ISP-14-1  Pulmonary type of small cell carcinoma of the ovary: a case report

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Small cell carcinoma of the ovary is a very rare and aggressive tumor with a poor prognosis, and it is classified into pulmonary type and hypercalcemic type. There is no standard treatment for patients with this disease. We reported the case of a 55-year-old woman with small cell carcinoma of the ovary of pulmonary type. A 55-year-old woman came to the doctor because of abnormal genital bleeding. MRI confirmed the presence of large adnexal mass of solid appearance with the diameter of 15 cm. Then the tumor was suspected to be a malignant ovarian tumor, and she was referred to our hospital. Explorative laparotomy with hysterectomy, bilateral salpingo-oophorectomy, dissection of lymph nodes and partial omentectomy were conducted. Postoperative pathological examination gave a diagnosis of the pulmonary type of ovarian small cell carcinoma, FIGO IC1 stage. After surgery, irinotecan hydrochloride and cisplatin were administered to her as front line chemotherapy by reference to the treatment of pulmonary small cell carcinoma. At present, six months have passed since her first operation was performed and there has been no evidence of recurrence on imaging. Small cell carcinoma of the ovary is a very rare disease. But when we find a solid tumor of ovary, it is necessary to keep in mind a small cell carcinoma of the ovary as the differential diagnosis.

ISP-14-2  Mitotically active cellular fibroma of the ovary: a case report and literature review

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[Introduction] The ovarian cellular fibrous tumor with mitotic figure more than 4 per 10 high power field without moderate to severe atypia is defined as mitotically active cellular fibroma (MACF) according to the 2014 WHO classification. [Case] A 36-year-old, G3P3, woman had a 10-year history of right 6-cm ovarian tumor. The serum levels of tumor markers were negative for CEA, CA125, CA19-9, SCC, HCG and AFP. MRI showed a 61-mm solid tumor, benign tumor (fibroma/fibrothe- coma) or malignant tumor (germ cell tumor, lymphoma, GIST) was suspected. Laparoscopic surgery was performed. The tumor was noted in the Douglas pouch, protruded from right ovary without adhesion. Laparoscopic right salpingo-oophorectomy was performed. The tumor, cut into small pieces in the bag, was pulled out from the umbilicus. The sectioned surface was solid and light-yellow. In immunohistochemical findings, inhibin-α, vimentin, PgR, CD10, CD56 and WT1 were positive, and AE1/AE3, ER, calretinin and EMA were negative. Final histological diagnosis was MACF. To date, only 5 cases of MACF have been reported. Our patient is the first case of MACF of the ovary treated with laparoscopic surgery. [Conclusion] MACF of the ovary is a newly defined category and few cases have been reported, while prognostic factors have also not yet been fully characterized. Long-term clinical follow-up is necessary.

ISP-14-3  Primary Papillary Serous Cystadenocarcinoma of the ovary complicated by Neoplastic pericardial effusion: A case report

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Pericardial involvement in patients with ovarian cancer is a very rare event. The development of pericardial effusion in primary serous papillary carcinoma (PSC) of the ovary is not a common complication and little information is published about it. We described a 47-year-old patient with advanced stage of primary serous papillary cystadenocarcinoma of the ovary who presented with pericardial effusion postoperatively.