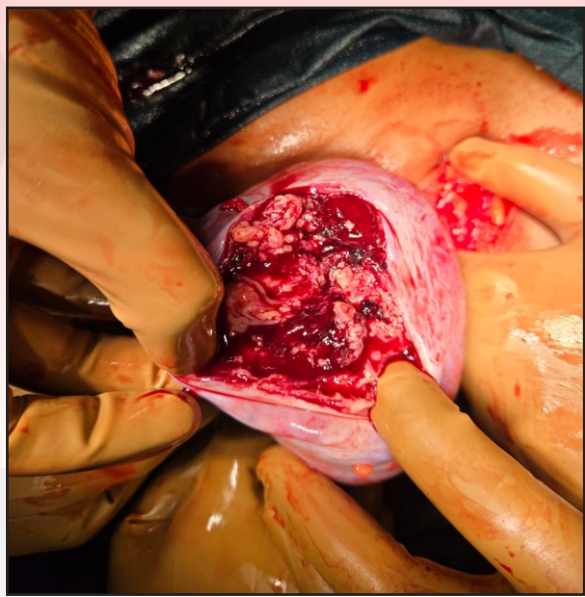


Ovarian Neoplasm Masquerading as Torsion: A case of Granulosa cell Tumor

**Dr Sheetal Tresa Sanel (Junior Resident) Dr Pallavi Vishwekar (Head of Unit) Dr Jui Shah (Assistant Professor)
Dr Prajakta Deshmukh (Senior Resident) OBGY Dept DY Patil Hospital, Nerul, Navi Mumbai.**

INTRODUCTION

A 26-year-old unmarried nulligravida presented with severe abdominal pain, nausea, and vomiting, since 1 day and patient was taken up for emergency exploratory laparotomy. Earlier she was being evaluated for irregular menstrual cycles. Ultrasound Abdomen and CT pelvis showed an large predominantly solid right adnexal mass of 9x7x6 cm. Tumor markers like CEA,AFP, CA 125, Beta HCG were found to be within normal limits. Therefore laparoscopic Cystectomy had been planned. Intraoperative findings during exploratory laparotomy revealed a large right ovarian mass with torsion and hemoperitoneum. Histopathological report confirmed a granulosa cell tumor (GCT) with omental involvement.



OBJECTIVES

1. To highlight the rarity of Granulosa Cell Tumor.
2. To emphasize the importance of prompt surgical intervention in suspected ovarian torsion or rupture.

CASE OPERATION PROCEDURE

The patient underwent an emergency exploratory laparotomy . This revealed torsion and rupture of a right ovarian mass of 9x7x6 cm with solid components and significant hemoperitoneum. A right salpingo-oophorectomy was performed to remove the affected ovary with tumor and fallopian tube. Uterus, left fallopian tube and ovary was grossly normal. Additionally, an omental biopsy was taken to assess for possible tumor spread. Patient with stood the procedure well and was discharged on post operative day 5. Histopathological examination with immunohistochemical staining of the surgical specimens confirmed the diagnosis of a granulosa cell tumor (GCT). The tumor was staged as III A 2 and further management was planned.

CONCLUSION

This case report underscores the importance of appropriate prompt surgical intervention in suspected ovarian torsion or rupture due to a large ovarian tumor. It also highlights the significance of accurate histopathological diagnosis and staging in guiding adjuvant treatment and predicting patient outcomes.

DISCUSSION

Granulosa cell tumors (GCTs) account for approximately 2-5% of all ovarian tumors [4]. They can present with nonspecific symptoms, making diagnosis challenging [1]. Prompt surgical intervention is crucial in suspected ovarian torsion or rupture, as it can significantly impact patient outcomes [2]. GCTs are known to have distinct clinicopathological features [3]. Treatment options for GCTs may include adjuvant chemotherapy, and understanding the tumor's characteristics is essential for optimal management [4].



REFERENCES

1. Lee YC, Huang CY, Chen MY, et al. Granulosa cell tumor of the ovary: a clinicopathological analysis of 15 cases. Taiwan J Obstet Gynecol. 2013;52(2):167-172.
2. Leung F, Chow KC, Tam KF. Management of ovarian torsion: a 10-year experience. J Obstet Gynaecol Res. 2015;41(10):1653-1658.
3. Fujimoto T, Sakuragi N, Okuyama K, et al. Granulosa cell tumor of the ovary: a retrospective study of 17 cases. Int J Gynecol Cancer. 2011;21(5):807-812.
4. Schumer ST, Cannistra SA. Granulosa cell tumor of the ovary. J Clin Oncol. 2003;21(6):1180-1189.

ACKNOWLEDGMENT

We extend our gratitude to the patient for granting permission to publish this case report, thereby contributing to medical knowledge and education. We also acknowledge the dedicated efforts of the surgical and pathology teams, whose expertise and collaboration were instrumental in the management of this case