SARCOMA-LIKE MURAL NODULES IN OVARIAN MUCINOUS CYSTADENOMAS – A REPORT OF TWO CASES
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ABSTRACT

Sarcoma-like mural nodule is a very rare occurrence in a mucinous tumour of the ovary. Two such nodules having morphologically benign features with osteoclastic giant cells, in the wall of mucinous cystadenomas are described. In addition, these nodules exhibited reactive vascular proliferations. The sarcoma-like nodules are associated with a favourable outcome and must be distinguished from other malignant nodules composed of sarcoma or anaplastic carcinoma that may also occur in the wall of mucinous ovarian tumours.

Key words: mucinous tumour of the ovary; mural nodule; sarcoma-like nodule

Ovarian mucinous tumours account for 15% of all ovarian neoplasms. Rarely, these cystic tumours may contain sarcoma-like mural nodules in their wall.[1,2] Distinction of these lesions from true sarcomatous nodules and foci of anaplastic carcinoma is essential for the two latter tumours have a worse prognosis compared with the favourable behaviour of the sarcoma-like mural nodules.[3]

Two cases of sarcoma-like mural nodules are described.

CASE REPORTS

Case 1
A 32-year-old woman presented with lower abdominal pain for 10 months. Swelling of 18–20 weeks size was felt in the right fornix. Ultrasonography detected a right ovarian mass with internal echogenicity and septation. Right ovarian cystectomy was performed.

Grossly the ovarian cyst measured 12 x 11 cm. The outer surface was whitish and smooth. The cut surface showed multiloculation with clear mucinous fluid. An inner surface elevation (4 cm in diameter) was seen in one large locule [Figure 1]. Cut surface of the nodule was homogeneous and brownish, resembling an old clot.

Microscopically, the nodule was well demarcated, cellular, and contained stromal mononuclear cells and multinucleated osteoclast-like giant cells along with many dilated vascular channels and hemorrhagic areas. Cellular atypia and mitotic figures were absent. Other areas of the cyst revealed the characteristic histology of a mucinous cystadenoma [Figure 2] without atypia, multilayering, or invasion.

Case 2
A 40-year-old woman presented with lower abdominal swelling for 6 months. Swelling of about 22 weeks size was detected in the infraumbilical region. Ultrasonography revealed a right ovarian mass with features similar to those of case 1. Abdominal hysterectomy with bilateral salpingo–ophorectomy was performed.

Grossly, the right ovary was cystic and measured 22 x 18 cm. The outer surface was smooth and greyish–white. On section, a mural nodule was found inside the cyst wall, 4.5 cm in diameter and brown in colour.

Microscopically, the nodule showed features of a mucinous cystadenoma. Sections from the nodule showed sheets of round to polygonal cells with variable amount of cytoplasm without nuclear atypia, osteoclastic giant cells, and inflammatory cells including histiocytes.

Thus, in both cases, the diagnosis was mucinous cystadenoma with sarcoma-like mural nodule. Both patients are asymptomatic in follow-up up till now.

DISCUSSION

The various types of mural nodules found in the wall of mucinous ovarian tumours include: anaplastic carcinomas, sarcomas of various types, carcinosarcoma, sarcoma-like nodules, mixed nodules, and leiomyomas.[3]

Sarcoma-like mural nodules are rare. The last
The mural nodules of mucinous cystadenoma may be malignant, resembling sarcoma-like mural nodules. These nodules can be classified into sarcoma-like mural nodules, true sarcomatous nodules, and anaplastic carcinoma nodules.

**REFERENCES**