

A Case Report of Concurrent Ovarian Tumor: Thecoma and Brenner

3İRÜKTE GÖRÜLEN OVER TÜRÖRLERİ OLGUSU: TEKOMA VE BRENNER

Dr.Tufan BİLGİN*, Prof.Dr.Candan CENGİZ*, Prof.Dr.Ömer DAREGENLİ*,
3r.Zafer ÇOLAK*, Yrd.Doç.Dr.Ömer VERÇİ**

Jludağ University Faculty of Medicine *From the Department of Obstetrics and Gynecology, and the
**Department of Pathology, BURSA

SUMMARY

Ovarian tumors are classified as epithelial, germ cell, gonadal stromal, nonspecific mesenchymal and metastatic tumor. Brenner tumors are rare epithelial tumors often seen in postmenopausal women. Thecomas are included in the gonadal stromal group.

A case of cystic the left ovary and benign Brenner tumor of the right ovary is reported. It is very rare to see the ovarian tumors of two different histogenetic origins concurrently.

Key Words: Thecoma, Brenner tumor

Anatolian J Gynecol Obst 1992, 2:273-274

ÖZET

Over türörleri epitelyal, germ hücreli, gonadal stromal, nonspesifik mesenkimal ve metastatik türörler olarak sınıflandırılabilir. Brenner türörü sıklıkla postmenopozal kadınlarda görülen nadir epitelyal bir türördür. Tekomalar gonadal stromal gruba dahildir.

Sol överde kistik tekoma ve sağ överde benign Brenner türörü olan bir olgu sunuldu. İki değişik histogenetik kökene sahip 3 over türörlerinin aynı anda görülmesi oldukça nadirdir.

Anahtar Kelimeler: Tekoma, Brenner türörü

T Klin Jinekoloj Obst 1992, 2:273-274

Epithelial ovarian tumors are 60-70 percent of all primary ovarian tumors (1). Serous, mucinous, clear cell, endometrioid and Brenner tumors are different histologic types of these tumors. They can be benign, borderline or malignant.

Gonadal stromal tumors are derived from specialized stroma which often exert endocrinologic activity, granulosa cell, thecoma, sertolileiding cell tumors are considered in this group.

CASE REPORT

E.D. a 67 years old married woman, gravida; 5 para; 5 was admitted because of abdominal mass, abdominal discomfort, nausea and vomiting for the previous three months.

İlk Görüşme Tarihi: 18.1.1992

Kabul Tarihi: 23.1.1992

Gönderen Adresi: Dr.Tufan BİLGİN
Uludağ Üniversitesi Tıp Fakültesi
Kadın Hastalıkları ve Doğum ABD, 16069
Duaçınarı-BURSA

Presented in the International Istanbul symposium on Obstetrics and Gynecology on 3rd-6th June, 1991 in Istanbul, Turkey

Anatolian J Gynecol Obst 1992, 2

Her last menstrual period was 20 years ago. On pelvic examination a semimobile cystic mass filling the whole lower abdominal cavity up to 2 cm. above the umbilicus was found. Ultrasonographical examination revealed a cystic mass, 260x185 mm in diameter with some solid components. The uterus was normal. A biliary stone 16 mm in diameter was discovered. Intravenous pyelography revealed normally functioning kidneys with minimally dilated ureters. At laparotomy an encapsulated smooth cystic mass originating from the left ovary, 25x30 cm, in size, was found. The right ovary and the uterus seemed to be normal. Total abdominal hysterectomy and bilateral salpingo-oophorectomy and cholecystectomy were performed after frozen section was reported as benign. Pathological examination was reported as cystic thecoma of the left ovary and benign Brenner tumor of the right (Fig. 1,2).

DISCUSSION

Thecomas included in the specialized gonadal stromal group, and are seldom seen (2). They are usually solid, unilateral and almost always benign. Some malignant cases have been reported in the literature.

