# The Gulf Journal of Oncology

Indexed By PubMed and Medline Database

Issue 40, September 2022
ISSN No. 2078-2101

5th Combined Gulf Cancer Conference
Sharjah, United Arab Emirates
CONTINUUM OF CARE IN CANCER CONTROL & MANAGEMENT
Awareness & Prevention | Early Detection & Screening | Diagnosis Treatment | Palliative Care | Survivorship | Research
SAVE THE DATE
21-23 NOV 2022

Gulf Guidelines for Colorectal Cancer Workshop
Updating Colorectal Cancer Guidelines
8-9 November 2022
State of Kuwait

MONKEY POX
ALL YOU NEED TO KNOW

The Official Journal of the Gulf Federation For Cancer Control

# Table of Contents

## Original Articles

**The Clinicopathologic Characteristics and Outcomes of Gastroentero-pancreatic Neuroendocrine Tumors – Experience from A Tertiary Cancer Center** ....07
Jamshed Ali, Ayesha Rahat, Muhammad Hassan Shah, Mashall Sajjad, Iqra Malik, Shameen Ikram, Muhammad Fawad Ul Qamar

**The Prognostic Significance of CD10 Expression in Invasive Breast Carcinoma in Tunisian Patients** ....15
Saadia Makni, Manel Mellouli, Ines Saguem, Ons Boudawara, Naourez Gouiaa, Tahya Sallemi Boudawara, Jihene Feki, Rim Kallel

**Metronomic Therapy in Palliation of Oral Cancer Patients – A Home Based Approach at the End of Life** ....24
Mahesh Sultania, Mohammed Imaduddin, Dillip K Muduly, Saroj K D Majumdar, Amit K Adhya, Dillip K Parida, Madhabananda Kar

**Immunohistochemical Study of p16INK4A, MIB–1 and CK17 in Pre–neoplastic and Neoplastic Epithelial Lesions of Cervix** ....29
Piyush D. Sahu, Siddhi Gaurish Sinai Khandeparkar, Avinash R. Joshi, Maithili M. Kulkarni, Bageshri P. Gogate, Neha D. Newadkar, Prajakta A. Shinde, Shivani S. Battin

**Using Data Mining and Association Rules for Early Diagnosis of Esophageal Cancer** ....38
Seyed Mohammad Saleh Hadavi, Shahram Oliaei, Sandra Saidi, Elham Nadimi, Mohammad Hassan Kazemi–Galougahi

**Trends in the Incidence and Mortality of the Most Common Cancers in Iraq (Iraqi Cancer Registry 1999–2019)** ....47
Nada A S Alwan, Faris Lami, Mohannad Al Nsoor, David Kerr

## Review Article

**Correlation of Ki–67 with Radiation Response and Grade in Meningiomas: A Systematic Review** ....58
Fenny Tjuatja, Handoko, Henry Kodrat, Reyhan E. Yunus, Eka Susanto, Tiara Anindhita, Renindra A. Aman, Soehartati Gondhowiardjo, Sri M. Sekarutami

## Case Reports

**A Rare Case of Bilateral Serous Cystadenofibroma in a Malignant Disguise** ....67
Sameer Ahmed Ansari, Khalid Al–Sindi, Fatima Aldoseri

**Germ Cell Tumors Revealing a Familial Persistent Müllerian Duct Syndrome** ....71
Jihene Feki, Sana Ennouri, Rim Frikha, Leila Keskes, Tahya Boudawara, Hassen Kammoun, Tarek Rebai, Mourad Haj Slimen, Afef Khanfir

**Dasatinib–induced Chylothorax in Chronic Myeloid Leukemia** ....74
Yasmine Alqattan, Salha Ali, Rawan Almohammad, Noura Kayali, Ahmad Alhuraiji

**Childhood Early T Cell Precursor Acute Lymphoblastic Leukaemia with t(12;17) (p13;q21) Translocation – A Rare Entity or Part of ETP/Myeloid Mixed Phenotype Acute Leukaemia** ....78
Yamini Krishnan, Gazel S, Aswin Joy, Sreedharan . P.S, Reshmi J S, Sandhya S

**Serpentine Supra–venous Hyperpigmentation "Badge of Courage" in Fight Against Cancer: An Brief Review** ....83
Satya Narayan, Vineet Talwar, Pallavi Redhu, Varun Goel, Arpit Jain, Satyajeet Soni, Krushna Chaudhary, Dharmishtha Basu

