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Adnexal lesions are one of the most common cause of gynecological complains, including possibility of ectopic pregnancy in reproductive age group. Ultrasound is the first imaging modality used for evaluation of adnexal lesions. On ultrasound large non-adnexal lesions can be confused as adnexal lesions causing a diagnostic dilemma, rendering use of cross-sectional imaging mandatory. We present a case of middle-aged female who was diagnosed with a right adnexal lesion (possibly malignant) on ultrasound, but on further evaluation was found to be suffering from a benign non-adenexal etiology.

Ovary: Poster Abstract

Role of intraoperative frozen section in the diagnosis of ovarian tumors: Experience at Gujarat Cancer and Research Institute

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Background: The surgical management of ovarian tumors depends on their correct categorization as benign, borderline or malignant. Ovarian neoplasms are an important cause of morbidity and mortality in women. This study was undertaken to evaluate the accuracy of intra-operative frozen section in the diagnosis of various categories of ovarian neoplasms.
Methods: Intraoperative frozen section diagnosis was retrospectively evaluated in 125 patients with suspected ovarian neoplasms who underwent surgery as primary line of therapy at our institution. This was compared with the final histopathologic diagnosis on paraffin sections.
Results: In 125 patients frozen section report had a sensitivity of 100%, 95.55% and 50% for benign, malignant and borderline tumors respectively. The corresponding specificities were 92.45%, 98.75% and 99.14% respectively. The overall accuracy of frozen section diagnosis was 95.2%. The majority of cases of disagreement were in the mucinous and borderline tumors.
Conclusion: Intraoperative frozen section has high accuracy in the diagnosis of suspected ovarian neoplasms. It is a valuable tool to guide the surgical management of these patients and should be routinely used in all major oncology centers.
Key words: Frozen section; intraoperative; ovarian tumor

Ovary: Poster Abstract

Multiple recurrence of granulosa cell tumor of the ovary: A case report and literature review

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Introduction: Granulosa cell tumors comprise approximately 5% of all ovarian malignancy and account for 70% of malignant sex cord stromal tumors. Granulosa cell tumors have been diagnosed from infancy, the peak incidence being perimenopausal age. The potential of malignancy of these tumors is low, recurrences are often late and found in 10-33% of cases.
Case Report: A 32-year-old P1L1 presented with large abdominal mass for which she underwent staging laparotomy with debulking surgery. She was a known case of granulosa cell tumor in the past and had undergone three laparotomies, along with chemotherapy. At the age of 13 yrs, she was diagnosed with a stage IA granulosa cell tumor (GCT) of the ovary first time. She underwent surgical staging and removal of left sided adnexal mass, after which she was asymptomatic for 7 years. In 2003 she again presented with lump abdomen for which she underwent resection of adnexal mass, histopathology was consistent with recurrent GCT. After second surgery she also received two cycles of chemotherapy. Despite adjuvant chemotherapy, patient presented again after three years in 2006 with adnexal mass and was found to have a third recurrence. At that time, she received 6 cycles of chemotherapy and the mass regressed. Meanwhile she got married and had one child. After four year in 2010 she again presented with lump abdomen and she underwent surgical staging, total abdominal hysterectomy with right salphingo ophorectomy along with removal of mass. After five year in 2015 she again presented with lump abdomen; there was a large pelvic mass which was removed and patient referred for chemotherapy.
Discussion: GCTS which a rare malignant tumors of ovary tend to be associated with late recurrences. Although most recurrences occurs within 10 years after initial diagnosis, there are occasional reports of recurrences after10 years. We experienced the rare case of a patient who relapsed multiple times over 20 years, despite surgical and targeted treatment.
Conclusion: The long history of granulosa cell tumor highlights the importance of extended follow up of the patient.
Key words: Chemotherapy; granulosa cell tumor, recurrent disease, surgical staging

Ovary: Poster Abstract

Successful pregnancy outcome in recurrent ovarian cancer

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Incidences of ovarian cancer in pregnancy are increasing nowadays due to routine use of ultrasonography in first trimester and postponement of childbirth to an older age. Reported incidence of ovarian tumor in pregnancy is 1:1000 among them3.6% are malignant. We report a case of recurrent ovarian tumor with successful pregnancy outcome. She was a 26 yr old primi had ovarian cancer recurrence 2 year after primary surgery. In present pregnancy she was given chemotherapy with two doses of carboplatin, and had viable baby at 34 weeks of pregnancy. At present mother and baby are doing well and on regular follow-up at radiotherapy departments.

Ovary: Poster Abstract

Sclerosing sex cord stromal tumour of the ovary: A rare variant of ovarian neoplasms in childhood and adolescence

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Case Report: 19 yr old unmarried girl c/o abdominal distension, loss of appetite and Irregular menstrual cycles x 5 months. USG: gross ascites, liver, Lobulated isoechoic mass in right adnexa, 7x5 cm, abutting right ovary. CA125: 1297 U/ml. FNAC Degenerated crushed cells & stromal fragments. Few scattered benign oval/ spindle cells. Laparoscopy f/b laparotomy: 6 litres of straw colored asciic fluid drained. Uterus, left adnexa normal. Rt ovarian mass 6x7 cm, bilobed, arising from ovary. Solid, stuck in POD Adherent to gut. Right oophrectomy done. CA-125: 22 u/ml on day 6 post op. HPE – Sclerosing stromal tumor.
Discussion: Sclerosing sex cord stromal tumour of the ovary is a rare tumor; accounts for 6% of ovarian stromal tumors Over a 100 reported tumors in literature. 80% of SST seen in second and third decade of life. Essentially a benign tumour, Usually a unilateral nonfunctioning tumor. Few cases with elevated serum CA-125 and hormonal abnormalities have been reported. Endocrine alterations caused by secretion of estrogen, progesterone or testosterone; induction of precocious puberty.
Conclusion: Unilateral oophrectomy is the treatment. No recurrence of the tumor in the patients treated by oophorectomy or by conservative resection of the tumor. Excision of the tumor isfollowed by normal menses, pregnancy has also been reported.

Ovary: Poster Abstract

Juvenile granulosa cell tumor

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The differential diagnosis for precocious puberty in a young female includes peripheral causes. This case report documents a rare cause of isosexual precocious puberty, a juvenile granulosa cell tumour of the ovary–and