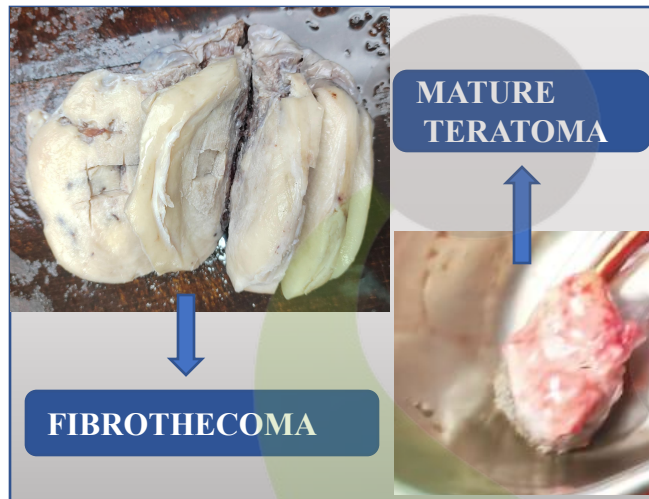


INTRODUCTION:

A collision tumour is a neo plastic lesion comprised of two or more distinct cell populations that maintain distinct borders without any intermixing. These tumours have been described in other organs as well but their occurrence in ovary is rare.



MRI revealed a large mixed solid-cystic complex lesion of 16x7x15cm noted arising from right adnexa f/s/o right complex, likely mature cystic teratoma of ovary. Intra operatively, the larger cyst of size 10x12 cm was excised. The smaller lesion of 3x4cm was found to have ovarian tissue along with tumor mass. This was also excised and both sent for on table frozen section which came out to be a MATURE CYSTIC TERATOMA WITH FIBROTHERCOMA

CONCLUSION:

Collision tumours of ovary are rare and even rarer to have fibrothecoma component in young age. The most accepted theory is the mutation in a common progenitor cell which later divides into two distinct cell types

CASE REPORT:

A 19-year-old unmarried girl presented with c/o pain abdomen for 1 week following which she noticed a mass in the abdomen. The mass is associated with intermittent dragging type of pain, which radiates to the right lower back. On examination, umbilicus is in midline, inverted. The right hypochondriac, lumbar and iliac quadrants seem to be moving lesser than the other quadrants during respiration. A single mass of size 5x7 cm felt in the right iliac region with the upper border felt 2cms below and the lower border couldn't be made out.

MANAGEMENT:

Tumor markers are evaluated and found to be negative, except for CA 125 which is elevated to 48 U/ml. USG revealed a right 12x10cm lesion with both solid and cystic components f/s/o right complex ovarian cyst.

DISCUSSION:

The mature cystic teratoma is derived from at least two of the three germ layers, most common {20% incidence}, The fibrothecoma benign solid derived from sex cord- stromal cells, rare tumours with the characteristics of both fibroma and thecoma {1-4%}. They usually present with pain/mass per abdomen. The masses are large with mean size of 6.8cm. Sx is the mainstay of treatment f/b hpe.

REFERENCES:

1. AK Singh M Singh Collision of tumours of ovary: a very rare case series J Clin Diagn Res2014811FD
2. JP Sharan LF Dorothy SR Nayak R Arun B Deepika Collision tumour of ovary: A rare entity Int J Innov Res Dev2014374247