"Mesonephroma Of Ovary" A Case Report"

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Mrs. A.G., 42 years, P_2 +O, L.C.B. – 15 years ago was admitted on 9.4.97 with C/o. lower abdominal lump and gradually deteriorating general condition since last 6-7months.

On general examination, the patient was cachexic with very poor general condition and there was left sided pleural effusion. Per abdomen, there was huge ascites with fluid thrill with a hard, fixed, irregular lump (dull to percussion) felt in the suprapublic region and both iliac fossae. On P/V examination the uterus could not be delineated separately, instead, a hard, fixed, irregular mass was felt through all the fornices.

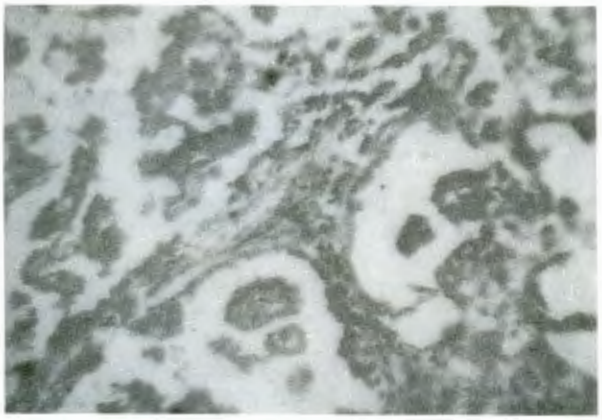

Fig. 1 Histopathological picture of the tumour – consistent with Mesonephroma of Ovary.

Her routine investigations revealed a low Hb% (6gm%) and a high ESR(105mm/1st hour). Chest X-ray confirmed left sided pleural effusion and showed an elevated right dome and flattened left dome of the diaphragm.

USG of the whole abdomen showed a huge irregular multilocular cystic mass with some solid components filling the lower abdomen suggestive of malignant ovarian tumour. Uterus and urinary bladder were not seperately discernible. Cytological examinations of the ascitic fluid and pleural fluid showed preponderance of lymphocytes but no malignant cells. Ascitic fluid was haemorrhagic whereas pleural fluid was straw coloured.

A diagnosis of malignant ovarian tumour was made and laparotomy was done on 21.4.97. Abdominal cavity was full of haemorrhagic fluid.

The intestines, omentum, pelvic colon and peritoneum all were studded with metastatic deposits and there was a hard, fixed, irregular, friable mass in the pelvis with greatly distorted anatomy. Thus no definitive surgery was possible and a small amount of tumour tissue was removed for histopathological examination. The abdomen was closed after putting a rubber tube drain through which 3 litres of ascitic fluid was drained during the post operative period. The patient received 6 units of blood pre-and post operatively, but her condition deteriorated steadily and she died on 13.5.97.

Microscopical examination of the tumour tissue taken at laparotomy showed a loose network of intercommunicating channels and microcysts lined by cuboidal epithelium with frequent glomeruloid bodies into the lumen simulating embryonic mesonephric glomeruli (Fig. 1). No eosinophilic hyaline bodies were found. The features were consistent with those of mesonephroma of ovary.