## Conference Highlights/Scientific Contributions

- **News Notes** ....88
- **Advertisements** ....90
- **Scientific events in the GCC and the Arab World for 2022** ....91

Case Report

# A Rare Case of Bilateral Serous Cystadenofibroma in a Malignant Disguise

Sameer Ahmed Ansari, Khalid Al–Sindi, Fatima Aldoseri

King Hamad University Hospital, Kingdom of Bahrain

## Abstract

Ovarian cystadenofibroma is a rare benign tumor comprised of both epithelial and stromal components. It is one the unique tumors which is usually mistaken for malignancy on imaging because of partly solid and partly cystic appearance. Frozen section and subsequent histopathological examinations play a vital role in arriving at definite diagnosis and thus avoiding unnecessary extensive surgical procedure. We described a case of bilateral ovarian cystadenofibroma in a 64 years old female with the clinical impression of malignancy and posted for radical surgical procedure.

**Keywords:** cystadenofibroma, bilateral, malignant, ovary

## Introduction or Background:

Ovarian cystadenofibromas are uncommon tumor of admixture of mullerian epithelium and stroma, both benign in nature.[1] Unlike cystadenomas which are a common ovarian tumor, cystadenofibromas are rare with an overall incidence of 1.7 % of all ovarian tumor.[2] On imaging modalities like Ultrasonography, Computed tomography and Magnetic resonance imaging, it has posed diagnostic challenges by mimicking malignancy due to complex solid cystic components.[2,3,4]

## Case Presentation:

A 64 years old postmenopausal female, known case of hypertension, diabetes, dyslipidemia, peripheral vascular disease presented with vague abdominal pain and discomfort since 6 months on and off and aggravated since 1 month. Her family history was negative for any malignancy. On examination, her vitals were normal. Her blood sugar level and lipid profile were controlled. Serum concentration of *Cancer antigen 125* (*CA 125*), was slightly raised i.e 41 units/ml. (The reference range 0–35 units/mL). On Ultrasonography, the left ovary shows a well–defined solid cystic mass with turbid contents and thickened wall, measuring 4.5 x 3.5 cm. The right ovary shows a well–defined solid cystic multi–loculated thick

**Corresponding author:** Dr Sameer Ahmed A.H Ansari, Senior registrar, Department of histopathology, King Hamad University Hospital, Bahrain, Address : Dar Al Izz 3, building 2449, flat64, Road 2835, Block 228, kingdom of Bahrain, Mobile : +973 33345149, Email : drsameeransari@yahoo.co.in

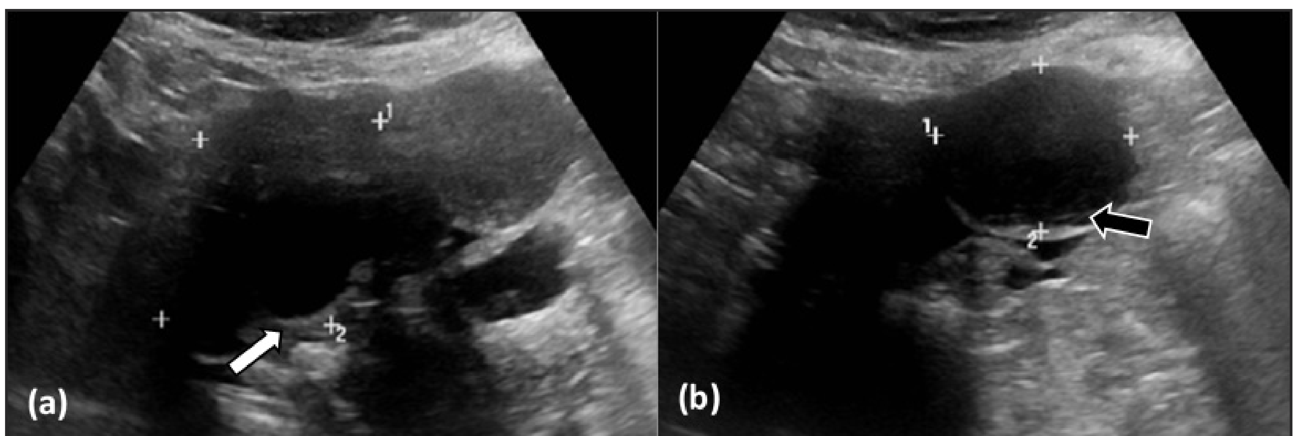


**Figure 1:** Ultrasonography of Pelvis showing (a) Right ovary showing multi–loculated cystic lesion with thick wall (White arrow) measuring 6 x 5 cm, (b) Left ovary showing well–defined cystic lesion with thickened wall and turbid content (Black arrow) measuring: 4.5 x 3.5 cm.

