

## Title: "Fertility-Sparing Surgery in a Rare Sclerosing Sex Cord Stromal Tumor in a previous case of cellular fibroma of the right ovary"



### INTRODUCTION

Ovarian sex cord tumors are relatively infrequent neoplasms that account for approximately 8% of all primary ovarian neoplasms. Sclerosing tumors account for 2% to 6% of ovarian tumors originating from stroma of ovary . More than 80% of sclerosing stromal tumors have been observed in young adults in the second and third decades of life.

### CASE DESCRIPTION

- A 35 years old female ,married since 8 years with previous 2 spontaneous abortion came with complaints of amenorrhea since 2 months with sensation of bloating, UPT –negative with normal USG pelvis, medications were given for withdrawal bleeding.
- After 1month she came in emergency with acute abdominal pain.
- A year ago, She was operated for laparoscopic right salpingo-oophorectomy in emergency in view of right ovarian torsion ,histopathology suggests stromal tumor(cellular fibroma).

### INVESTIGATIONS

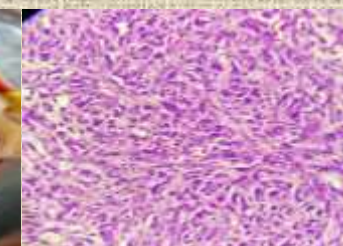
- Investigations were done for acute abdominal pain -
- Ultrasound suggests large multiloculated left cystic lesion 15.4\*7.2\*12cms showing solid component with vascularity within .
- CT Imaging study done in emergency ward revealed a large irregular solid cystic ovarian mass approximately 13.3\*8.7\*15.5cm with a small 2-3 cms vascular component arising from the anterior abdominal reaching upto the right adnexal region with mild ascites, raising suspicion of a neoplasm.
- Tumor Markers CA 125 – 41.17 U/mL , CA 19-9- 11.8 U/mL

### MANAGEMENT

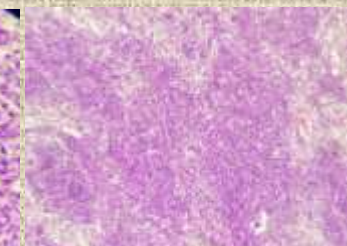
- Decision taken for fertility sparing surgery
- “Exploratory laparotomy was done for excision of mass arising from anterior abdominal wall with myomectomy and omentectomy”. Frozen section suggested - Sex Cord Stromal Tumor.
- Final histopathology report of entire mass confirmed- Sex cord stromal tumor (favouring sclerosing stromal tumor ) . No necrosis seen. Rest all findings were normal.
- On immunohistochemistry ,tumor cells are diffusely positive for FOXL2, CD56, Calretinin and WT1 and focally positive for INHIBIN.
- Currently she is on 2<sup>nd</sup> cycle of Adjuvant chemotherapy with INJ PACLITAXEL and CARBOPLATIN ( 6 cycles )



ADNEXAL MASS



HYPERCELLULAR



HYPOCELLULAR



CALRETININ

### CONCLUSION

- Through this poster, we aim to increase awareness for early detection and management of rare ovarian tumors such as “Sclerosing type of Sex cord-stromal tumors” ,which can present as atypical cases in the form of recurrence in previous case of ovarian tumors.
- They are rare but should be considered in the differential diagnosis of ovarian masses as and when presented.

### References -

1. Schultz KA, Harris AK, Schneider DT, Young RH, Brown J, Gershenson DM, Dehner LP, Hill DA, Messinger YH, Frazier AL. Ovarian Sex Cord-Stromal Tumors. J Oncol Pract. 2016 Oct;12(10):940-946. doi: 10.1200/JOP.2016.016261. PMID: 27858560; PMCID: PMC5063189.
2. Atram M, Anshu, Sharma S, Gangane N. Sclerosing stromal tumor of the ovary. Obstet Gynecol Sci. 2014 Sep;57(5):405-8. doi: 10.5468/ogs.2014.57.5.405. Epub 2014 Sep 17. PMID: 25264533; PMCID: PMC4175603.