a brief literature review. A one year-old baby girl presented with mass abdomen, vaginal discharge and rapid onset of pubertal development. She underwent an exploratory laparotomy for tumour resection. Pathology reported a juvenile granulosa cell tumour of the ovary. Early stage granulosa cell tumor surgically treated has good prognosis. Adjuvant chemotherapy is not indicated in this setting.

Ovary: Poster Abstract

Growing teratoma syndrome: A case report

Swati Gupta, Saritha Shamsunder, Roli Purwar, Vidya Jha, A. K. Yadav Sunita Malik, Rakesh Verma, S. P. Kataria

Departments of Gynecology, Oncology and [1]Pathology, VMMC and Safdarjung Hospital, New Delhi, India

Introduction: Growing teratoma syndrome (GTS) or chemotherapeutic retro conversion is an extremely rare phenomenon seen in about 1.9-7.6% of patients being treated for non-seminomatous testicular germ cell tumor. It is even more rarely reported in females with only sporadic cases reported so far. It was described by logothetis et al and is described as conversion of immature teratoma to mature one after chemotherapy and presents as growing and metastasizing mass.
Case Report: We report a case of 10 year old girl who underwent conservative surgery for an adnexal mass reported as immature teratoma on histopathology. Following which she was given chemotherapy for rapidly developing ascites. After four cycles of chemotherapy, the pelvic mass increased in size with metastatic deposits around the liver. Re-laparotomy and removal of the ovarian mass and metastatic deposits was carried out in stages. The histopathology showed mature teratoma.
Conclusion: GTS is an extremely rare occurrence and it is important for the clinicians to know it to avoid misdiagnosis. Moreover, being a chemo-resistant tumor, early diagnosis and surgery are curative.

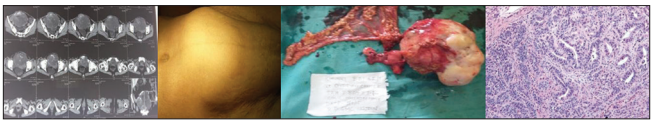
Ovary: Poster Abstract

Sertoli cell tumor of ovary: A rare case report

Umesh Jethwani, Divya Jethwani

R.D. Gardi Medical College, Ujjain, Madhya Pradesh, India

Introduction: Sertoli-Leydig cell tumor (SLCT) is a rare ovarian tumor, Constitute less than 0.5% of ovarian tumors. Most tumors are unilateral, confined to the ovaries. They are seen during the second and third decades of life. They are characterized by the presence of testicular structures that produce androgens. Patients have symptoms of virilization (depending on the quantity of androgen).
Case Report: A 42-year-old woman presented Amenorrhea for 14 months. Change in her voice for 1 year and Excessive hair growth on her face, chest, and limbs for the last 2 months. She complained of vague abdominal discomfort .No history of anorexia, weight loss, increased libido. Her medical and family history was unremarkable. On examination - Hirsutism and clitoromegaly. Lump of size 10x8 cm palpable in left iliac fossa. Vaginal examination revealed a firm and mobile cystic mass in the right adnexa .An ultrasound examination of the pelvis showed a 17x 13x 9-cm heterogeneous solid cystic mass replacing the left ovary. The right ovary and the uterus were normal .CECT Scan Abdomen-Large heterogenous encapsulated solid soft tissue mass lesions containing areas of calcification arising from left ovary of size 17x13x10.6cm causing displacement of urinary bladder and surrounding bowel loops.Serum testosterone level -2 ng/mL (normal, 0.2–1.2 ng/mL); (DHEAS), CA 125, and alpha fetoprotein (AFP) -normal. On Laparotmy-Large mass of size 17 X 13 cm arising from left adnexa. Uterus and right ovary grossly normal. Total Abdominal hysterectomy, B/L Salpingo-opherectomy and infracolic omentectomy was done. Peritoneal washing were sent for cytologic examination for malignant cells. No liver metastasis. The post operative period was uneventful. Histopathology revealed- confirmed it be Sertoli Leydig cell tumor.3month follow up – resolution of her virilization symptoms. No increase of her hirsutism. Repeat testosterone levels - within normal range.
Conclusion: Only few cases of SLCT have been reported till date Prognosis depends on extent of disease, stage of disease, tumour differentiation, grade. The treatment should be individualized according to the location, state of spread and the patient's condition.