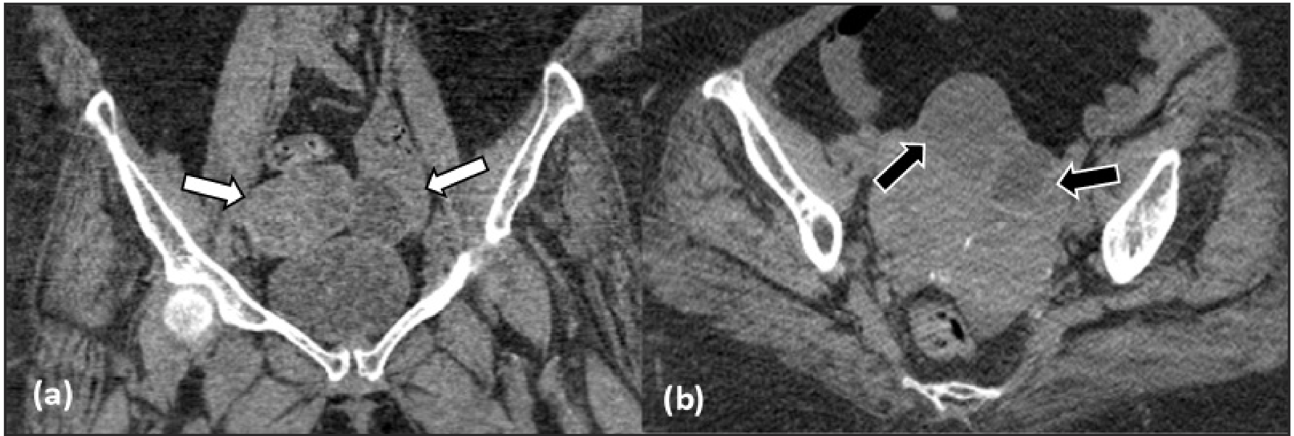


**Figure 2:** Computed Tomographic Image of the abdomen and pelvis without contrast showing (a) and (b) Bilateral bulky ovaries (White arrow) with bilateral cysts (Black arrow).

**Figure 3:** Right and left ovarian nodular tumor masses with smooth external surface.

walled mass measuring 6.0 x 5.0 cm (Figure 1). Uterus was normal and there was no ascites. No evidence of metastatic disease in pelvis or abdomen. Computed Tomography reveals both ovaries appearing bulky with bilateral ovarian complex cyst, largest seen on the right side measuring about 6.0 x 5 .0 cm.(Figure 2 ) Provisional diagnosis of invasive malignancy was rendered because of solid cystic appearance on imaging. Also intraoperative

