Ovarian fibro-thecoma in a 19 years old Sudanese girl

Gynaecological case report

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Summary: An unmarried, 19 years old, Sudanese girl developed a firm right ovarian mass which increased in size to reach a diameter of 25 × 25 cm and a weight of 2.8 kg in 8 months time. The patient's condition was associated with amenorrhoea, polycystic ovary and ascites. The ovarian tumour was diagnosed by clinical examination and ultrasound scanning and was identified as a fibrothecoma by histopathology.

CASE REPORT

The patient reached menarche at the age of 15 years. Since then, she had irregular periods every two to five months, of three days duration and small amount of blood loss. There was no dysmenorrhoea or intermenstrual bleeding. A year prior to presentation, the patient felt a small mass in her lower abdomen on the right side. She did not seek medical advice until about eight months later when the swelling increased in size and became visible externally. The patient's parents suspected pregnancy, as the condition was associated with amenorrhoea, and decided to consult a gynaecologist. The patient had no other complaint.

The patient weighed 55 kg. On examination, she looked well, not pale, cyanosed or jaundiced. The breasts were normal without lumps or discharge. There were no palpable lymph nodes in the neck, axillae or the inguinal region. The abdomen was soft. The liver, spleen and kidneys were normal. There was a large suprapubic mass, about 25 × 25 cm in diameter, firm in consistency and mobile. The mass was slightly tender and not attached to the anterior abdominal wall. There was a mobile dullness in both flanks. Vaginal examination was not made because the patient was virgin. The vulva was circumcised.

On rectal examination, no mass was felt in the vagina. The cervix felt normal with normal size and anteverted uterus. The left adnexa was free but the mass was present on the right side.

Ultrasound scanning diagnosed a solid ovarian mass. Laparatomy was performed and showed presence of ascitic fluid (about 200 ml). A right huge ovarian swelling with a short pedicle was seen. It felt firm in consistency, mobile and not adherent to the surrounding tissues. It had a smooth surface and a thick fibrous capsule. No normal ovarian tissue could be recognised on the right side. The tube was visible on the surface of the tumour. The left ovary was slightly enlarged and contained minute multiple cysts suggestive of a polycystic ovary. The left tube and the uterus were normal. Abdominal exploration showed no sign of malignancy.

The tumour was removed and was about 25 × 25 cm in diameter and 2.8 kg in weight (Fig. 1*a*). It was capsulated in a dense fibrous capsule and its cut surface was greyish in colour and dispersed with small projections. The histopathological report showed a fibro-thecoma containing fibroblasts and theca-like cells (Figure 1*b*).

The patient had good post-operative recovery.

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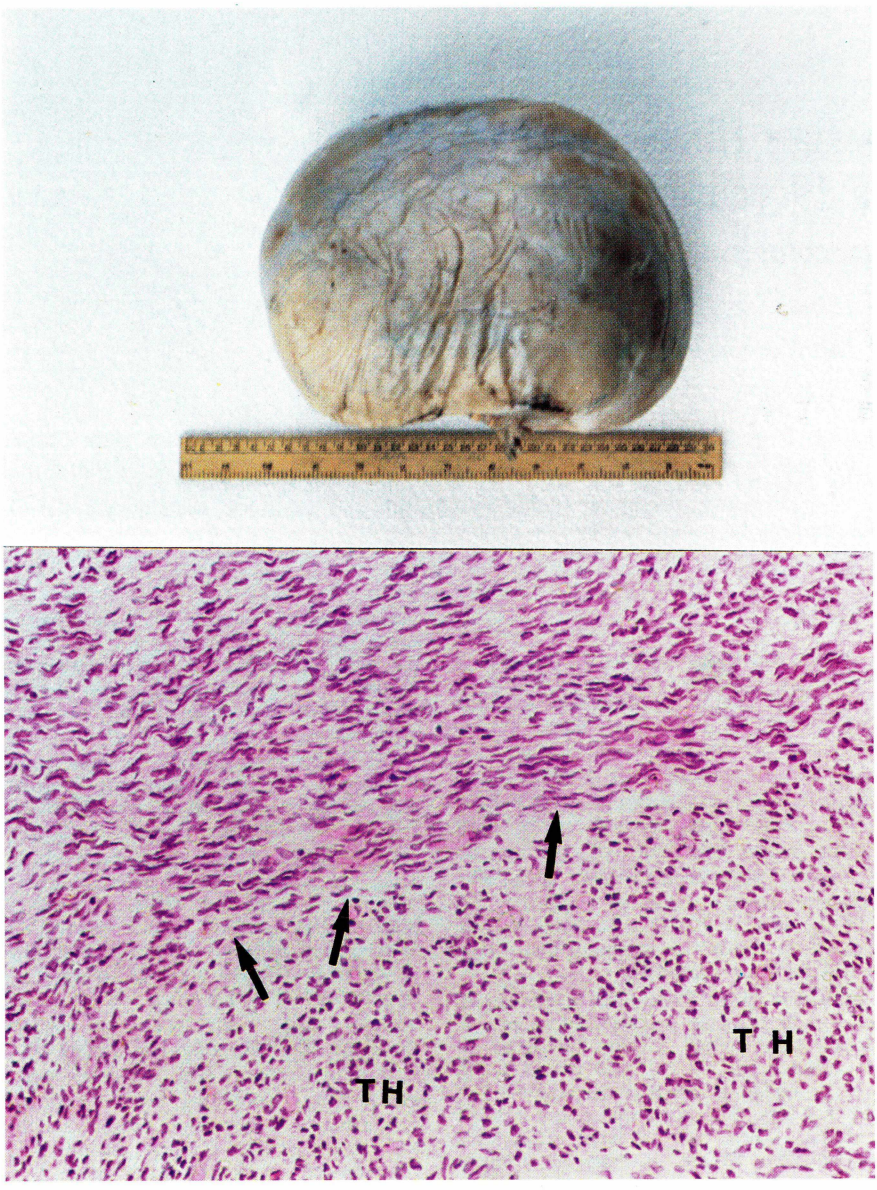

Fig. 1. — *a)* The tumour size and shape; b) histopatology of the tumour showing fibroblasts (arrows) and theca cells (TH) H&E ×60.

DISCUSSION

The above patient was unmarried and waited for about one year with a mass in her lower abdomen fearing to be accused of illegal pregnancy. Diagnosis of the ovarian tumour was done by clinical examination and ultrasound scanning. The presence of ascites would put malignancy into consideration but signs of malignancy were absent. Plane X-ray results for the chest and abdomen were normal. Clinically, there were no lymph nodes enlargement and the tumour was encapsulated and mobile. It is known that ascites may be associated with benign ovarian fibromas ([1]). Considering the patient's age, simple removal of the tumour was adequate management.

Identification of the tumour was based on its histology and history of the disease. Hormonal analysis was not done for the above patient. The amenorrhoea and the polycystic ovary seen in the patient were probably due to the oestrogen production by the functioning theca cells. Fibro-thecoma is a benign ovarian tumour which occurs most frequently in the postmenopausal age but may also occur in women during the reproductive age ([2]). It rarely occurs in patients under 35 years ([3]) or undergoes malignant changes ([1]). The tumour is unilateral in 90 per cent of cases and with an average diameter of 6 cm. In 4.5 per cent of cases it may be more than 20 cm ([3]). The patient's tumour had a diameter of 25×25 cm and weighed 2.8 kg.

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