SCLEROSING STROMAL TUMOR OF THE OVARY- CASE REPORT OF A RARE OVARIAN TUMOR

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ABSTRACT

Sclerosing Stromal Tumors (SST) represent 2 to 6% of ovarian stromal tumors and more than 80% occur in young women, in the second or third decades of life. They are rare stromal sexual cord type tumors. They can manifest as menstrual abnormalities or abdominal discomfort, being rare hormonal manifestations. They are benign and unilateral in the majority. Macroscopically, the tumors are well defined, oscillating between 3 and 17 cm in diameter. The section is solid, grayish-white with occasional yellow spots and may contain cystic or edematous areas. In his histopathology, the tumor presents densely cellular, pseudolobular, poorly defined areas separated by a fibroedematous stroma. Mitotic activity is low. Dilated thin-walled vessels are typical. From an immunohistochemical point of view, there is expression of vimentin, alpha-inhibin, calretinin and CD34

KEYWORDS: OVARIAN TUMOR, STROMA, TUMOR, RARE, SCLEROSANT

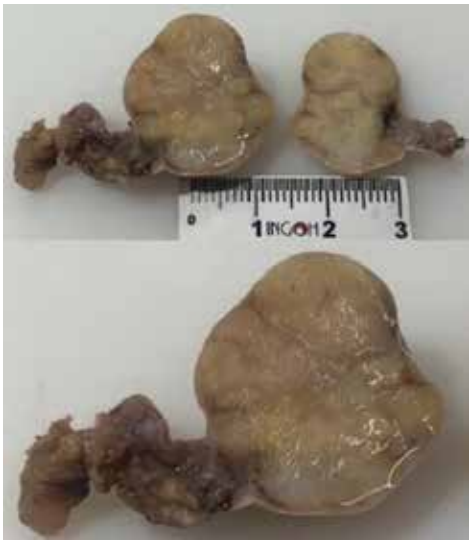
INTRODUCTION

Sclerosing Stromal Tumor of the ovary, an extremely rare pathology first described in 1973, usually affects young women up to 30 years old, a fact that differs from ovarian tumors of the sexual cord stroma, responsible for affecting women aged 50-60 years.

In this report, we will highlight the diagnosis of SST as well as its differentiation based on its origin.

CASE REPORT

Patient H.T.A.F., 69 years old, female with a history of adenocarcinoma of the sigmoid colon, underwent surgical treatment of the lesion 7 months before. She recently presented a solid tumor mass in her left ovary and underwent oophorectomy. The hypothesis of solid colon adenocarcinoma metastasis of the ovary was raised. Anatomopathological and immunohistochemical studies were performed which showed a sclerosing ovarian stromal tumor.



1. Macroscopic aspect of the tumor.

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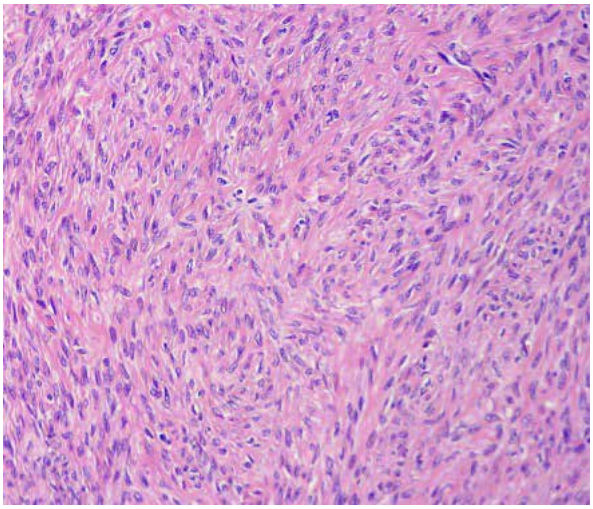
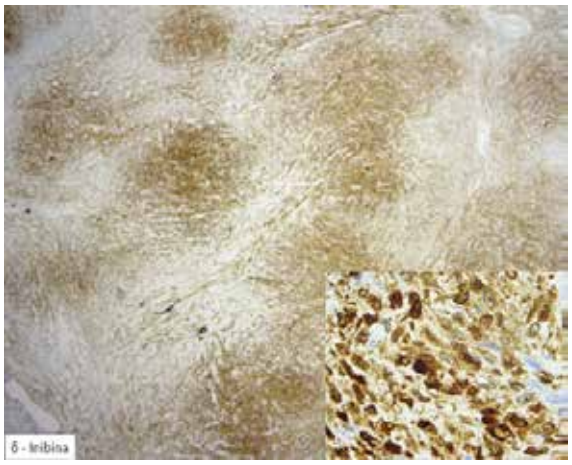
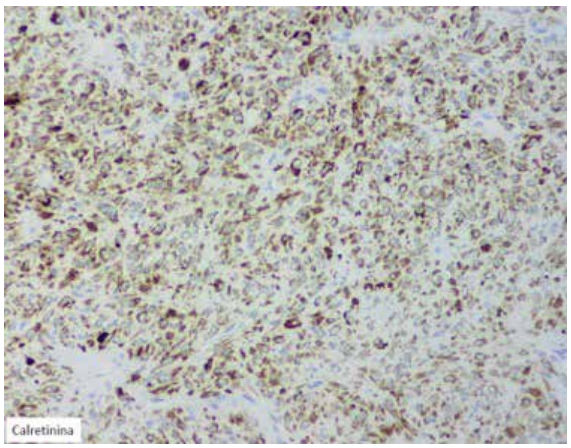


