Serous cystadenoma of borderline malignancy arising in a parovarian paramesonephric cyst

F. Puig[1], R. Crespo[1], I. Marquina[2]

[1]Department of Obstetrics and Gynecology, [2]Department of Pathology, Miguel Servet University Hospital, Zaragoza (Spain)

Summary

Background: Borderline parovarian tumors are found incidentally at surgery or autopsy. They are extremely rare. The majority have been reported in young women and rarely are they large enough to be clinically significant.

Case: A 53-year-old multiparous female with a symptomatic paraovarian serous borderline cystadenoma is presented.

Discussion: The clinical aspects and subsequent management of related cases are discussed.

Key words: Parovarian tumor; Adnexal mass; Borderline malignancy; Paramesonephric cyst; Serous cystadenoma.

Introduction

Parovarian neoplasms are unusual and common incidental findings at operation or autopsy; rarely are they large enough to be clinically significant. Borderline ovarian tumors account for 10-20% of all ovarian epithelial tumors and are diagnosed primarily in young women, but borderline parovarian tumors are extremely rare. Because data on this tumor in the literature are limited we are reporting this case.

Case Report

A 53-year-old multiparous female was admitted to our gynecology department with pelvic pain. Pelvic examination revealed the presence of bilateral adnexal masses, 8 cm in size on the right side and 6 cm on the left. They were painful mobile masses with an elastic consistency. Radiological evaluation with a computerized tomographic scan revealed a unilocular cystic mass measuring 7 x 7 x 5 cm in the left adnexa and another cystic mass with septation measuring 10 x 8 x 6 cm in the right adnexa. The uterus and the rest of the abdominal cavity were normal. Preoperative investigations including CA125 level were normal, and after evaluation the decision was made to proceed with laparotomy. At laparotomy the left parovarian cyst contained a homogeneous mass measuring 7 x 7 x 6 cm and the right ovarian cyst a hemorrhagic mass measuring 7 x 6 x 5 cm. They were removed with frozen-section analysis of the specimens showing the presence of a serous tumor of borderline malignancy of the left parovarian mass and a hemorrhagic cyst of the right ovarian mass. After these results and having taken into account the age of the patient, staging surgery with peritoneal washing, hysterectomy with bilateral salpingo-oophorectomy, omentectomy, appendectomy and pelvic and paraaortic lymphadenectomy (sampling) were performed. In the final pathology report the mass of the parovarian cyst was classified as a borderline serous cystadenoma and was identified as paramesonephric in its origin (Figure 1). There was no involvement of the ipsilateral adnexa and the tumor was staged as IA (FIGO). The cyst of the right ovary was classified as a hemorrhagic cyst.

The patient has been regularly followed-up with no evidence of recurrent borderline tumor 36 months after diagnosis.

Discussion

Most parovarian cysts are found incidentally at surgery or autopsy and their origin may be mesothelial, mesonephric (wolffian) or, more commonly, paramesonephric (müllerian). Paramesonephric cysts arising in müllerian remnants, including accessory oviducts, are composed of ciliated and secretory columnar cells resembling the oviduct epithelium. Few cases of parovarian tumors of borderline malignancy have been reported in the literature [1-3]. Most occur in young women and only 9-10% have been reported in postmenopausal women, as in this case. The most common presenting symptom is lower abdominal pain or discomfort. Usually they are unilateral and are very difficult to diagnose with sonog-

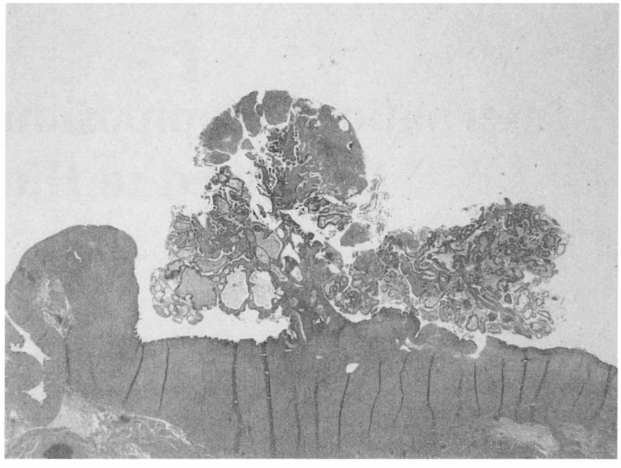

Figure 1. — Photomicrograph showing a borderline parovarian cyst with papillary projections (hematoxylin and eosin x 1.25).

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raphy. Therefore the management should be approached as any other adnexal mass. Treatment should follow the guidelines for the tumors of borderline malignancy of the ovary with frozen-section analysis and appropiate staging procedures, which could be conservative or aggressive according to the clinical and histological criteria. If frozen-section analysis is not possible, the indications for restaging surgery remain controversial as shown in a French study in which no difference in recurrence rate was observed between women who underwent restaging and those who did not [4].

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Address reprint requests to:
R. CRESPO, M.D.
6, Las Torres Avenue 2ª A,
50002 Zaragoza (Spain)