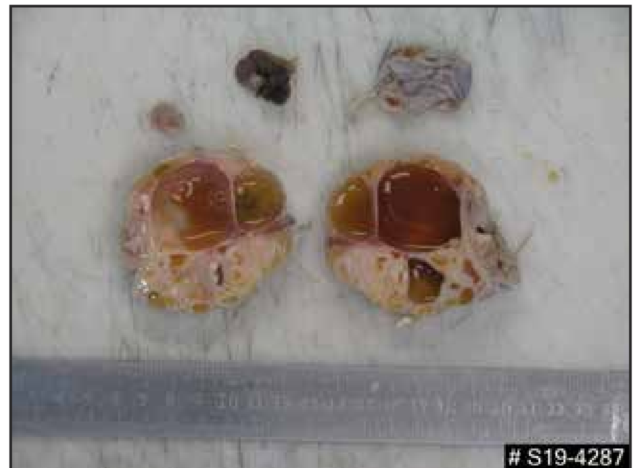


**Figure 4:** Cut surface showing partly cystic and partly solid appearance.

impression was of malignancy. Frozen section was done to solve this diagnostic dilemma and further modify the course of surgery. It confirmed bilateral ovarian serous cystadenofibroma. Subsequently bilateral salphingo–opherectomy was performed. Peritoneal washing was also done which was negative for atypical cells. Gross examination reveals bilateral ovarian cystectomy specimen, measuring right side 6 x 5 x 3 cm, and left side 4.5 x 3.5 cm , partly cystic and partly solid, weighing 51 gm and 48 gm respectively. External surface shows focal area of congestion and focal nodular appearance with intact capsule. (Figure 3) Cut section reveals a multiloculated cyst with septations, drains hemorrhagic fluid with focal solid area. (Figure 4) Microscopic examination shows benign endometrial–type epithelium covering broad papillary fronds of stroma; at places papillae are cleft–like and project intraluminally (Figure 5). Also small tubular glands embedded in fibrous stroma were seen (Figure 6). A diagnosis of bilateral ovarian cystadenofibroma was rendered. The patient tolerated the procedure well and is regularly followed up.

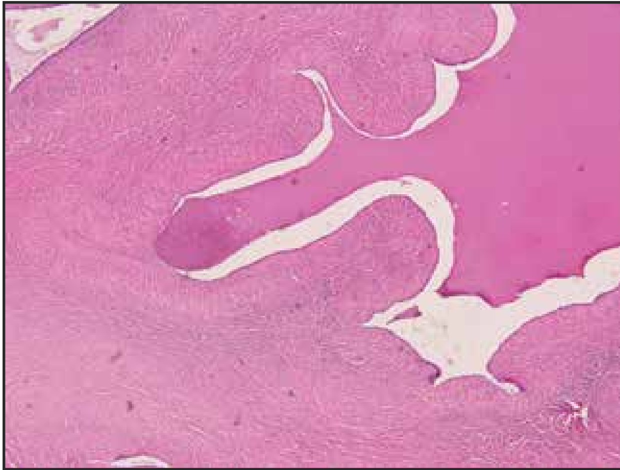

**Figure 5:** Microphotograph showing a tumor benign low cuboidal type lining epithelium covering broad papillary fond of stroma.

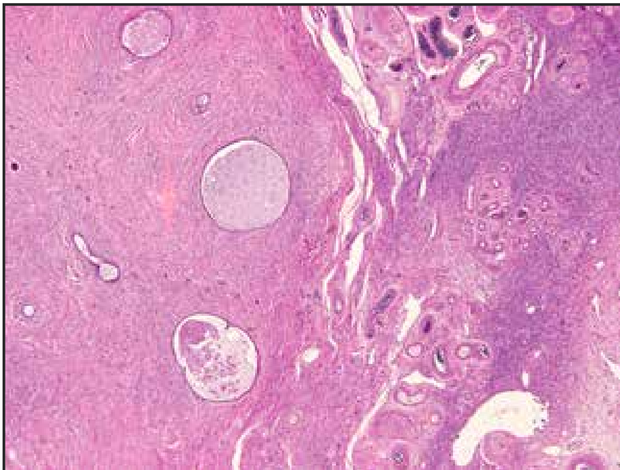

**Figure 6:** Microphotograph showing a tumor with dilated glands embedded in a fibrous stroma (left half) and normal ovarian parenchyma (right half)

## Discussion and Conclusion:

Ovarian cystadenofibromas are rare tumor with excellent prognosis and has no potential for metastasis.[1,2] It is formed by two components, epithelial and stromal. Depending upon the epithelial tumor, they are further classified in to serous, clear, mucinous, endometrioid and mixed types[2]. They are usually seen in postmenopausal women, but may occur in reproductive group (mean age of presentation is 38.7 years[1,2]. When parity is taken in to account, it occur more commonly in multiparous than nulliparous.[1] They are bilateral in 15% of cases. The most common presenting symptom is abdominal pain followed by abnormal vaginal bleeding[1,2,3,4,5]. The latter symptom is hypothesized due to possible endocrine effect of tumor causing abnormal endometrial proliferation.[6] Clinically it masquerades malignancy because of complex solid cystic appearance on imaging modalities. [1,2,3,5]. Our case further supports the provisional diagnosis of malignancy because of bilaterality. Tumor markers like CA–125 are usually normal or mildly elevated.[1,2,3] On USG and CT Scan, it reveals multiloculated solid cystic component appearance with increased vascularity in 50% of cases.[3,4] MRI shows low signal intensity on T2 weighted sequence and black sponge effect. Nevertheless, the distinction between benign and malignant tumor remains difficult even after the above described imaging modalities as quoted in literature by Cho. *et al* in his study of 16 cases.[3,4] Frozen section plays pivitol role in arriving at the diagnosis before radical surgery is performed.[1,2,3,4,5,] On gross examination, the ovaries are enlarged with size from 1 cm to 20 cms with a mean of 9 cms. It is usually partly solid and partly cystic, however only solid component has been also reported in literature.[1,2,7]

