

Interesting case conference

7/30/12

46-year-old female (no sig PMHx)

- presented to her local doctor for menorrhagia
- negative pap smear; normal endometrial stripe on transvaginal US
- US also demonstrated an 8 cm complex right ovarian mass (mildly elevated CA-125 of 51.9)
- Pt referred to U of M and was counseled to proceed with surgical exploration for definitive diagnosis

Pre-Op Clinical Differential: Endometriosis, functional ovarian cysts, other benign ovarian mass, borderline ovarian cancer, and malignant ovarian cancer

Right ovary and fallopian tube submitted for intraoperative frozen section analysis. Scrape smears were prepared. One smear was stained with Diff-Quik. The other smear was stained with H&E in the frozen section room.

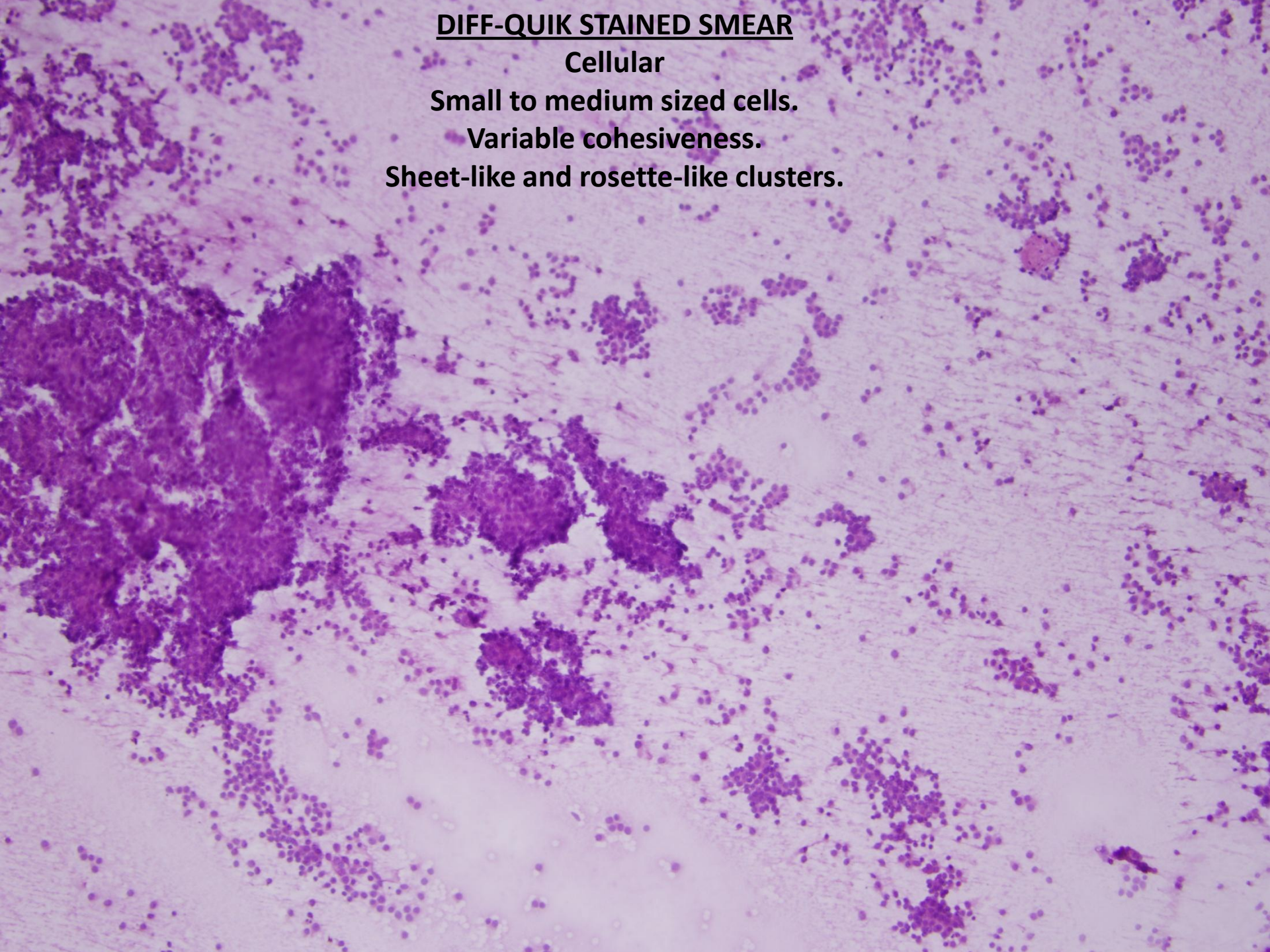
DIFF-QUIK STAINED SMEAR

Cellular

Small to medium sized cells.

