

28. ULUSAL PATOLOJİ KONGRESİ

27-30 Ekim 2018

Ankara Üniversitesi Tıp Fakültesi
Morfoloji Yerleşkesi



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E-Poster

Kemik ve Yumuşak Doku Patolojisi

EPS416(1038)

Peritoneal psammocarcinoma, ovarian leydig cell tumour, granular cell tumour: Case report with cyto-histo correlation

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INTRODUCTION

Psammocarcinoma is a rare variant of serous carcinomas that can originate from the ovary or peritoneum. These tumors are characterized by dystrophic calcifications on imaging and histopathology. Leydig cell tumour is a rare ovarian neoplasm presenting 60% with elevated hormone levels and its clinical outcomes as hyperandrogenism. We present a case with peritoneal serous psammocarcinoma, ovarian leydig cell tumour and granular cell tumour.

CASE REPORT

A 41-year-old female patient presented with pelvic pain and weight loss. She complained of six months-amenorrhea and hirsutism. On CT, a calcified mass was found on the right side of the rectouterine pouch, size of 42x27x48 mm. Diagnostic laparotomy, total abdominal hysterectomy/bilateral salpingo-oophorectomy, appendectomy, pelvic/para-aortic lymph dissection and omentectomy was performed. Peritoneal cytology was diagnosed as malignant. The main mass couldn't be resected from the patient, only a peritoneal biopsy measuring 2,6x2,6x1,2 cm was sampled for histopathological diagnosis. The omentum showed many tumour deposits. Microscopically, uterus, bilateral tuba-uterina, appendix, pelvic/para-aortic lymph nodes were normal. However, psammo bodies occupied >75% of the peritoneal lesion, serous epithelial component with papillary structures lined by cubic cells with small, uniform nuclei was barely seen. Cut surface of left ovary showed 1,3cm solid, yellowish nodular lesion; histopathological examination showed cells with abundant eosinophilic cytoplasm with immunohistochemically positive for inhibin and calretinin supporting Leydig cell tumour. Two months later, the patient presented with a 1,5 cm, reddish nodule on the left arm. Fine needle aspiration cytology was cellular displaying many neoplastic cells with abundant eosinophilic cytoplasm and prominent characteristic granulation consistent with granular-cell tumor and histopathology of excision supported the diagnosis. In our best knowledge, peritoneal psammocarcinoma jointly with ovarian leydig cell tumour and granular cell tumour has not been reported in the literature.

CONCLUSION

The coincidence of these three tumours presenting in the same patient makes us think about a molecular pathway causing multipl tumours.

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Anahtar Kelimeler :Psammocarcinoma, leydig-cell tumour, granular-cell tumour