

Bilateral ovarian cystadenofibroma : case report

N. Mekkaoui¹, J.Rahmouni¹, M.Bendahhou Idrissi¹, M.K.Saoud¹, N. Mamouni¹, S. Errarhay¹, C. Bouchikhi¹,
A.Banani¹, A.Mekkaoui², M.Haloua², M.Boubbou²

¹ Department of Gynecology and Obstetrics I, CHU Hassan II, FEZ,

² Department of radiology, CHU Hassan II, FEZ,
Sidi Mohamed Ben Abdellah University, FEZ.

Abstract: Ovarian cystadenofibroma is a rare, benign epithelial tumor. It represents 1.7% of the adnexal masses (1). It may look misleading on imaging and intraoperative. It is therefore a differential diagnosis of malignant ovarian tumors. Despite its rarity, this benign tumor must be evoked in front of any cystic mass of the ovary.

Keywords: cystadenofibroma, magnetic resonance imaging (MRI), Surgical management, extemporaneous examination.

Introduction

Ovarian cystadenofibroma is a relatively rare benign tumor of the ovary that arises from the germ lines and ovarian stroma. It represents 1.7% of the adnexal masses (1). It can be solid, cystic or semi-solid, depending on the fraction of epithelium and stroma that it contains and the secretory activity of the epithelium that composes it (2). Such tumors are characterised by their malignant macroscopical appearance which may lead to an inappropriate aggressive surgical approach. We present a case of a patient who benefited from a bilateral cystectomy and whose histology came back in favor of a bilateral ovarian cystadenofibroma. and we will discuss the clinical and therapeutic aspects of this pathology.

patient and observation

M. M, 37-year-old patient, married for 17 years without children, consulted for pelvic pain since one month. Abdominal examination reveals a fatty panniculus with pain in the left iliac fossa. Gynecological examination is normal. Pelvic ultrasound reveals 2 bilateral ovarian masses, anechoic with thin walls, with the presence of a kissing sing.



Figure 1: 2 bilateral ovarian masses on ultrasound, with the presence of a kissing sing

An abdominopelvic CT was performed revealing a well-limited right ovarian cyst; regular contours; high hemorrhagic density, site of parietal calcification, measuring 57*43mm

presence of a large cystic lesion of the left ovary, well limited with regular contours, with hypodense fluid content, without tissue portion, measuring 73*59mm. presence of 2 interstitial myomas measuring 12 and 39 mm long axis.

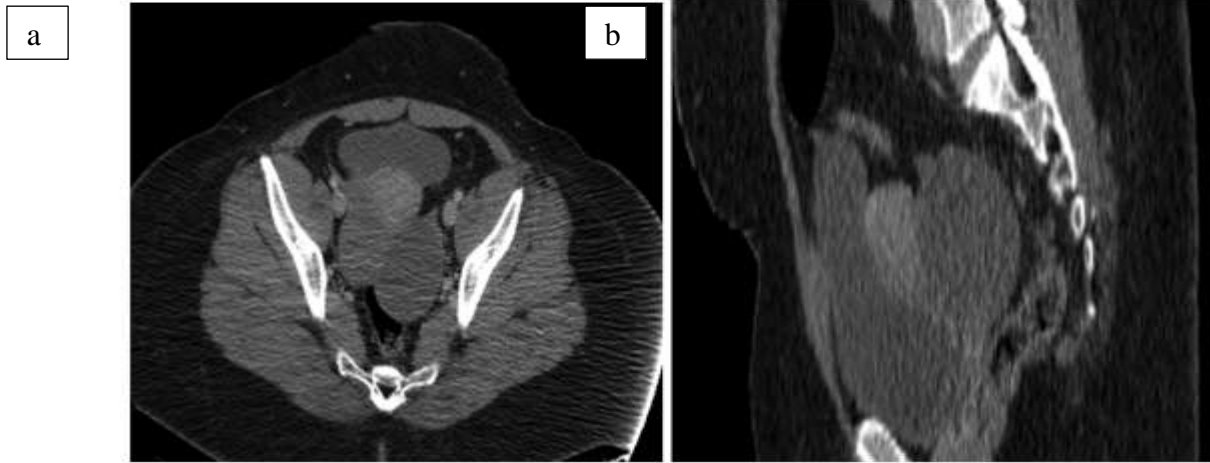


Figure 2 : a-b : CT scan in axial section showing 2 bilateral lateral uterine cystic lesions

A pelvic MRI was performed which revealed the presence of 2 lateral uterine formations in asignal, producing a shading appearance suggestive of endometriomas.

A laparoscopy was performed, upon exploration we find 2 fundic myomas , measuring 5cm and 2cm, also the presence of 2 ovarian cysts without exophytic buds.

A bilateral cystectomy with myomectomy was performed. the pathological study came back in favor of a bilateral ovarian cystadenofibroma.

