A Fibroma with Cystic Change Developing in an Accessory Ovary
- A Brief Case Report -

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CASE REPORT

A 53-year-old multiparous woman presented with abdominal pain for 2 months. She did not complain of any vaginal bleeding or abdominal distension. Past medical history was unremarkable except for undergoing a caesarian section operation on two occasions about 20 years ago. Pelvic computed tomography revealed a 11.0×8.0×6.0 cm sized lobulated cystic mass with a thick septal wall in right adnexa (Fig. 1) and a 4 cm sized heterogeneously enhancing mass lesion in the uterus. The preoperative diagnosis was a borderline ovarian tumor and uterine adenomyosis. A laparotomy showed a cystic mass connected to the right ovary by stalk. Bilateral eutopic ovaries were completely normal. Histologically, an accessory ovary was replaced by a fibroma accompanied by extensive cystic change.

DISCUSSION

Accessory ovary, defined as a third ovary situated in proximity to, or having ligamentous connection with an eutopic ovary, was first described by Grohe in 1864. A supernumerary ovary is defined as a third completely separated and with no connection to the eutopic ovary. The incidence of an accessory ovary was reported to be very low as one in 29,000-700,000 gynecologic admission. In the embryological theories, an accessory ovary may be formed as a result of the abnormal separation of a...
small part of the developing and migrating ovarian primordi-
um. On the other hand, Lachman and Berman\textsuperscript{1} suggested that
an accessory ovary should be classified as ovarian implants rath-
er than true embryologically derived ectopic tissue.\textsuperscript{3} The acces-
sory ovarian tissue has both the functional and the pathological
potentials of normal ovaries.\textsuperscript{2} Any tumors arising in normal
ovarian tissue can develop in an accessory ovary, although, tu-
mors arising in an accessory ovary are extremely rare. To date,

\begin{table}[h]
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\caption{Reported cases of tumors arising in accessory ovaries}
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No. & Reference & Age (yr)/Sex & Symptom & Location & Treatment & Tumor size (cm) & Diagnosis \\
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1    & Lim et al.\textsuperscript{1} & 33/F & LLQ pain & Left infundibulopelvic ligament & Exploratory laparotomy & 2.5 $\times$ 2.2 & Dermoid cyst \\
2    & Andrade et al.\textsuperscript{2} & 18/F & Hirsutism and pelvic pain & Right ovary and omentum & Laparotomy & 16 $\times$ 13 & Sclerosing stromal tumor \\
3    & Sharatz et al.\textsuperscript{3} & 11/F & Abdominal and left flank pain & Left fallopian tube & Left salpingectomy & 18.7 $\times$ 10$\times$15.4 & Giant serous cystadenoma \\
4    & Roth et al.\textsuperscript{4} & 29/F & Abdominal pain and cramping & Right broad ligament & TAH/RSO/omentectomy & 21 $\times$ 16 $\times$ 9 & Steroid cell tumor \\
5    & Liu et al.\textsuperscript{5} & 30/F & Virilizing symptoms & Infundibulum of right fallopian tube & Laparotomy & 2 $\times$ 3 $\times$ 3 & Steroid cell tumor \\
6    & Heller et al.\textsuperscript{6} & 43/F & Abdominal distention and stress incontinence & Right paratubal area & H/RSO/LS & 1.1 & Brenner tumor \\
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F, female; LLQ, left lower quadrant.
there have been only a few reports of tumors arising in accessory ovaries; examples of these are cystic mature teratomas, serous cystadenomas, mucinous cystadenomas, Brenner tumor, steroid cell tumor, and sclerosing stromal tumor (Table 1). A case of a large fibroma arising in supernumerary ovary has been reported, to our knowledge, the occurrence of a fibroma in an accessory ovary has not yet been reported.

A fibroma is a common ovarian tumor, occurring almost invariably after puberty and histologically characterized by closely packed spindle stromal cells arranged in a “feather stitched” or storiform pattern. Hyaline bands and edema may be present. The average diameter of fibroma is 6 cm. Myxoid changes may be seen, sometimes resulting in cystic degeneration.

Our case shows the typical histologic features of a fibroma and stromal cells arranged in slightly storiform pattern with extensive cystic change.

In summary, an accessory ovary is a rare condition having the same functional and pathological potency of a normal ovary. Herein, we report the first case of a fibroma arising in an accessory ovary.

REFERENCES