Brenner Tumour - A Case Report and Review of Literature

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Case Report

A 50 year female was admitted with complaints of dull aching continuous pain in epigastric region since last 8-10 years. It increased in severity for last 15 days. The pain had no relation with meal or posture, but was aggravated on doing heavy work. Obstetric history included 4 full term normal deliveries with 3 males and 1 female alive children. On per abdominal examination a mass was felt in lower abdomen, hard in consistency & could be moved upwards. It was not attached to the body of uterus. On investigations Hb was 10.5 gms, BT-2.2 minutes, CT-4.0 minutes, urine analysis-NAD, fasting blood sugar-97 mg/dl, blood urea-30mg%, serum creatinine-0.7mg% & X-ray chest PA view-NAD. BP was found to be 110/80 mm of Hg. Pulse rate was 80/minute & respiratory rate was 22/minute. On clinical examination she was diagnosed as a case of ovarian mass. Hysterectomy with bilateral oophorectomy was done and the specimen was sent for histopathological examination. Grossly it was unilateral grey white mass of 15x13x10 cm. size. Cut surface was grey white with areas of haemorrhage and necrosis (Fig. 1). Microscopic examination showed predominantly benign looking

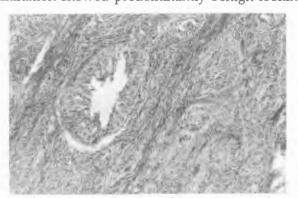


Fig. 1 – Shows benign looking fibrous tissue with uroepithelial cells in Brenner tumour (H&E \times 10)

fibrous tissue mixed with areas of epithelial differentiation consisting of transitional epithelium similar to that of uro-epithelial cells (Fig. 1). These transitional epithelia were centred around areas of mucin collection. The nuclei of epithelial cells were oval with a small but distinct nucleolus and were characteristically of coffee bean type (longitudinally grooved) (Fig. 2). Cytoplasm was clear, mitotic figures were rare and chromatin was fine, dispersed and evenly distributed.

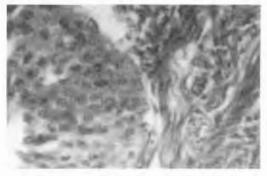


Fig. 2: Shows coffee bean nuclei of uro epithelial like transitional cells of Brenner tumour (H&E X 45)

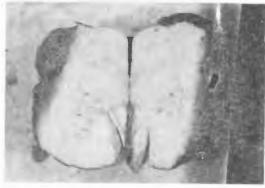


Fig. 3: Shows cut surface of Brenner tumour of ovary with grey white homogenous appearance and areas of haemorrhage and necrosis