

## INTRODUCTION

“Struma ovarii” is dominant monodermal growth of thyroid tissue in Ovarian Teratoma. When such ectopic thyroid tissue is found over peritoneum, it is called “Strumosis” which is considered a malignant spread.

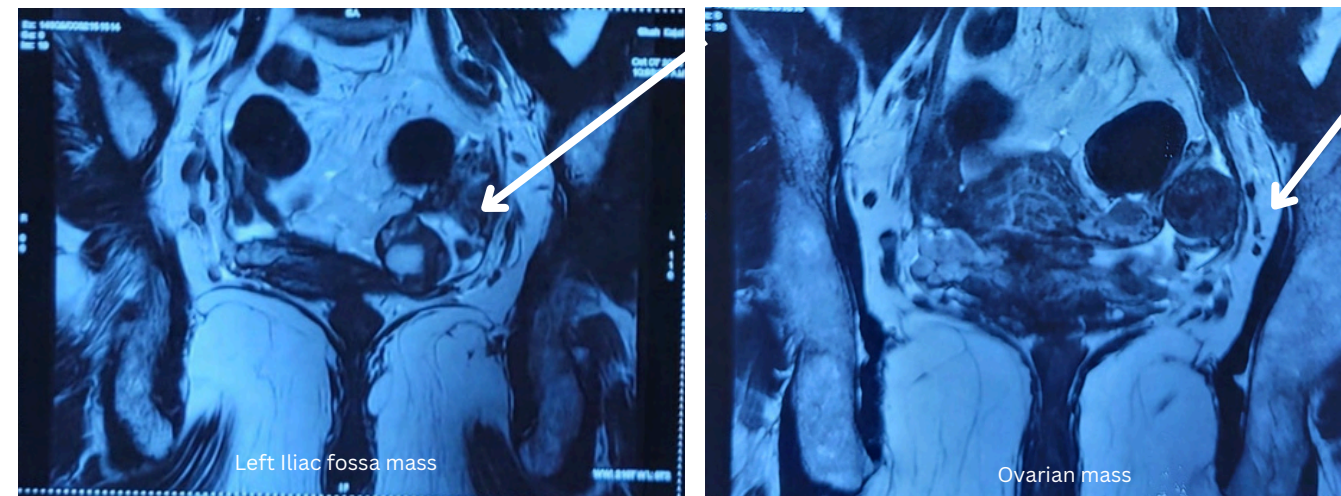
## OBJECTIVES

To study a rare case of Recurrent Struma Ovarii with Strumosis diagnosed and managed successfully with laparoscopic surgery.

To accumulate the current knowledge on Strumosis and learn about Highly Differentiated Follicular Carcinoma of ovarian origin (HDFCO).

## CASE OPERATIVE PROCEDURE

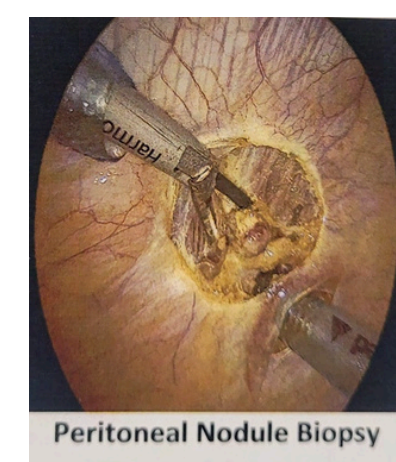
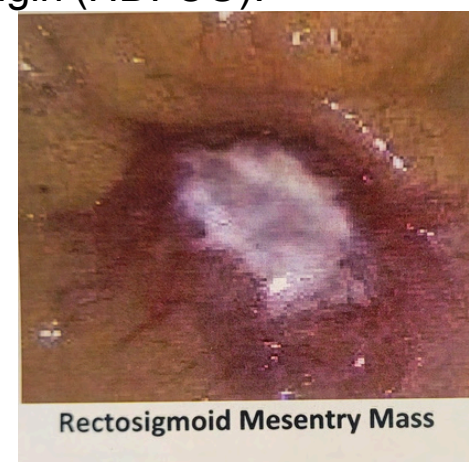
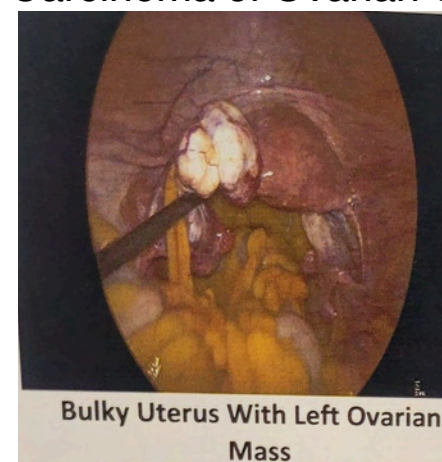
57 year old P2L2 had a Laparoscopic Bilateral Ovarian Cystectomy in 2008, where histopathology suggested Struma Ovarii of both ovaries. Currently, after 16 years she presented with a dull aching pain abdomen. MRI was done. Along with a Left Ovarian Cyst of 2.5cm, MRI showed a solid left adnexal lesion 2.5cm and a Left Iliac fossa lesion 2cm. Based on that she was posted for a Laparoscopy for excising the lesions, on which she was found to have a Recto-sigmoid mesentery mass 3cm, and a left Iliac fossa peritoneal nodule 1cm along with a solid Ovarian 5cm cyst. Her ovarian cyst and these lesions were sent for a Frozen section during the procedure, and that showed a Struma Ovarii again. But the surprising thing was the finding of thyroid tissue in the other two peritoneal lesions as well, suggesting Strumosis. Considering it malignant spread, it was then decided to go for a radical



clearance with Bilateral Salpingo-oophorectomy with excision of all these lesions. Peritoneal and omental biopsy were also taken and sent for histopathology. When her final histopathology report was processed it showed Benign differentiated thyroid tissue in the Left Ovarian mass, confirming the Struma Ovarii. The other ovary and fallopian tube also showed deposits of thyroid tissue. The rectosigmoid mass and peritoneal nodule also depicted thyroid tissue. Omental and peritoneal biopsies came clear. The entire clinical picture suggested a Recurrent struma ovarii with extra-ovarian metastatic spread - Strumosis.

## DISCUSSION -

WHO has recently reclassified this emerging clinical entity of Peritoneal Strumosis as an extremely rare subtype - Highly Differentiated Follicular Carcinoma of Ovarian Origin (HDFCO).



HDFCO is only diagnosed when signs of spread beyond the ovary are exhibited, proving its malignant behavior. Her Thyroglobulin levels were thus checked, which came raised to 450 ng/mL. After Oncology opinion, she was advised for a complete clearance with Thyroidectomy followed by Radioactive Iodine.

## CONCLUSION -

The conclusion of this observation is that cases having the histological appearance of ordinary struma ovarii can rarely behave in a malignant fashion with extra-ovarian spread. Because of its harmless histological appearance, this form of carcinoma characteristically cannot be diagnosed until the neoplasm spreads beyond the ovary, thus, showing evidence of aggressive behavior. Treatment includes radical surgery with consideration of total thyroidectomy and radioactive iodine ablation.

## REFERENCES -

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