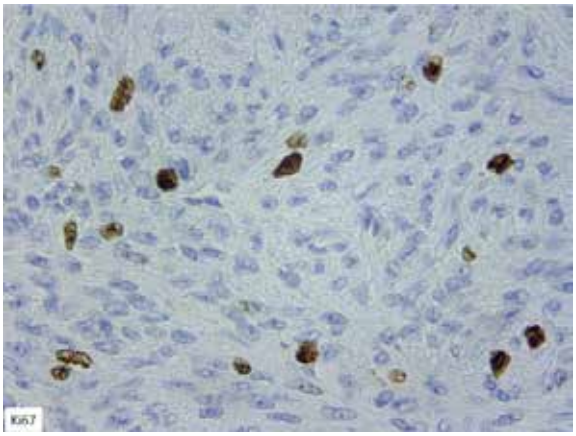
2. Microscopic aspect of the tumor.



3. IHC marking Inhibin-alpha.



4. IHC marking Calretinin.



5. IHC marking Ki-67.

DISCUSSION

Sclerosing Stromal Tumors (SST) are benign tumors, usually unilateral, that affect young women in 80% of cases. However, in the present report, the patient presented is a 69-year-old woman, which is very unusual.

They can be classified into thecoma and fibroma, according to their local origin in epithelial, germ cell or stromal sexual cord. Sex cord neoplasms originate from steroid hormone-producing cells.

Often patients with adnexal masses do not present specific symptoms and are generally associated with pelvic pain, and therefore, this diagnostic hypothesis is raised during gynecological physical examination or during imaging [1].

Imaging exams may show evidence of SST, but there are no pathognomonic features. At USG it presents as a tumor with multilocular cystic components with irregularly dense septa and tumor walls. Doppler flowmetry demonstrates prominent peripheral and central vascularization. At Computed Tomography (CT) they are of mass in the adnexal region of variable volume, with high intensity signal of the cystic component, while those of the solid component are little homogeneous and vary between intermediate to high [2].

Under microscopy it is possible to highlight that the tumor is typically unilateral and well delimited, with dimensions ranging from 1-3cm in diameter. On section, it is solid, grayish-white with occasional yellowish foci and may contain cystic or edematous areas. However, the definitive diagnosis is established by characteristic microscopic findings with poorly defined, densely cellular pseudolobular areas separated by a fibroedematous stroma.

The choice of serum tumor markers to be ordered depends on the patient's age and suspicion about the origin of the tumor, based on other clinical parameters. The importance of tumor markers, in addition to diagnosis, is that they make it possible, in the segment, to observe response

to therapy and disease recurrence [3].

Because it produces estrogens, thecoma can be associated with endometrial hyperplasia or carcinoma, which can also lead to abnormal uterine bleeding [4].

The main differential diagnosis of ovarian SST, in the patient's age group, is the Krukenberg tumor, a malignant neoplasm, where there is the presence of signet-ring cells with swollen stroma, more commonly bilateral and which presents facets of the sclerosing stromal tumor in some cuts [5].

Treatment consists of removing the ovary with a tumor and staging it.

Most patients with stage I tumors are followed up after surgery without any additional treatment, while in stages II, III, IV chemotherapy or hormone therapy can be performed after surgery.

In this patient, active surveillance is being carried out due to the high risk of recurrence.

CONCLUSION

Sclerosing Stromal Tumors (SST) are benign tumors that affect young women. However, in the present report, the patient is a 69-year-old elderly woman. Furthermore, the history of adenocarcinoma of the sigmoid colon suggests a possible metastasis. Classified into thecoma and fibroma. In the case of this patient, a thecoma is suspected due to her age, in which it affects postmenopausal women, and has a mesenchymal origin, derived from the sexual cord, which occurs unilaterally and is benign.

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