Variable cohesiveness.

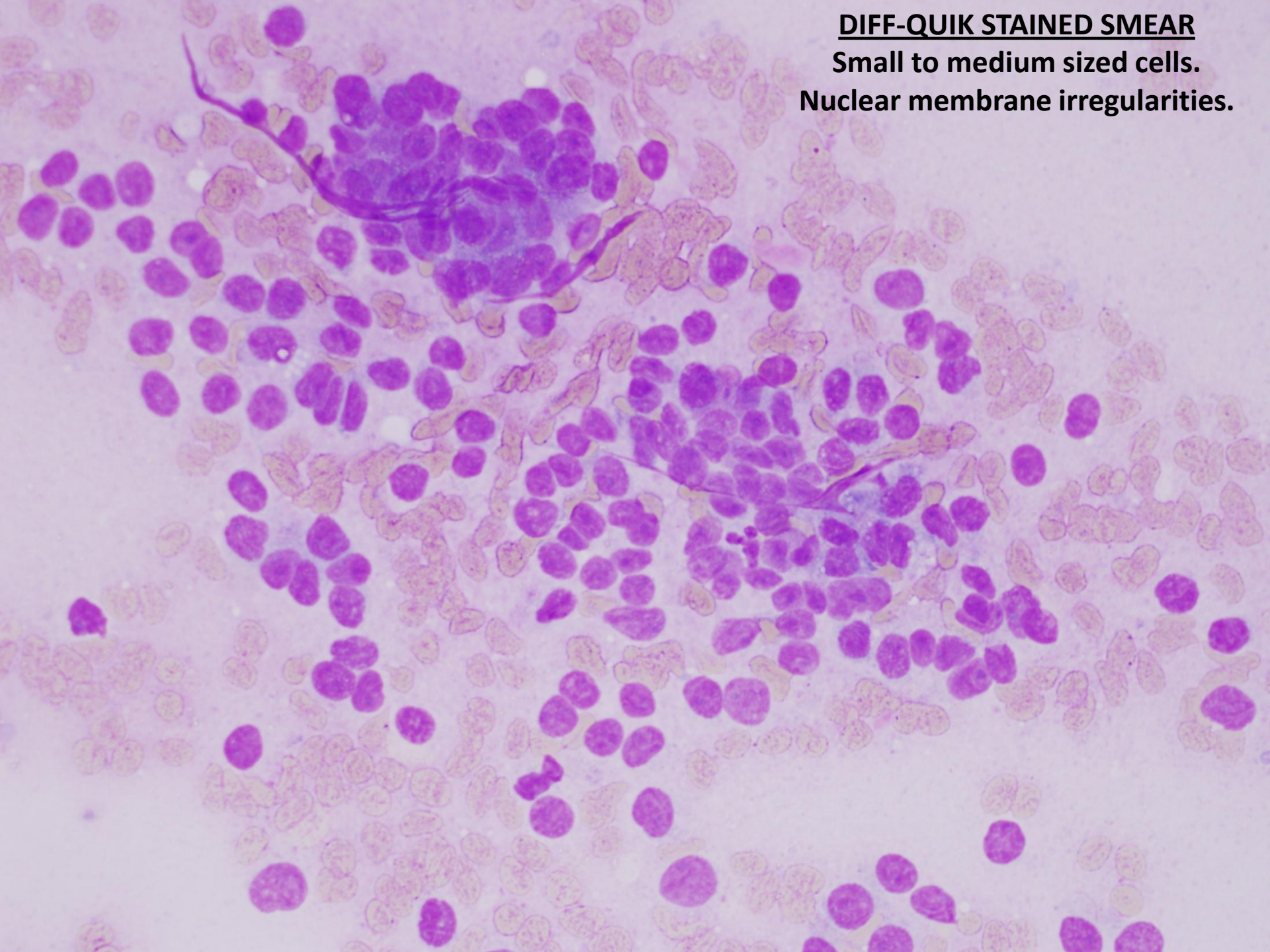
Sheet-like and rosette-like clusters.



