Concomitant adult granulosa cell tumor of ovary and endometrial carcinoma: a case report

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INTRODUCTION:

•Adult Granulosa Cell Tumor (GCT) is one of sex cord stromal tumor.

• It accounts for 1% to 2% of all ovarian tumors and 95% of all granulosa cell tumors.

•Most of the patients are of postmenopausal age group with peak incidence between 50 and 55 years.

•These are the most common estrogen producing ovarian tumor.

•Incidence of endometrial carcinoma ranges from 5 to 25%, so there should always be clinical suspicion of concomitant endometrial carcinoma.

CASE HISTORY:

•A 55 year old postmenopausal women presented with complain of bleeding per vagina since 4 months and abdominal distention since one year.

•Abdominopelvic USG revealed enlarged uterus with endometrial thickness 15mm and 8x8cm solid cystic right ovarian mass suggestive of neoplasm.

•Endometrial currettings revealed features of endometrial carcinoma.

•Total hysterectomy and bilateral salpingo oophorectomy was done.

MORPHOLOGICAL FEATURES:

•Uterus showed papillary growth measuring 4x2xcm. Right ovary measured 8.5x8.5x5cm and was solid cystic(Fig1,2). Histopathological examination revealed an invasive tumor with back to back arrangement of glands with villoglandular pattern at places, suggestive of **Type 1 Endometrioid Carcinoma**. Ovarian mass showed tumors cell arranged in diffuse sheets with coffee bean nucleus. Call axner bodies seen,diagnosis made was **Granulosa Cell Tumor** (Fig 3,4).

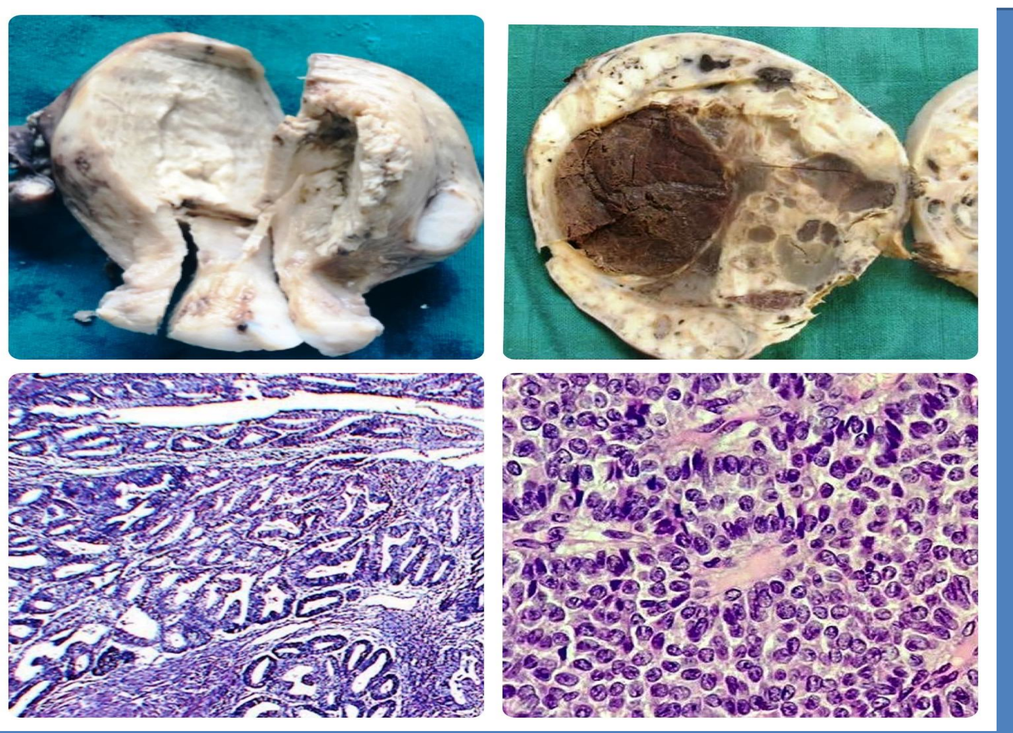

Fig. 1 &2: Papiilary growth and solid cystic ovarian mass.

Fig. 3 &4:Back to back pattern and coffee bean nucleus and call axner bodies (x10 & x40 ; H&E).

DISCUSSION & CONCLUSION:

•The association found is not so common.

• Most of endometrial carcinoma are well differentiated endometrioid carcinoma that carry a good prognosis when detected early.

• So, Gynecologists should have heightened clinical suspicion of endometrial carcinoma in patients with granulosa cell tumor.

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