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E-Poster

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Ovarian steroid cell tumor, not otherwise specified; a rare case

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Introduction

Sex cord stromal tumors accounts for 8% while steroid cell tumors accounts for 0.1% of all ovarian neoplasms.These tumors generally develop at premenopausal period and present with androgenic symptoms.

Case Report

A 56-years old woman (Gravidity: 4; Parity: 3) with no abnormal finding in personal and family history presented to endocrinology department with hirsutism. In laboratory evaluation total and free testosterone levels were found to be high (3.91 ng/mL and 4.33 pg/mL, respectively). There was slight elevation in estradiol levels (33 pg/mL) while LH, FSH, DHEA, DHEA-S and 17-hydroxyprogesteron levels were within normal range. On pelvic MR imaging, a solid mass lesion (48x39 mm in size) was detected in the right ovary. The patient underwent TAH and BSO. On gross examination, there was a slight increase in size (4.5x1.8x0.8 cm in size) of right ovary. Sectional surface revealed tumor that was 1.5 in diameter with reddish-yellow, homogenous. On microscopic examination, tumor cells had diffuse stratification with round-oval nuclei and either eosinophilic or clear cytoplasm. There was no atypia, pleomorphism, nuclear groove or Reinke's crystals in these cells. On immunohistochemical evaluation, calretinin and inhibin expressions were observed in tumor cells. No EMA reactivity was detected. Ki-67 index was 1%. Together with clinical findings, histopathological findings were considered as "steroid cell tumor, NOS".

Conclusion

Steroid cell tumors are rare neoplasms of ovary. Steroid cell tumors are generally benign; however, increased mitosis (>2/10 HPF), nuclear atypia, presence of hemorrhage and necrosis and increased diameter (>7 cm) are predictive for malignant transformation.

Anahtar Kelimeler :steroid cell tumor, hirsutism, testosterone level