DIFF-QUIK STAINED SMEAR

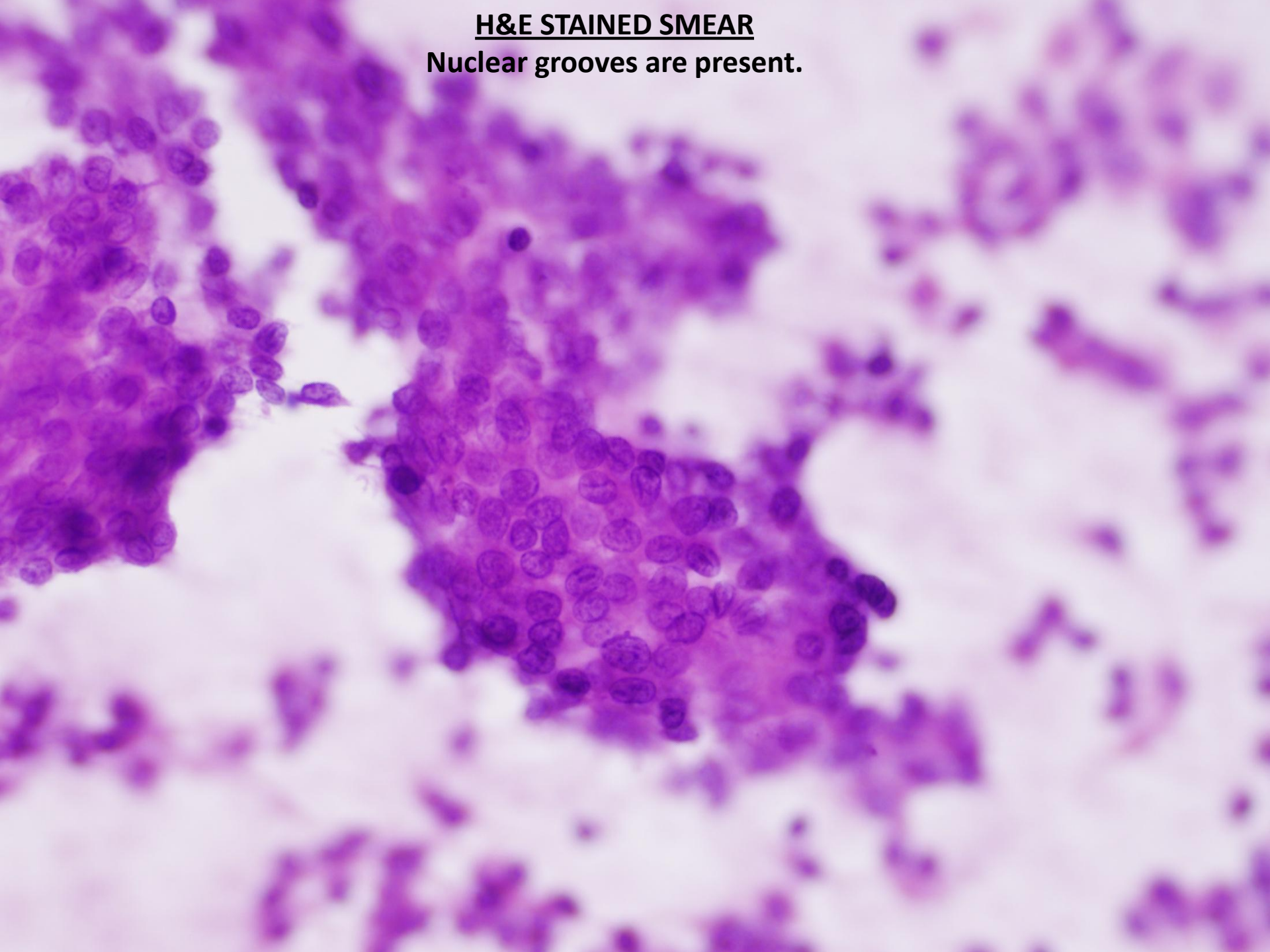
Small to medium sized cells.

