

## **P329. A diagnostic dilemma for solid ovarian masses: the clinical and radiological aspects with differential diagnosis of 5 cases**

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### **Introduction**

This study aimed to analyze the clinical characteristics and diagnostic features of ovarian fibromatous masses.

### **Matériel et Méthodes**

We reviewed the records of 5 women who underwent laparoscopic surgeries and whose final histopathological diagnoses were ovarian fibroma, cellular fibroma, or fibrothecoma from January 2016 to September 2017. The clinical, ultrasonographic, magnetic resonance imaging, tumor marker, therapeutic, and histologic data were analyzed.

### **Résultats**

The mean age of the patients was 50.9 years [32-63]. Four patients were menopausal. The preoperative ultrasonography examination incorrectly diagnosed two lesions as uterine fibromas, and the magnetic resonance imaging examination incorrectly labeled one lesion as pedunculated subserous uterine fibroma. The cancer antigen-125 levels of two cases were measured, with one being abnormal. All patients underwent a laparoscopy. One patient underwent a total hysterectomy with bilateral salpingo-oophorectomy, and four underwent a tumorectomy. The histological diagnosis was fibrothecoma in 3 cases, fibroma in one case, and cellular fibroma in one case. Histopathologic examination of the endometrium of the patient who underwent hysterectomy revealed simple endometrial hyperplasia without atypia.

### **Conclusion**

Ovarian fibromas and fibrothecomas are often misdiagnosed as uterine fibromas and occasionally mistaken for malignant tumors of the ovary preoperatively. As these tumors originate from ovarian stroma, they may be hormone-active tumors. Therefore, they may lead to premalignant changes in the endometrium. The preoperative evaluation of the endometrium is recommended.

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