Case report **Pathology**

International Journal of Pharma and Bio Sciences

ISSN 0975-6299

TYPICAL ENDOMETROID ADENOCARCINOMA OF OVARY IN A YOUNG WOMAN- A RARE CASE

***DR SUNITA SAMAL, DR SHWETA GUPTA, DR AKSHAYA MAHAPATRA AND DR P.PORKKODI**

Associate Professor, Pondicherry

ABSTRACT

Endometroid adenocarcinoma of ovary accounts for less than 10% of all surface epithelial tumors and usually involves 5th to 7th decades of life. A 27yr unmarried woman was presented with an abdominal mass and both clinical and sonological evaluation revealed a 20wk size solid ovarian mass in one ovary. All the tumor markers were within normal values. She had undergone laparotomy which showed stage1a ovarian tumor and unilateral salpingo-oopherectomy with omental biopsy was done. Histopathology diagnosed it as a well differentiated endomatroid adenocarcinoma of ovary without any metastasis.

KEYWORDS: **Endometroid adenocarcinoma, endometriosis, ovary**

***Corresponding author**

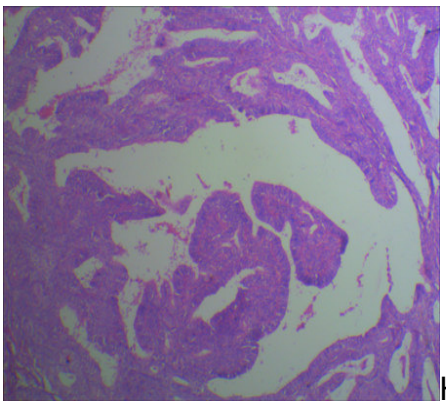
DR SUNITA SAMAL
Associate Professor, Pondicherry

INTRODUCTION

Endometroid adenocarcinoma of ovary accounts for 6-8% of all surface epithelial tumors and usually involves 5th to 7th decades of life[1] An association with endometriosis, either ovarian or elsewhere in pelvis is observed in as much as 40% of cases. Cancers adjacent to endometriosis on the same ovary or arising within endometriosis are labelled as endometriosis associated endometrioid carcinoma, while all others were considered typical endometrioid adenocarcinoma.[2] We report a case of unilateral typical endometroid adenocarcinoma in a young unmarried woman of 27yrs.

CASE SUMMARY

A 27yr unmarried woman was presented to our gynecology OPD with an abdominal mass and mild intermittent lower abdominal pain for last 4 to 5 months without any fever and vomiting. Her menstrual cycles were irregular with decreased flow from the menarchae. Thorough clinical examination revealed a 20wk size firm, mobile, nontender mass in left lower abdomen with no other organomegaly and other system examinations were normal Abdominal ultrasound showed a left ovarian hyperechoic mass of 11.6×11.5×8.6cm with internal vascularity and without any evidence of free fluid in abdomen. Uterus and other ovary were sonologically normal. All tumor markers(CA 125, AFP, BhCG, LDH, CEA) were sent on suspicion of germcell tumor and all were within normal limits. Patient was undergone laparotomy which revealed a solid left ovarian mass of 11×12cm with normal uterus , fallopian tube and contralateral ovary without any free fluid (Stage 1a). Left salpingo-oopherectomy was done along with omental biopsy and peritoneal wash was sent for cytology. Cut section showed the yellowish looking solid areas without any cystic spaces. Histology findings showed well differentiated adenocarcinoma of ovary (Fig-1) without any evidence of endometriotic foci and cytology and omentum was negative for malignant cells. Postoperative CT scan was normal. Her recovery was uneventful and as she was in stage1-a, chemotherapy was not needed for her. She was advised for regular follow-up.



Hematoxylin & Eosin stain

Figure 1
Well differentiated adenocarcinoma of ovary

DISCUSSION

Endometroid adenocarcinoma of ovary is a primary ovarian neoplasm which bears a striking histologic resemblance to adenocarcinoma of the endometrium. It is a type of epithelial ovarian cancer which is common in 5th-6th decade of life. Its occurance in young age is very rare. Literature review showed only one case reported by F. Demirci et al in a 18 yr old girl who was treated with unilateral salpingoopherectomy and partial omentectomy and it was a welldifferentiated adenocarcinoma of ovary.[3] Endometrioid carcinomas of the ovary tend to coexist with various forms of endometrial neoplasia(15% to

20%).[4] Catharina C. van Niekerk et al showed presence of endometrial carcinoma in synchronus with endometroid carcinoma of ovary in 11.5% cases.[5] A few studies have shown that endometriosis can be seen within endometrioid adenocarcinoma which can vary from 14% [6], to 43%. [7] A study by Tadashi Terada showed 40% association of endometriosis in endometroid adenocarcinoma of ovary and all of the endometrisis were atypical.[8] In the present case there is neither association with endometriosis nor with endometrial carcinoma and also its presence in young age is a rare association. The prognosis of endometrioid carcinoma is better than other epithelial ovarian cancers. As the patient was assigned to stage1-a, further chemotherapy was not needed.

CONCLUSION

Though endometroid adenocarcinoma is a tumor of older age group, it can be seen in young female without any association with endometriosis which is a rare occurrence.

REFERENCE

1. Jonathan S, Berek. Ovarian and Fallopian tube cancer. Berek & Novak's Gynecology. Lippincott Williams & Wilkins,India;2007.p.2181
2. Meckin DS, Burger RA, Manetta A, Disaiap. Endometrioid adenocarcinoma of the ovary and its relationship to endometriosis. Gynecol Oncol. 59(1):81-86 ,1995
3. F. Demirci, U. Kuyumcuoglu, K. Sofuoglu, S. Eren, M.N. Delikara, R. Bilgic. Endometrioid Carcinoma of the Ovary: An Unusual Tumour in Young Females. JPMA. Nov:267-268, 1994
4. Gillas BC, Prat J. Ovarian carcinoma Pathology and genetics: recent advances. Human Pathology. 40:1213-1223, 2000
5. Van Niekerk CC, Bulten J, Vooijs GP, Verbeek AL. The Association between Primary Endometrioid Carcinoma of the Ovary and Synchronous Malignancy of the Endometrium.Obstet Gynecol Int. 2010:465162,2010
6. Valezuela P, Ramos P, Redondo S, Cabrera Y, Alvarez I, Ruiz A. Endometrioid adenocarcinoma of the ovary and endometriosis. Eur J Obstet Gynecol Reprod Biol , 134: 83-86 2007
7. Ogawa S, Kaku T, Amada S, Kobayashi H, Hirakawa T, Ariyoshi K, Kamura T, Nakano H. Ovarian endometriosis associated with ovarian carcinoma: a clinico-pathologic and immuno-histochemical study. Gynecol Oncol , 77: 298-3042000
8. Tadashi Terada. endometroid adenocarcinoma of ovary arising from atypical endometriosis. Int J Clin Exp Pathol. 5(9): 924–9272012.