

Granulosa Cell Tumour: An Uncommon Presentation

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Case Report

Gokula Mandrekar, a 23 year old single girl was admitted on 17-12-2000 with history of progressive distension of abdomen for six months and history of swelling of both legs for 15 days. She attained menarche at 14 years of age with menstrual cycle of 3-4/30 days. On examination, a mass of approximately 36 weeks size was seen to arise from the pelvis which was firm to cystic in consistency with side to side mobility. On vaginal examination, uterus was felt separate from the mass and was normal in size and retroverted.

Ultrasound examination revealed evidence of a solid mass 35 x 30 cms in size with multilocular cystic area arising from the left adnexa. The right ovary was normal. Uterus was normal in size. Evidence of ascites and pleural effusion was noted. Her ESR was 70 mm/hr and Hb 8 gms%. Blood group was O+ve.

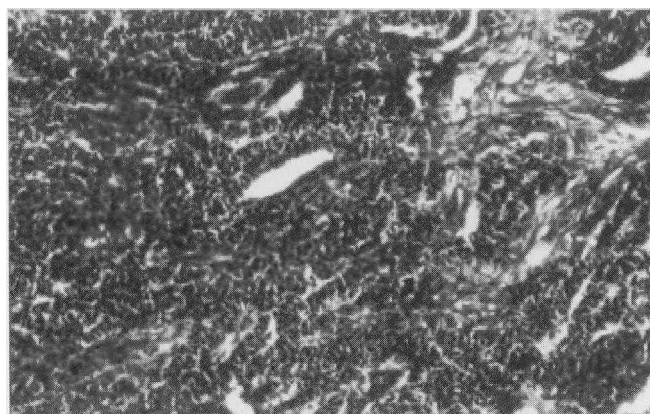
All other investigations were within normal limits. A provisional diagnosis of malignant ovarian tumour was made and after complete pre-operative work up patient was posted for explorative laparotomy. Three units of blood was transfused pre-operatively.

Laparotomy was done on 19-1-2001. Intra-operative findings revealed that the abdominal cavity was filled

with 200 cc of clear fluid which was sent for cytology. Uterus was normal in size, shape, position and texture. Right adnexa was normal. The left ovary was replaced by a cyst measuring 30x27 cms in size with tube stretched over it. External surface was brownish.

Left salpingo-oophorectomy was done. Post-operative period was uneventful. Pathology report cross section revealed multilocular cyst interspersed with solid areas. Cysts were filled with mucinous material. Most of the solid areas revealed infarction. Microscopic examination revealed sheets of granulosa cells arranged in follicular fashion with Call Exner body formation. The cells showed moderate amount of cytoplasm and vesicular nuclei. Some of them showing unclear grooving. No mitotic activity was seen. Photograph 1: The capsule appeared free. Hence a diagnosis of granulosa cell tumour was made.

The case is presented because of unusual huge size, rarely seen in granulosa tumour.



Photograph 1 : Histology of granulosa Cell Tumour showing follicular pattern H&E (x 100).

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