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Title: A rare case of sclerosing stromal tumor- Rare ovarian neoplasm in an adolescent female

Introduction

- Ovarian sex cord-stromal tumors account for approximately 8% of all primary ovarian neoplasm, of these only 2% to 6% are sclerosing stromal tumors
- Occurs predominantly in 2nd and 3rd decade of life
- Mostly unilateral with no recurrence
- Common presenting symptoms include abdominal distension, pelvic pain, menstrual abnormality and other non-specific symptoms
- Majority are hormonally inactive but some rare cases found to be associated with estrogen and androgen secretion leading to development of masculinising symptoms in patient
- Rarity of this tumor and non-specific clinical and radiological features make the pre-operative diagnosis

Case Operation Procedure

- 16 year old unmarried female presented to OPD with pain lower abdomen, gradual in onset, increasing in intensity and frequency over past one month
- On examination, patient was vitally stable and per abdominal examination revealed no palpable abdomino-pelvic mass
- Ultrasonography showed a well-defined heterogeneously hypoechoic solid lesion measuring 6.2 x 7.1x 7 cm in right adnexa with mild internal vascularity (ORADS 4)
- Contrast enhanced MRI of abdomen and pelvis revealed a well-defined solid heterogenous enhancing lesion in pelvis, 6.7*7.4*7.8 cm with right ovary not visualised separately from the lesion (Fig 1)
- Decision for exploratory laparotomy was taken, intra-operatively, a 8*5 cm solid right ovarian mass was visualised, and right salpingoophorectomy was done
- Outer surface of the mass was congested and bosselated with few dark brown areas
- Cut surface of the tumor was firm with few interspersed grey white areas with areas of haemorrhage and necrosis
- Microscopic examination showed pseudo lobular pattern with alternating hypocellular and hypercellular areas, prominent vasculature resembling hemangiopericytoma (fig 2) with heterogeneous cell population with both vacuolated or luteinized cells and spindled

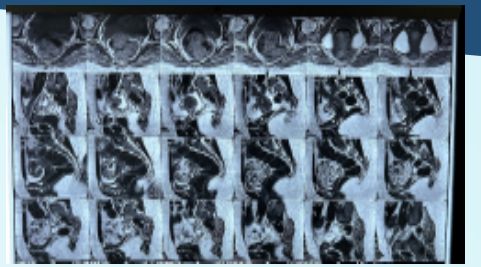

Fig 1: MRI Abdomen and pelvis

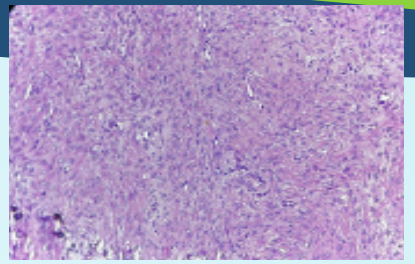

Fig 2: Microscopic image of SST

Discussion

- Sclerosing stromal tumors are a benign subtype of ovarian sex cord stromal tumor
- Ultrasonographic fetaures of SST may arise suspicion of malignant ovarian tumors because they show mixed pattern of cystic and solid components with prominent vascularity
- Magnetic resonance imaging can be helpful in differentiating SST from malignant ovarian tumors which include a large mass with hyperintense cystic components or a heterogenous solid mas
- Definitive diagnosis is made on the basis of histological and immunohistochemical markers

Conclusion

- SST should be considered as differential diagnosis of young women with unilateral solid-cystic adnexal mass with suspicion of malignancy

There is no relevant conflict of interest

Reference: 1. Hafez AAE. Sclerosing stromal tumor of the ovary: A rare entity with distinctive features. *Case Reports in Clinical Pathology*. 2014;1:5–7.
2. Bari Wajs, Sahu KM, RN, Raghav S, Garg S, Sangwan A, Singh P. Sclerosing Stromal Tumor: A Rare Ovarian Neoplasm. Iran J Pathol. 2017