leydig cell type or lutein cells and some of them had partially differentiated towards adrenal cortical cells but without attaining a large size, clear cytoplasm and pyknotic nuclei of hypernephroid cells. At certain border zones between connective tissue stroma and tumour cells, there were cells showing transformation of stromal cells into lipoid tumour cells. None of the tumour cells had Reinke crystalloids (Fig. 1).

Summary

A rare entity, bilateral ovarian clinically inert lipid cell tumour, histologically benign but clinically malignant is described.

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Accpted for publication on 8-6-1981.

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See Fig. on Art Paper III