Nuclear membrane irregularities.

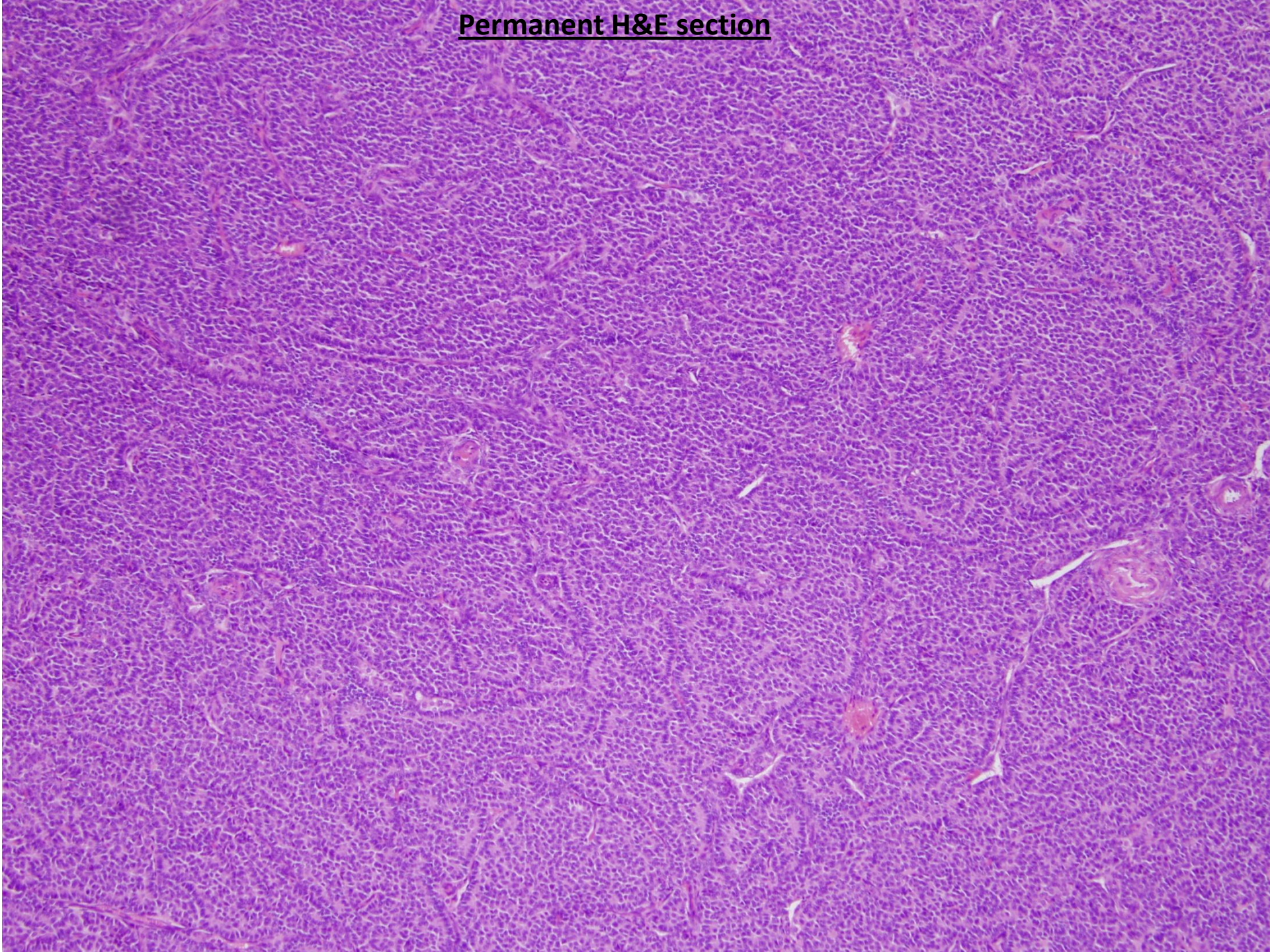


