OVARIAN GRANULOSA CELL TUMOR: a case report

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Introduction

Granulosa cell tumors (GCT) are rare neoplasms with indolent behavior. They are characterized by long natural history and their tendency to recur years after the initial diagnosis.

Clinical case

We describe a case of a woman, 36 years old, gesta 2 para 2, that was referred to our hospital because she desired a sterilization.

The patient had a history of stroke 3 years before and of a polypectomy the year before. She wasn't undergoing any therapeutic.

While doing the pre-operative workup for sterilization, was diagnosed a left adnexal cystic mass with 22x 40 mm with abnormal Doppler flow. The patient was asymptomatic, with no signs of virilisation, except presenting amenorrhea with 1 year of evolution. Serum FSH, estradiol and testosterone levels were in the normal range. Our group proposed a laparoscopic left adnexectomy and right salpingectomy.

The histology revealed a solid tumor, suggesting an ovarian granulosa cell tumor adult type, with capsule invasion.

To stage the disease she had been offered a thoraco-abdomino pelvic computerized tomography, which didn't reveal alterations. New estradiol levels were performed, with elevation (201, 8 ng/mL) comparing to the previous ones. Anti-müllerian hormone levels were normal.

As the patient didn't intend to preserve her fertility, she was advised to complete the staging surgery, including, total hysterectomy with right adnexectomy, peritoneal lavage and peritoneal biopsies. No intra- or post-operative complications occurred. The final histology didn't show any sign of malignancy. Our oncology group proposed a bleomycin, etoposide and cisplatin chemotherapy scheme and scheduled a trimestral pattern of follow-up.

Conclusion

Surgery is the primary treatment modality for granulosa cell tumors, although the optimal management and follow up of these tumors are controversial.

Figure1 – The histology revealed a solid tumor suggesting an ovarian cell tumor adult type

	Value
Estradiol	201,8 pg/mL
Testosterone	0,331 ng/mL
CA 125	8.5 U/mL
AMH	21,53 pmol/L

Table 1 – Serum levels obtained during staging