

INTRODUCTION

- ❖ Ovarian fibromas are connective tissue tumor of the ovarian cortex (1)
- ❖ 1-4% of all ovarian tumours
- ❖ It is the most common benign solid tumours of the ovary.
- ❖ Common in women from 4th to 6th decade. (2)
- ❖ Mostly it is unilateral

OBJECTIVE

Possibility of a benign ovarian tumor with old age, solid mass, ascitis and raised CA 125 has to be kept in mind.

DISCUSSION

Ovarian Fibroma is usually asymptomatic and about 40-45% cases may present with abdominal pain. Complications like torsion and necrosis may present with acute abdomen. It may be associated with ascites and pleural effusion, (Meigs syndrome). The solid nature, ascites and raised CA125 in some cases increases suspicion of malignancy [3]. Imaging finding of ovarian fibromas include solid hypoechoic masses with well-defined margins and acoustic attenuation with minimal Doppler flow signals [1]. The parenchyma shows isodensity, hypointense or isointense signal, and mild to moderate enhancement following contrast-medium injection on CT scan [4]. On MRI soft tissue spindle cells and intercellular collagen that are abundant in their stroma are typical of Fibroma. Removal of the fibroma by laparotomy or laparoscopy is the appropriate treatment choice. In 2013, Yen et al. showed that ovarian tumor vasculature, can be detected by Doppler ultrasound, CT, and MRI, is typical of ovarian fibromas/fibrothecomas. [5].



CONCLUSION

- ❖ Ovarian fibroma can be seen in any age group
- ❖ Role of imaging is of great value, MRI is best for ovarian masses
- ❖ Treatment is Surgical removal with option of frozen section can be offered to patient.
- ❖ As it may be seen in pregnancy also, Gynecologist has to keep it in differential diagnosis in any solid ovarian mass

REFERENCES

1. Chen H, Liu Y, Shen LF, Jiang MJ, Yang ZF, Fang GP: Ovarian thecoma-fibroma groups: clinical and sonographic features with pathological comparison. J Ovarian Res. 2016, 9:81. 10.1186/s13048-016-0291-2
2. Zhang Z, Wu Y, Gao J: CT diagnosis in the thecoma-fibroma group of the ovarian stromal tumors. Cell Biochem Biophys. 2015, 71:937-43. 10.1007/s12013-014-0288-710.
3. Numanoglu C, Kuru O, Sakinci M, Akbayir O, Ulker V: Ovarian fibroma/fibrothecoma: retrospective cohort study shows limited value of risk of malignancy index score. Aust N Z J Obstet Gynaecol. 2013, 53:287-92. 10.1111/ajo.1209015
4. Chen J, Wang J, Chen X, Wang Y, Wang Z, Li D: Computed tomography and magnetic resonance imaging features of ovarian fibrothecoma. Oncol Lett. 2017, 14:1172-8. 10.3892/ol.2017.622817.
5. Yen P, Khong K, Lamba R, Corwin MT, Gerscovich EO: Ovarian fibromas and fibrothecomas: sonographic correlation with computed tomography and magnetic resonance imaging: a 5-year single-institution experience. J Ultrasound Med. 2013, 32:13

CASE

73 years female came with complain of pain abdomen on & off since 3-4 month. She had hysterectomy 20 years back for AUB. CT scan finding suggestive of large right ovarian solid mass of 15x18cm with ascites. FNAC of that mass and cytology of ascetic fluid was normal. Her CA 125 was 174. On laparotomy 1200 ml ascetic fluid drained and sent for cytology and TB culture. 20 cm solid right ovarian mass noted adhered to omentum and bowel posteriorly and bladder anteriorly. Adhesiolysis done and mass removed. postoperative period was uneventful and she recovered well and discharged on 5th day, with biopsy report of ovarian fibroma