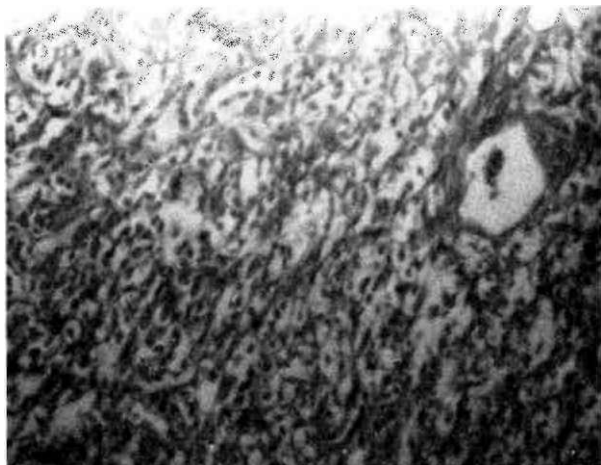


Figure 1. Thecoma of the left ovary x 300.



Figure 2. Brenner tumor of the right ovary x 285.

rature (3,4). Although they may be seen at any age, they are more frequent in the postmenopausal age group. They exert some estrogenic activity, so, the main symptoms are irregular bleeding with pelvic mass. They can be seen with granulosa cell tumors, called as granulosa cell tumors, called as granulosa-theca cell tumor (5).

Microscopically, lipid rich vacuolated cells which resemble theca interna cells are seen. Sometimes there is a fibromatous component and very rarely granulosa cell islets. Reticulum staining should be done to distinguish granulosa cell components from theca elements. Theca cells are typically separated with fibrillary structures as in Graafian follicles. These fibrillary structures are less frequent in granulosa cells (5).

Unilateral oophorectomy is the recommended treatment when fertility should be preserved. In the perimenopausal periods, total abdominal hysterectomy + bilateral salpingo-oophorectomy should be done (2).

Brenner tumors are epithelial ovarian tumors. This tumor was first defined histogenetically by Meyer, in 1932. They are said to originate from Walthard's cell rests which are metaplastic epithelial structures (5). Brenner tumors are also usually seen in the postmenopausal period. Although they are usually benign, some borderline and malignant cases have been reported. Their size ranges from microscopical size up to 5 cm (5). In a large series reported by Silverberg, most patients were operated on for a condition other than a Brenner tumor, as in our case (6). Brenner tumors are commonly associated with some other tumors of the ovary, especially mucinous and serous cystadenomas and benign cystic teratomas. Thecoma was not reported among the associated ovarian tumors, studied by Silverberg (6).

Microscopically epithelial islets surrounded by spindle shaped stromal cells are seen. The epithelial cells of these islets are usually polygonal in shape and oval nucleated. Necrosis and cystic degeneration is rare (7). Total abdominal hysterectomy and bilateral salpingo-oophorectomy is the recommended treatment when fertility is not desired. After reviewing the literature we found no reports of any concurrent ovarian tumors of two different histogenetic origin as now reported.

REFERENCES

1. Jones HW III, Wentz AC, Burnett LS. Novak's Textbook of Gynecology. Baltimore. Williams and Wilkins. 1988:792-130
2. DiSaia PS, Creasman WT. Clinical Gynecologic Oncology. St.Louis: The CV Mosby Company 1989:440.
3. Dempster J, Geirsson RT, Duncan ID. Survival after ovarian granulosa and theca cell tumors. Scod Med J 1987; 32:38-
4. Dudzinski M, Cohen M, Ducatman B; Case report; Ovarian malignant luteinized thecoma-an unusual tumor in an adolescent. Gynecol Oncol 1989; 35:104-9.
5. Fenoglio CM, Richart RM, Common epithelial ovarian tumors. In Sciarra JJ, Buchsbaum HJ eds. Gynecology and Obstetrics Volume 4. Philadelphia: Harper and Row Publishers 1987:26-9.
6. Silverberg SG. Brenner tumor of the ovary; A clinical pathological study of 60 tumors in 54 women. Cancer 1971; J 28:588-96.
7. Trebeck CE, Friedlander ML, Russel P, Baird PJ, Brenner tumors of the ovary: A study of the histology, immunohistochemistry and cellular DNA content in benign, borderline and malignant ovarian tumors. Pathology 1987; 19:241-6.