H&E STAINED SMEAR

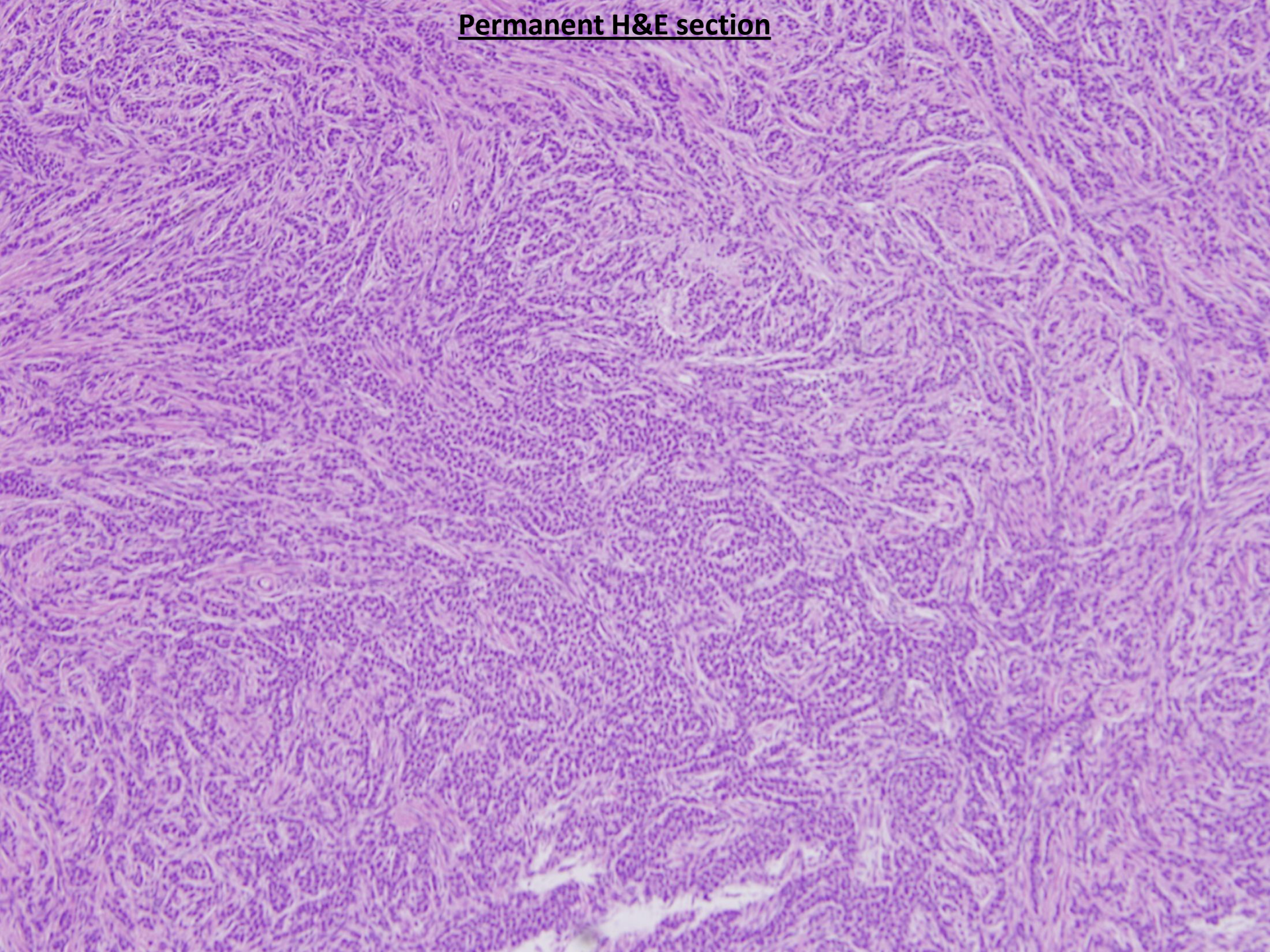
Nuclear grooves are present.



