An Ovarian Sex Cord-Stromal Tumor presenting as supraclavicular metastasis.

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1. Introduction

- Sex cord-stromal tumors account for around 7% of all the primary ovarian tumors.
- Most of the sex cord-stromal tumors behave in a benign fashion.
- However, pure sex cord tumors such as Granulosa cell tumors can show metastasis at the time of presentation.
- Supraclavicular nodal metastasis of sex cord-stromal tumors is extraordinary and only a few cases are found in literature.

2. Case report

- A 39-year-old previously unevaluated woman presented with per vaginal bleeding for months.
- Imaging showed a L/adnexal neoplasm with para-aortic, iliac, inguinal and left supraclavicular lymphadenopathy.
- Excision biopsy from supraclavicular node was done initially.

Microscopy

- Completely effaced nodal architecture with metastatic deposit. (Fig.01)
- There were loosely cohesive cellular areas with follicle formation. (Fig. 01)
- Cells had small, round to oval, monotonous nuclei with scanty cytoplasm and sparse mitoses. (Fig. 02)
- No necrosis was seen.

Immunohistochemistry-

- Positive for - calretinin, CD 56 & WT1
- Negative for - EMA & AFP

3. Microphotographs

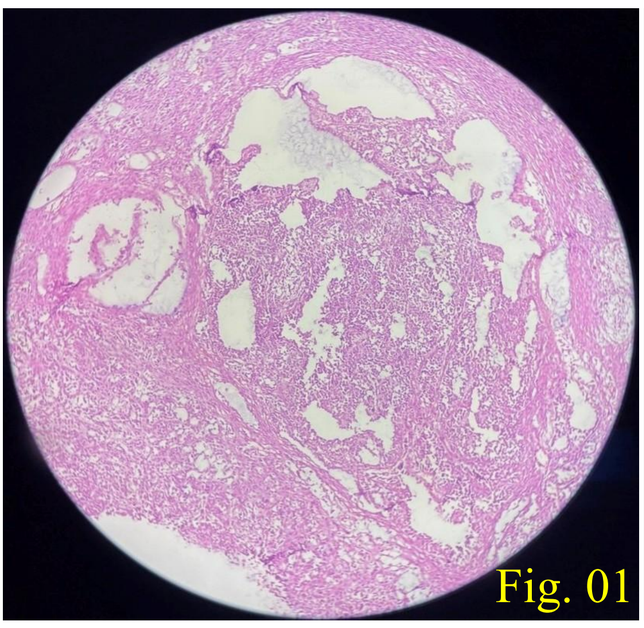


Fig. 01

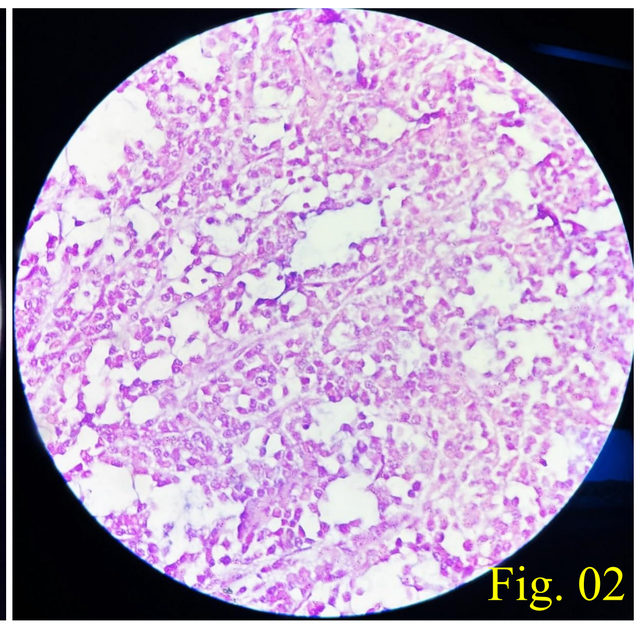
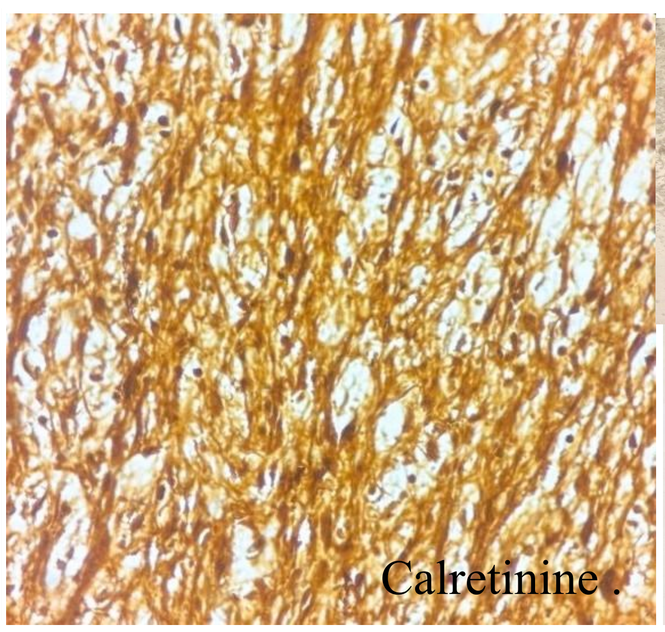


Fig. 02


Calretinine .


CD 56


EMA

4. Discussion and Conclusions

- After clinical, histomorphological and immunohistochemical correlation, the case was concluded as a supraclavicular nodal metastasis of an ovarian sex cord-stromal tumor.
- Peritoneum, omentum, liver, and lung are common sites of extraovarian spread of malignant ovarian sex cord-stromal tumors.
- Nodal metastasis determines the prognosis and the necessity for adjuvant therapy.

5. Learning points …

- An unusual presentation with cervical or supraclavicular lymphadenopathy in a female patient may suggests a possibility of a metastasis from a gynecological primary, in addition to a metastasis from a head and neck or thoracic sources.
- Comprehensive staging and systemic evaluation is important, even for the tumors which are generally considered as indolent.

6. References

7. Key words

ovarian sex cord-stromal tumor, supraclavicular nodal metastasis