Ovary: Poster Abstract

Ovarian fibrothecoma: An uncommon cause of a large pelvic mass

Nikita Kumari, Reenu Kanwar, Bindu Bajaj, Garima Kapoor

Introduction: Ovarian fibrothecomas represent an ovarian stromal neoplasm developing in a wide spectrum of clinical settings. These tumors have been described as rare ovarian neoplasm, accounting for about 4% of all ovarian tumors. We report a case whose clinical presentation was highly deceptive and was clinically and radiologically diagnosed as malignant ovarian tumor. Ascitic fluid cytology revealed absence of malignant cells. On histopathological examination, it was diagnosed as benign fibrothecoma with cystic changes. Postoperative follow-up for about six months was uneventful.
Case: A 45 year old female presented to the gynae emergency with large abdominal lump of 20 weeks size with acute pain abdomen. She was admitted for initial management and thorough evaluation. Hematological and biochemical parameters were within normal limits. USG revealed a large multilocular, predominantly cystic lesion 20.9x9.6x11.4 cm in pelvis. CECT revealed ovarian cystadencarcinoma left ovary with locoregional mass effect, mild ascites and suspicious metastasis to internal iliac lymph nodes. Radiological and preoperative clinical diagnosis was malignant ovarian tumor. Panhysterectomy and omentectomy was performed. On gross examination, a well encapsulated, multinodular cystic tumor of left ovary about 17x14x7 cm was identified. Cut surface was mostly solid with few cystic areas. Uterus, cervix, right ovary and both tubes were unremarkable. On microscopic examination, multiple sections showed spindle shaped cells in storiform and palisading pattern. No mitotic activity was identified. On special staining, it was positive for vimentin, which is a characteristic feature of ovarian fibrothecoma.
Conclusion: The accurate preoperative diagnosis of ovarian fibrothecoma with cystic changes could have prevented the extensive surgical intervention such as bilateral salpingo- oopherectomy with hysterectomy.

Ovary: Poster Abstract

Two interesting cases of granulosa cell tumor: A case report

Pannu Savita, Khullar Harsha

Institute of Obstetrics and Gynaecology, Sir Ganga Ram Hospital, New Delhi, India

Introduction: Granulosa cell tumor (GCT) is an ovarian malignancy that arise from granulosa cells of the ovary. This tumour is a type of the sex cord-gonadal stromal tumour. GCT have good prognosis in comparison with other epithelial tumors.
Methodology: Two cases of granulosa cell tumors were diagnosed in sir Ganga ram hospital, Rajendernagar, New Delhi in December 2015 and January 2016. The patient's age, clinical manifestations, radiological and histopathological findings were evaluated. One was in perimenopausal age group and other case was in postmenopausal age group. The clinical manifestations were menorrhagia and abdominal pain. Ultrasonographically, in one case focal hypoechoic zone showing peripheral hypervascularity with possibility of old hemorrhage follicular cyst was seen and in other case of granulosa cell tumors was both solid and cystic areas were seen. Histologically, variety of patterns like diffuse, trabecular, nodular, sheets, nests and fascicular patterns with nuclear grooving in ovarian tissue. In addition endometrial findings were suggestive of simple hyperplasia without atypia. Treatment modalility used was surgery i.e., Total hysterectomy and bilateral salpingo-oophorectomy in both cases.
Conclusion: Granulosa cell tumor of the ovary is a rare ovarian malignancy. Endometrial pathology to rule out endometrial carcinomaspecially when postmenopausal bleeding is concomitant finding is advised. Radical surgery is usually not required.
Key words: Endometrial pathology; granulosa cell tumor; histopathological findings; ovary