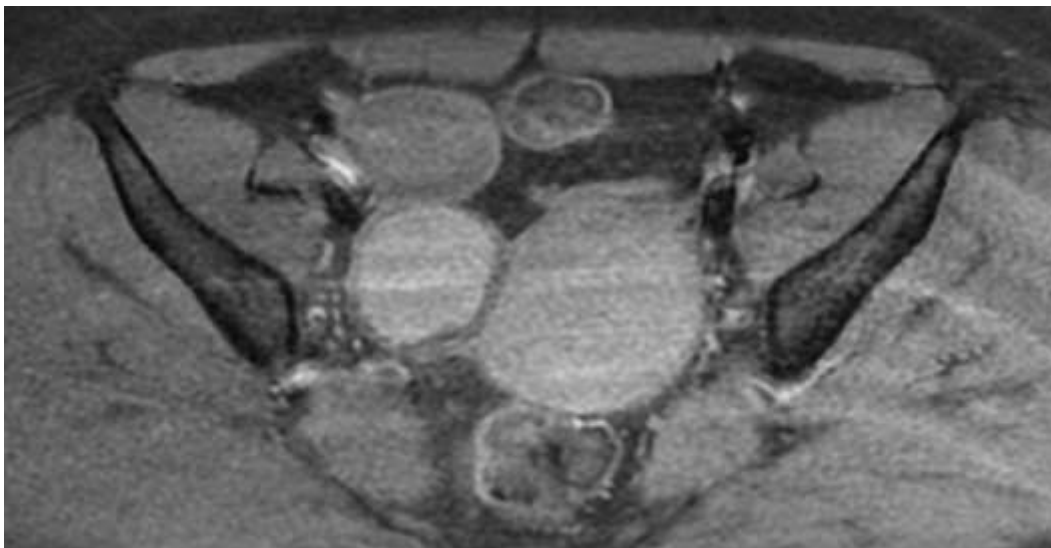


Figure 3 : FAT-Saturated post gadolinium T1 (MRI): 2 lateral-uterine formations in hypersignal

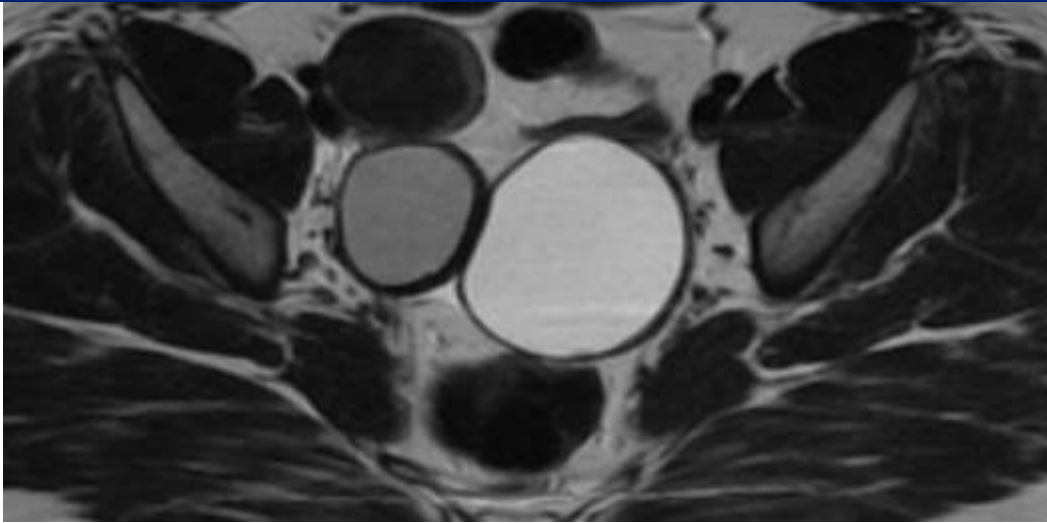


Figure 4 : 2 lateral uterine formations in asignal, producing a shading sing appearance evoking endometriomas (T2-weighted MRI)

Discussion

Ovarian cystadenofibroma is a relatively rare benign tumor of the ovary that arises from the germ lines and ovarian stroma. It is a rare, benign epithelial tumor. It represents 1.7% of the adnexal masses (1). These masses occur in both young and postmenopausal women.

symptoms can range from simple discomfort to pelvic pain and heaviness. Ovarian cystadenofibroma are often presumed malignant because of their solid components.

They are most often of the serous type but they can also be of the endometrioid, clear cell or mucinous type (3). In ultrasound we can find several aspects (4), we can find either a unilocular cyst with one or more papillary projections (25,9%), multilocular with one or more solid components but without any papillary projection (19,4%). A computed tomography (CT) scan also is of limited value in evaluating this tumor. In a study by Cho *et al.*, all 16 cases of ovarian cystadenofibromas, presenting as complex cystic masses with solid components, were preoperatively misdiagnosed as malignant ovarian neoplasms on CT scan or MRI(5).

Hence the interest in magnetic resonance imaging (MRI) which can resolve by showing dense fibrous stromal proliferation with scattered small cystic glandular structures (5). Macroscopically, the outer surface of serous cystadenofibromas is usually smooth and shiny, but there are sometimes papillary growths outside the surface of the lesion. The inner lining of the cysts is flat or may have a variable number of coarse papillary projections. Tumors vary in size. They can have a diameter of up to 30 cm.

Surgical management of cystadenofibromas consists of complete surgical resection. Their intraoperative diagnosis being difficult, especially in pre-menopausal women, an extemporaneous analysis of the part allowing a limited resection preserving fertility is recommended. However, in the case where the extemporaneous examination is not feasible or uncertain as in our case, extensive first-line surgical treatment should be avoided.

Conclusion

Ovarian cystadenofibroma is a relatively rare benign tumor that is seen in women aged 15–65 years. The routine imaging features of this tumor may mimic a malignant neoplasm, but the presence of the fibrous component often gives a specific characteristic MRI appearance that may help differentiate it from malignant ovarian tumors.

References

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