

## A case of a 20-kg fibrothecoma

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### Summary

A case report of a 50-cm diameter and 20-kg mass of benign ovarian tumor. Total abdominal hysterectomy with a bilateral salpingo-oophorectomy was performed with full patient recovery. Fibrothecomas can remain long asymptomatic and can grow to giant sizes.

**Key words:** Fibrothecoma; Laparotomy; Ovarian tumor.

### Introduction

Large ovarian tumors are rare and are usually benign. Thecoma-fibromas develop in women at all ages. Most of them are hormonally not active; only some produce estrogens. They are a cause of many symptoms – mostly connected to pressure on bladder and colon. Very rarely they are source of pain, but almost always they cause tension and discomfort in the abdomen [1-4]

About 40% of these tumors are the cause of Meigs syndrome which has a characteristic triad of symptoms: ovarian tumor, ascites, and hydrothorax that may often suggest a malignant process [5, 6].

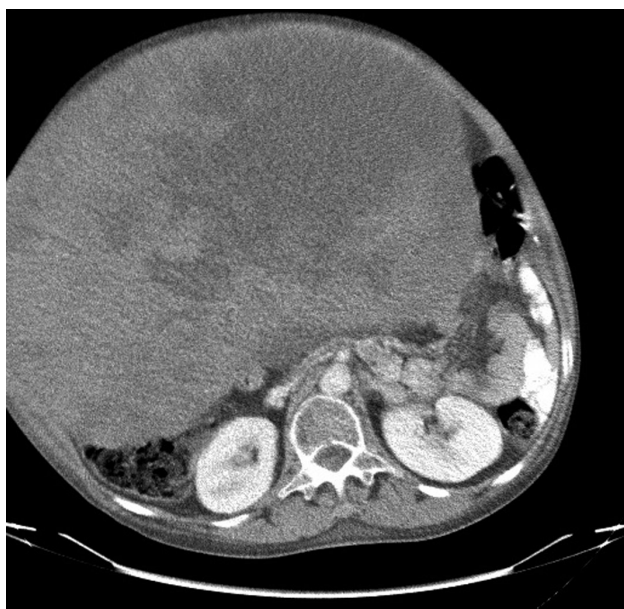


Figure 1. — CT scan showing fibrothecoma pressing on viscera.

### Case Report

Patient, age 59, nullipara was administered to the clinic because of a giant tumor mass in the abdomen (Figures 1 and 2). The tumor was inside the lesser pelvis and extended up to the xyphoid process. Measured circumference of the abdomen was 147 cm. The patient had observed enlargement of the abdomen for three years; the only symptom that patient felt was discomfort while sleeping, but there were no problems with urination or bowel obstruction. Ultrasound examination showed that the tumor was solid with small cysts. Blood markers were CA125: 260.7 U/ml, AFP: 7.8 ng/ml, and CEA: 1.2 ng/ml, respectively.

After preparation for surgery, the abdominal cavity was opened and a solid tumor of left ovary was observed (Figure 3), with the largest dimension of 50 cm and weight of 20 kg. Left adnexa of the uterus was removed as first; afterward the uterus with right adnexa were also removed. Histopathological examination revealed fibrothecoma of the left ovary. Patient condition after surgery was good.



Figure 2. — Abdominal wall with protruding tumor mass.

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Figure 3. — Giant ovarian tumoral mass.

## Discussion

Large tumors of ovaries are uncommon. Usually they are fibrothecomas or cystadenomas mucinosum [1,3]. It is not known exactly why Meigs syndrome is associated with them [5]. One of the reasons could be elevated intra-abdominal pressure and filtration of fluids from the cystic tumors; another reason could be changes in VEGF levels in abdominal and pleural effusions. Those mechanisms can be very different [6-8].

In the described patient there was no trace of fluid in abdomen or thoracic cavity, the only symptom patient felt was discomfort during sleeping. Also any problems with possible hypovolemic shock were not present after surgery although the tumor pressed many blood vessels. [2, 9, 10].

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