Microscopic examination reveal either small tubular glands embedded in fibrous stroma or benign low cuboidal endometrial type lining epithelium covering broad papillary fonds of stroma. The mesenchymal component shows benign appearing cells with an endometrial stromal or fibroblastic morphology. No atypia or mitosis is documented.[1,2,5,6] When compared with cystadenoma, the latter have slender, delicate papillae and rarely shows hyalinization[1] On histopathology the differential to be considered is low grade endometrial sarcoma which show increased stromal cellularity with periglandular stromal cuffing, stromal atypia and mitotic figures >2 MF/10 hpf.[7]

Rarely, it presents with unusual clinical scenario. Complications like torsion or haemorrhage may developed in the cyst which may present as acute abdomen. Mechera R et al., reported a case of large bowel obstruction due to a large benign ovarian cystadenofibroma in a 60–year–old lady with Klippel Feil syndrome.[8]

The Mullerian origin of cystadenomas is quite discernable as it has both ovarian surface epithelium and cortical stromal components[2]. The treatment of choice is complete surgical excision as was achieved in index case. The prognosis is excellent[1,2,3,4,5,6]. This tumor is invariably benign with no metastatic potential.[7] Therefore it is utmost importance for clinicians to be cognizant of this unique tumor as it mimicked malignancy preoperatively as well as intra operatively and hence can avoid unnecessary radical surgery.

## Acknowledgement

Dr Suha Hejres, Head of Department, King Hamad University Hospital, Bahrain.

## Funding and Conflict of Interest

No funding or conflict of interest.

## References

1. B. Czernobilsky, R. Borenstein, and M. Lancet. Cystadenofibroma of the ovary. A clinicopathologic study of 34 cases and comparison with serous cystadenoma. Cancer 1974; 34(6):1971–81.View at: Google Scholar
2. Shurthi A, Sreelatha S, Bharathi A, Asha Devi L & Renuka R. A Rare Case of Bilateral Serous Papillary Cystadenofibroma. Arch Obstetr Gynecol Reprod Med 2018;1(1): 1–3.
3. Dae Hyung Lee. A Case of Mucinous Cystadenofibroma of the Ovary .Case Reports in Obstetrics and Gynecology 2014; Article ID 130530 :4 pages
4. Cho SM, Byun JY, Rha SE, Jung SE, Park GS, Park GS, Kim BK, Kim B, Cho KS, Jung NY, Kim SH, Lee JM. CT and MRI findings of cystadenofibromas of the ovary. Eur Radiol 2004; 14: 798–804.http://dx.doi.org/10.1155/2014/130530
5. Katke RD, Gadekar S, Shaikh A, Aghav B. Bilateral serous cystadenofibroma of ovary with paratubal cyst: a rare case report. Int J Reprod Contracept Obstet Gynecol 2014;3:764–6.
6. Rekhi B, Vinarkar S, Shylasree ST. Bilateral ovarian serous cystadenofibromas coexisting with an incidental unilateral Brenner tumor and Walthard cell rests in bilateral Fallopian tubes: an unusual case with diagnostic implications and histogenesis. Indian J Pathol Microbiol. 2014; 57(2) : 347 –8
7. J. H. Eichborn, R. H. Young, P. B. Clement, and R. E. Scully. Mesodermal (müllerian) adenosarcoma of the ovary: a clinicopathologic analysis of 40 cases and a review of the literature. The American Journal of Surgical Pathology.2002 ; 26(10):1243–1258.
8. Mechera R, Menter T, Oertli D, Hoffmann H. Large ovarian cystadenofibroma causing large bowel obstruction in a patient with Klippel–Feil syndrome: A case report. Int J Surg Case Rep. 2016;20:17–20.