AB267. A not so simple cyst

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Background: Case of a 46-year-old lady, para 2 (SVD-14 and 10 years ago). Referred to Gynaecology for investigation of irregular menstrual bleeding followed by 14 months of amenorrhea. Patient was otherwise asymptomatic with no significant medical/surgical history. Family history was significant for maternal colorectal cancer and maternal aunt endometrial cancer.

Methods: On clinical examination she had a soft non-tender abdomen. FSH, LH, Oestrogen, progesterone and tumor markers were all normal. Ultrasound pelvis reveled a 10×11×10 cm uniloculated right ovarian cyst, appeared simple in nature. Patient underwent laparotomy and right salpingo-oopherectomy. Postoperatively she recovered well and menstruation recommenced regularly.

Results: Histology reported a cystic adult granulosa cell tumor. The patient was referred to medical and gynecological oncology. A CT abdomen-pelvis revealed a 5.9 cm left ovarian cyst with solid areas and 23 mm surface nodules. Inhibin A was raised at 62 mmol/L. The patient then underwent a staging laparotomy, left salpingo-oopherectomy, total abdominal hysterectomy and infracolic omentectomy.

Conclusions: Granulosa cell tumor is rare type of ovarian sex cord stromal tumor, accounting for less than 2% of ovarian neoplasms. These tumors are typically solid and hormonally active, secreting Oestrogen. Peak incidence is prepubertal and post-menopausal, presenting with precious puberty or post-menopausal bleeding. They may be associated with concurrent endometrial carcinoma due to unopposed Oestrogen and raised inhibin. Majority are stage 1 at diagnosis, and classically have high survival and reoccurrence rates within a median of 4–5 years.

Keywords: Granulosa; tumor; ovary

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