Malignant Brenner Tumor of Ovary

C Hariharan, Shikha Joshi, Prabhjot Ubeja

ABSTRACT

Introduction: Ovarian carcinoma remains the most lethal disease of the female reproductive tract and the most difficult to diagnose early. Brenner tumor of ovary is a relatively uncommon neoplasm constituting 1.4 to 2.5% of all ovarian tumors and has a predilection for the postmenopausal women. In vast majority of cases, these tumor are benign, only 2.5% being malignant. The malignant components of the tumor show heterogeneous epithelial growth and atypia with intervening stroma, consisting of transitional cells, squamous or undifferentiated carcinoma or an admixture of these types.

Case report: A 46 years old parous menopausal female presented with complaints of pain in abdomen since 2 months and lump in right iliac region. Per abdomen examination showed irregular mass of variable consistency with 16 to 18 weeks gravid uterus size arising from pelvis. On per vaginum examination, firm to hard mass was felt in the posterior and lateral fornices exact size of which could not be determined. Per rectal examination revealed hard nodules in Pouch of Douglas (POD). Ovarian cytoreduction surgery was performed. Histopathology showed malignant Brenner tumor (transitional cell carcinoma).

Conclusion: Although Brenner tumors are rare and the majority of them are benign, the correct histological diagnosis with identification of the small proportion of malignant tumors allows the extent of the operation to be needed.

Keywords: Brenner tumor, Wertheim’s hysterectomy, Cytoreduction surgery, Histopathology, Malignant.

How to cite this article: Hariharan C, Joshi S, Ubeja P. Malignant Brenner Tumor of Ovary. J South Asian Feder Obst Gynae 2014;6(2):126-128.

Source of support: Nil

Conflict of interest: None declared

INTRODUCTION

Ovarian carcinoma remains the most lethal disease of the female reproductive tract and the most difficult to diagnose early. Brenner tumor of ovary is a relatively uncommon neoplasm constituting 1.4 to 2.5% of all ovarian tumors and has a predilection for the postmenopausal women. In vast majority of cases, these tumor are benign, only 2.5% being malignant. The malignant components of the tumor show heterogeneous epithelial growth and atypia with intervening stroma, consisting of transitional cells, squamous or undifferentiated carcinoma or an admixture of these types.

CASE REPORT

A 46 years old parous menopausal female presented with complaints of pain in abdomen since 2 months and lump in right iliac region. Per abdomen examination showed irregular mass of variable consistency with 16 to 18 weeks gravid uterus size arising from pelvis. On per vaginum examination, firm to hard mass was felt in the posterior and lateral fornices exact size of which could not be determined. Per rectal examination revealed hard nodules in Pouch of Douglas (POD). Ovarian cytoreduction surgery was performed. Histopathology showed malignant Brenner tumor (transitional cell carcinoma).

Conclusion: Although Brenner tumors are rare and the majority of them are benign, the correct histological diagnosis with identification of the small proportion of malignant tumors allows the extent of the operation to be needed.

Keywords: Brenner tumor, Wertheim’s hysterectomy, Cytoreduction surgery, Histopathology, Malignant.

How to cite this article: Hariharan C, Joshi S, Ubeja P. Malignant Brenner Tumor of Ovary. J South Asian Feder Obst Gynae 2014;6(2):126-128.

Source of support: Nil

Conflict of interest: None declared

INTRODUCTION

Ovarian carcinoma remains the most lethal disease of the female reproductive tract and the most difficult to diagnose early. Brenner tumor of ovary is a relatively uncommon neoplasm constituting 1.4 to 2.5% of all ovarian tumors and has a predilection for the postmenopausal women. In vast majority of cases, these tumor are benign, only 2.5% being malignant. The malignant components of the tumor show heterogeneous epithelial growth and atypia with intervening stroma, consisting of transitional cells, squamous or undifferentiated carcinoma or an admixture of these types.

CASE REPORT

A 46 years old parous menopausal female presented with complaints of pain in abdomen since 2 months and lump in right iliac region. Per abdomen examination showed irregular mass of variable consistency with 16 to 18 weeks gravid uterus size arising from pelvis. On per vaginum examination, firm to hard mass was felt in the posterior and lateral fornices exact size of which could not be determined. Per rectal examination revealed hard nodules in Pouch of Douglas (POD). Ovarian cytoreduction surgery was performed. Histopathology showed malignant Brenner tumor (transitional cell carcinoma).

Conclusion: Although Brenner tumors are rare and the majority of them are benign, the correct histological diagnosis with identification of the small proportion of malignant tumors allows the extent of the operation to be needed.

Keywords: Brenner tumor, Wertheim’s hysterectomy, Cytoreduction surgery, Histopathology, Malignant.

How to cite this article: Hariharan C, Joshi S, Ubeja P. Malignant Brenner Tumor of Ovary. J South Asian Feder Obst Gynae 2014;6(2):126-128.

Source of support: Nil

Conflict of interest: None declared
Histopathology showed malignant Brenner tumor (transitional cell carcinoma) (Fig. 3). Uterus was negative for infiltration of malignant epithelial cells. Cervix showed infiltration of malignant cells. Omental lymph nodes, sigmoid colon were positive for metastatic deposits. Tumor mass was positive for lymphovascular invasion.

Chemotherapy with paclitaxel and carboplatin for five cycles was given.

CONCLUSION

Although Brenner tumors are rare and the majority of them are benign, the correct histological diagnosis with identification of the small proportion of malignant tumors allows the extent of the operation to be needed and improve survival in cases of malignancy. The histologic appearance of malignant Brenner tumor is similar to that of transitional cell cancer of the ovary and transitional epithelium of the urinary bladder. The mainstay of treatment is surgical resection, but the exact regimen and benefit of adjuvant therapy remain unknown.

REFERENCES