A rare case of bilateral pelvic mass

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Abstract
A case of 69-year-old woman with large pelvic mass and ascites is reported in this paper. With the exception of mild pelvic pain and a pelvic mass in pelvic, she had no symptom or sign. All routine and hormonal Lab tests and tumor marker’s were normal. The MRI revealed a large mass in anterosuperior of uterus, and left ovary was situated in neighborhood of pelvic mass. Her Uterus normal, with a small cyst in the right ovary. The total abdominal hysterectomy and bilateral salpingo-oophorectomy revealed a large cream solid mass (16×8×8 Cm, 1260 gr) in the left ovary. Nonetheless the right ovary had normal appearance with a cyst (3×2.5Cm). There was some free fluid in the pelvic cavity. The ovarian mass was identified as fibrothecoma, the right ovarian cyst as serous cystadenoma, but no malignant cells found in free fluid. This case had interesting features, because first clinical features suggested a bilateral malignancy in pelvic, but she had two different tumors which were benign. Also, the occurrence of bilateral fibrothecoma and serous cystadenoma were rare. Furthermore, we did find no similar case in the literature.

Keywords: Serous tumors, fibrothecoma, bilateral ovarian tumors, pelvic mass.

Case presentation
The 69-year-old woman was referred to the gynecologic oncology clinic Firoozgar general hospital due to a pelvic mass. She visited her gynecologist two months ago, because she suffered from a pelvic pain. Her gynecologist performed a pelvic examination that revealed a large pelvic mass.

The patient lost 3 to 4 kilograms weight during the past year that was attributed to her diet. She had noticed no changes in abdominal girth, in bowel or bladder functions, leg swelling, urinary urgency, and dysuria. Spontaneous menopause had occurred approximately 35 years earlier. She had hypertension which was controlled with atenolol, and diabetes mellitus which managed by diet and metformin. Physical examinations were normal with the exception of mild tenderness in the right lower quadrant. On pelvic examination, the external genitalia, vagina and cervix were normal. The rectovaginal examination disclosed a globular anterior pelvic mass extending from left to the right of pelvic. The result of rectal examination was normal, and stool test negative for guaiac.

A pelvic transvaginal ultrasonogram showed an echogenic mass (163×85mm) with calcifi-
cation in anterosuperior of uterus, and the left ovary was on the left side of the mass. Right ovary was large with anechoice cyst, and some free fluid in posterior cul-de-sac was detected. These findings suggested a bilateral pelvic tumor (probably malignant), and confirmed by MRI. The MRI of the pelvis revealed a mixed signal for multicomponent large mass in anterosuperior of the uterus with an extension from left to the right site of the pelvic cavity. The left ovary was situated in close proximity of the pelvic mass. A cystic area (3×2.5cm) in the right ovary was also present, but no omental implants or lymphadenopathy were seen.

Before operation routine lab tests, EKG and chest X-Ray performed that the results were normal. Also the routine tumor markers (serum CA 125 and alpha fetoproteine) checked that the results were normal. Total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed. The uterus was atrophic, and the large pelvic mass (16×8×8cm in size, 1260gr in weight) was solid and cream with smooth surface, and no adhesion were present. Except a cystic area (3×2.5cm), the right ovary had a normal appearance.

Fig. 1. Histologic section shows fibrothecoma in left pelvic mass.

Fig. 2. Histologic section in right ovary shows serouscystadenoma
After operation the patient recovered quickly. In the histopathology report, the left ovarian mass was identified as fibrothecoma (Fig.1), and the sample of the right ovarian cyst as serous cystadenoma (Fig 2). There were no malignant cells in free fluid.

**Discussion**

Fibroma and fibrothecoma represent approximately 4% of all ovarian tumors and 50% of sex cord stromal tumors [1]. They are occasionally (5%) bilateral, with peak age incidence of approximately 50 years [1]. The early symptoms are pelvic pain and abnormal uterine bleeding [4,5]. Patients with large tumors or ascites are admitted with compression symptoms or abdominal distension [4,5]. Approximately 20% are associated with marked ascites and small proportion also posses pleural effusion [1]. Fibrothecoma are often hormonally active. Thus, the latter can be associated with endometrial hormonal stimulation. Ultrasonography showed a solid uniformly hypoechochogenic mass, with a very marked sound attenuation. On MRI, fibroma and fibrothecoma in comparison with skeletal muscle have edema and cystic degeneration which can be present in hyper intense, especially in large lesion. On gadolinium –enhanced images, they may demonstrate mild enhancement. Calcifications (hypo intense foci) may also be present. Microscopically, they are composed of fibroblasts and interspersed theca cell [5].

Serous tumors represent approximately 22.5% of all ovarian tumors. 65% of serous tumors are generally benign, but 5% to 10% have borderline malignant potential and 20% to 25% are malignant. A frozen section is necessary to distinguish between benign, borderline and malignant serous tumors, because this distinction cannot be made on gross examination alone. Pelvic findings in patients with benign and malignant tumors can be different. Masses which are unilateral, cystic mobile and smooth are most likely to be benign, whereas those that are bilateral, solid, fixed, irregular and associated with ascites, cul-de-sac nodules and rapid rate of growth are more likely to be malignant. Ovarian masses in women of reproductive ages are most likely benign, but the possibility of malignancy must be considered among older women [3].

**Conclusion**

This case had interesting features, because in initial examination she had massive bilateral ovarian tumors associated with ascites, weight loss, pelvic pain and old age, but after operation two different tumors which both benign were characterized.

Moreover, simontaneous occurrence of both fibrothecoma and serous cystadenoma is rare and we did not find similar case in the literature.

**References**

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