J Obstet Gynecol Ind Vol. 53, No. 5 : September/October 2003 Pg 501-502

Nonhodgkin's Lymphoma of Ovary Involving Uterus, Fallopian Tubes and Omentum.

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Key words : nonhodgkin's lymphoma of ovary

Introduction

A case of Nonhodgkin's lymphoma of ovary involving uterus and fallopian tubes and having secondaries in the omentum is presented.

Case Report

A 56 year old woman was admitted on 30th October, 2000 with chief complaints of distension of abdomen, swelling of left leg for eight days and retention of urine for three days. She was para five and had undergone sterilization 25 years back. She had attained menopause 12 years back.

On examination, she appeared pale, and was suffering from pitting edema of the left leg, without any lymphadenopathy. An abdominal examination, after bladder catheterization, showed a fixed, firm mass of 16 weeks size in the lower abdomen. On speculum examination, cervix was high up and not visualized. On vaginal examination, the mass was felt in anterior and lateral fornices. Uterus was not felt separately. There was no palpable nodule in the pouch of Douglas. A provisional diagnosis of malignant ovarian tumour was made. Investigations including liver and kidney function tests done on 30th October, 2000 were normal. Ultrasonography findings were: large mixed echogenic 10 x 10 cm mass arising from left ovary or left lateral border of uterus causing deviation of atrophic uterus to right, with gross ascitis, left hydronephrosis and thickened bladder wall.

She was posted for exploratory laparotomy on 2nd November, 2000 which revealed ascitis. Uterus was smaller than normal. The mass was arising from the inferior margin of the left ovary and extended medially up to left lateral border of uterus, pushing the uterus to the right. The right ovary was large in size for her age. Both fallopian tubes were hypertrophied and edematous. The mass was adherent to sigmoid colon. The bladder wall was edematous. The pelvic and paraaortic lymph nodes were not palpable.

Paper received on 8/12/01 ; accepted on 30/5/02

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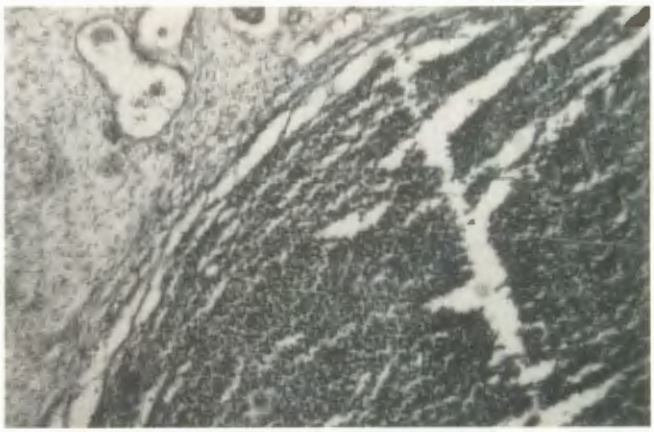
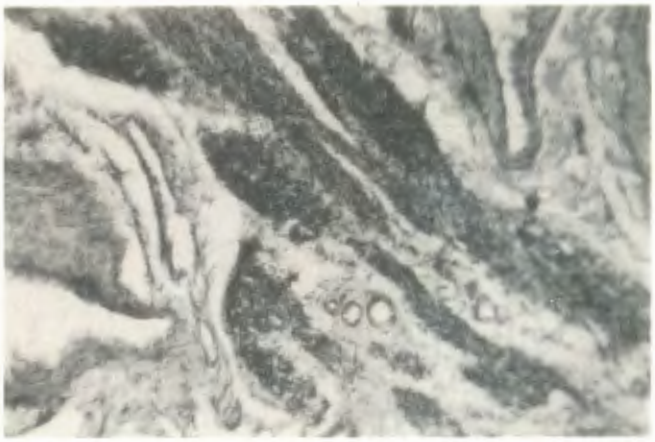
During surgery there was profuse bleeding. The tumour also extended retroperitonealy. Complete resection of the tumor was not possible. Subtotal hysterectomy with bilateral salphingoophorectomy along with resection of tumour as much as possible (debulking) was done. The omentum was studded with secondaries. Total omentectomy was done. Her general condition became poor. Inspite of all necessary postoperative treatment, she went into pulmonary edema on the fifth day and died on 6th November, 2000.

Histopathological examination of the left ovarian mass showed nonhodgkin's lymphoma of diffuse large cell type. Involvement of the opposite ovary, both fallopian tubes, myometrium, endometrium and omentum by the lymphoma cells was observed. (Photograph 1,2,3 and 4)

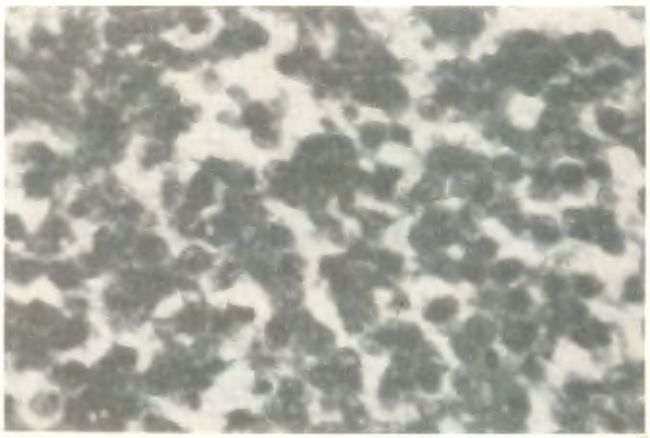


Photograph 1 : Ovarian tissue being replaced by lymphoma cells. (H & E, 100X)



Photograph 2 : Myometrial infiltration by lymphoma cells. (H & E, 100x)

Photograph 3 : Tubal infiltration by lymphoma cells. (H & E, 100x)



Photograph 4 : High magnification of lymphoma cells. (H & E, 450x).

Discussion

The ovary is one of the unusual sites of lymphoma. It is a very rare entity. The great majority of ovarian lymphomas are of nonhodgkin's type, sometimes follicular but more often diffuse[1,2].

References

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