Clinical History:
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Microcystic Stromal Tumor of the Ovary
Report of 16 Cases of a Hitherto Uncharacterized Distinct Ovarian Neoplasm

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Microcystic Stromal Tumor

- Age 26-63 (mean 45)
- Pelvic mass
- Hormonal sx in 2/16
- Unilateral
- Mean size 8.7 cm (range 2-27 cm)
- 7 patients with available follow-up: NED (mean 4.25 years)
Microcystic Stromal Tumor

Immunohistochemistry

- Inhibin –
- Calretinin –
- WT-1 +
- SF-1 +
- FoxL2 +
- ER –
- PR –
- CD10 +
- Beta-catenin +
- Cyclin D1 +

Beta-catenin mutation in 8/12
Stromal Tumors

- Fibroma
- Thecoma
- Sclerosing stromal tumor
- Luteinized thecoma of type associated with sclerosing peritonitis
- Signet ring – stromal tumor
- Stromal tumor with minor sex cord elements
- Microcystic stromal tumor
- Myxoma
Thecoma

- <1% of ovarian tumors
- Mean age 59, rare under 30
- Usually estrogenic
- Nearly all are benign
- Unilateral 97%
- Size 5-10 cm
The tumor formerly known as “Luteinized Thecoma”

- Eliminated from newest WHO classification
- Classify by stromal component
  - Most are actually “luteinized fibromas”
- Can mention presence of lutein cells in comment
Signet Ring Stromal Tumor

• Very rare
• Nonfunctioning
• Solid or solid and cystic
• Signet ring cells may be diffuse or focal within a fibroma
• Differential:
  • Brenner/GCT
  • Krukenberg
Stromal Tumor With Minor Sex Cord Elements

- Very minor (<10%) sex cord component in fibroma or thecoma
- No prognostic significance
- Eliminated from newest WHO classification
- Classify by stromal component
- Can mention in comment
SCLEROSING STROMAL TUMOR

• Young women
• Rarely functioning
• Solid with edema and cysts
SCLEROSING STROMAL TUMOR

• Cellular pseudolobules
• Intervening fibrous or edematous tissue
• Round, lutein-like cells
• Spindle cells
• Prominent ectatic vessels
Luteinized Thecoma(tosis) Associated with Sclerosing Peritonitis (LTSP)

- Age 10 mo to 85 y (median 27)
- Abdominal distention, pain, ascites
- Bilateral (25/27)
- Sclerosing peritonitis (25/27)
- 2-31 cm (mean 10 cm), round or lobulated
- Soft, often markedly edematous, hemorrhagic
Inhibin, calretinin, D56 stain luteinized cells, mostly negative in spindle cells
SF-1 and FoxL2 positive in spindle cells
SMA, desmin, keratin may stain spindle cells
ER, PR positive