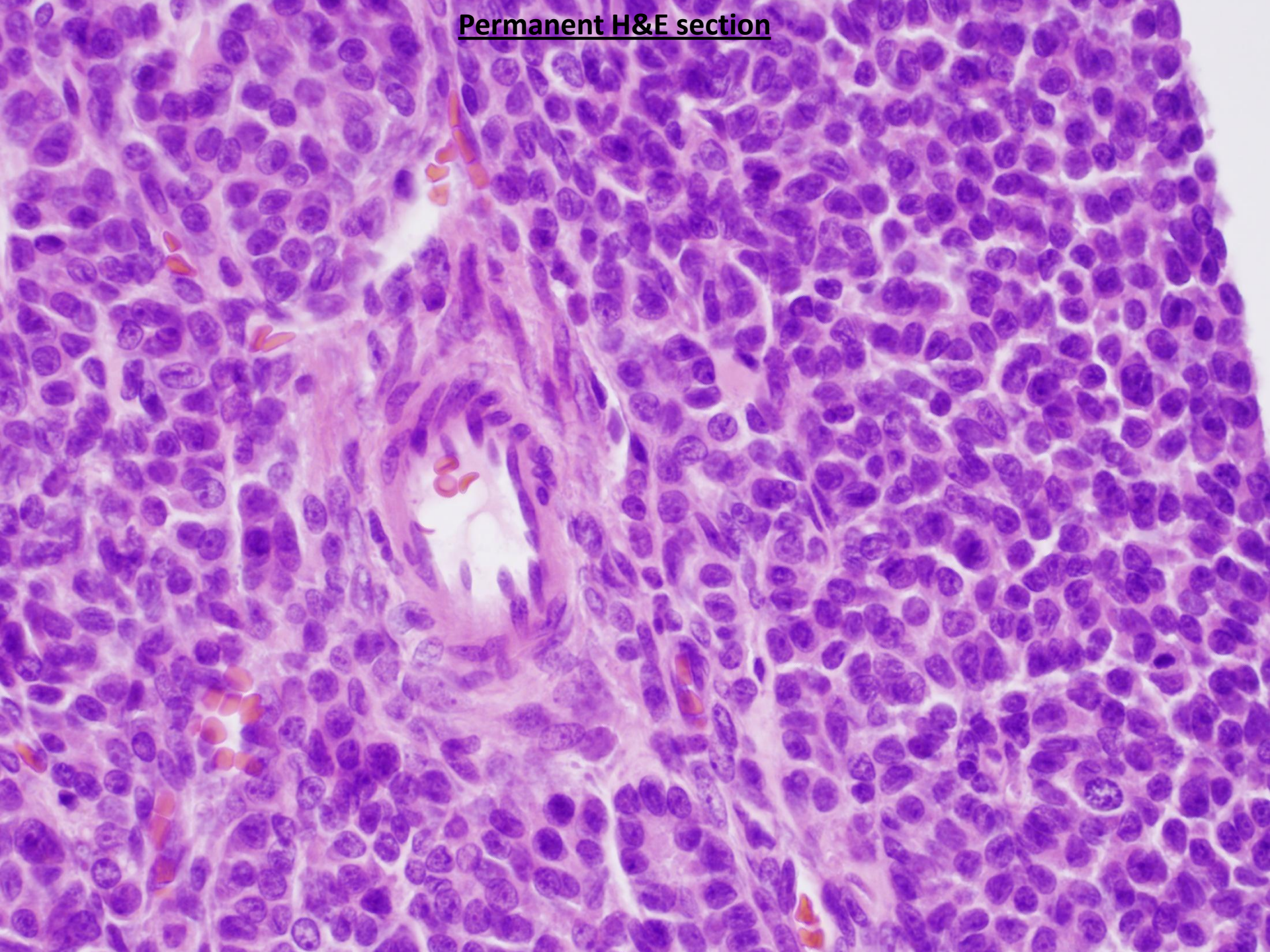
Permanent H&E section



Permanent H&E section



Permanent H&E section



Right fallopian tube and ovary, salpingo-oophorectomy:

Adult-type granulosa cell tumor (approximately 14.5 cm) with ovarian surface involvement.

Unremarkable fallopian tube.

Adult type granulosa cell tumors

1. Middle aged and postmenopausal women
2. Many secrete estrogens=> endometrial hyperplasia
3. Most are stage I, but have potential for aggressive behavior.
4. FNAs are usually highly cellular
 - a) small-medium sized cells with scant cytoplasm
 - b) oval nuclei, pale dispersed chromatin, nuclear grooves often present
 - c) Call-Exner bodies (globular basement membrane like material on Diff Quik) can be seen.