

Title: A Diagnostic Puzzle: Rare Benign Spindle Cell Tumor of the Right Adnexa in a Postmenopausal Woman.

Introduction: Adnexal spindle cell tumors are rare entities, often mimicking malignant neoplasms on imaging. Accurate preoperative diagnosis is challenging, necessitating histopathological confirmation.

Objectives: 1. To analyze the clinical presentation and diagnostic challenges of spindle cell tumors.

2. To evaluate surgical and pathological findings in the management of benign adnexal masses.

Materials and Methods

- **Patient:** A 64-year-old postmenopausal woman with an incidentally detected right adnexal mass (14×12 cm).

- **Imaging:** MRI and ultrasound indicated a solid, lobulated mass with moderate ascites, raising concerns for malignancy.

- **Procedure:** Laparotomy with total abdominal hysterectomy, bilateral salpingo-oophorectomy, and omentectomy.

- **Analysis:** Frozen section and histopathology confirmed a benign spindle cell stromal tumor.

Results: The tumor displayed no necrosis, mitotic activity, or pleomorphism. Cytology of ascitic fluid revealed no malignant cells.

Conclusion: Benign spindle cell tumors can mimic malignancy on imaging and require comprehensive diagnostic and surgical management. Histopathology remains the gold standard for accurate diagnosis.

Case Report: A 64-year-old woman presented with lower abdominal discomfort, and imaging revealed a large, lobulated adnexal mass. Laparotomy was performed, and the encapsulated tumor was excised alongside a total hysterectomy and omentectomy. Histopathology confirmed benign features with spindle-shaped cells in a collagenized stroma, and cytology of ascitic fluid was negative for malignancy. Immunohistochemical markers such as vimentin confirmed the diagnosis.

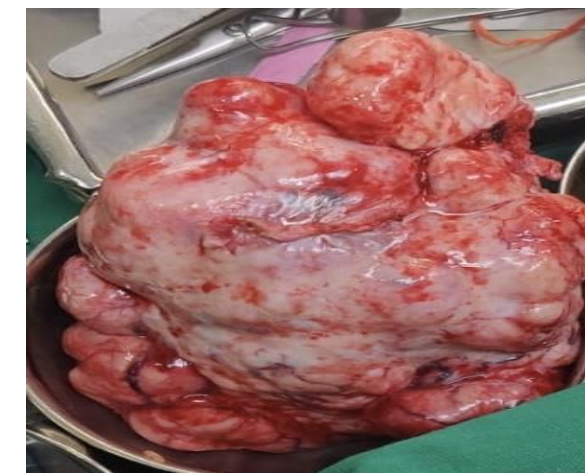
Literature Review • Pathology: Spindle-shaped cells arranged in fascicles with uniform nuclei and collagenized stroma.

- **Imaging & Diagnosis :** Solid, lobulated adnexal masses mimic malignancy on MRI and ultrasound. Histopathology and immunohistochemistry (calretinin, vimentin) are essential for confirmation.

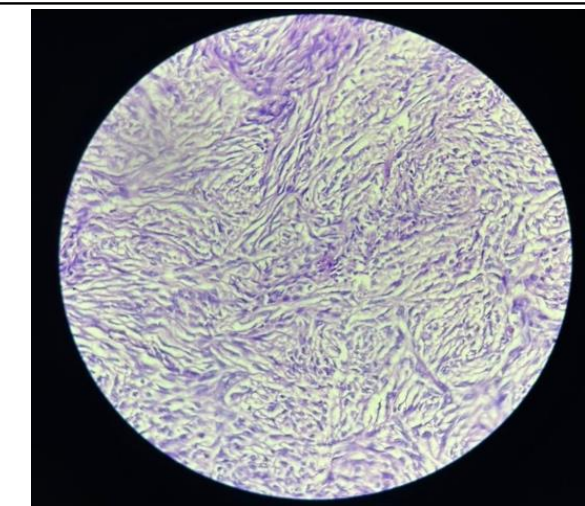
- **Management:** Total hysterectomy with bilateral salpingo-oophorectomy is standard; fertility-preserving options for younger patients.

No conflicts of interest declared by the authors.
 Sincere gratitude to Dr. Suvarna Khadilkar, Dr. Shilpa Ambekar and entire obstetrics and gynaecology department at Bombay Hospital.

References: 1. WHO Classification of Tumors, 2020.
 2. Smith et al., 2022, *Journal of Gynecologic Oncology*.
 3. Gupta et al., 2021, *Indian Journal of Gynecology*.
 4. Scully et al., 1998, *Atlas of Tumor Pathology*.



Gross: Circumscribed, Lobulated, firm consistency with fleshy variegated areas.



Microscopic: Spindle shaped cells with uniform nuclei.