Fertility Sparing Surgical Management Of A Large Ovarian Fibroma, a case report.

Dr Molly Kumar, Dr Xuan Heng, Dr Shobha Mantravadi, Dr Samuel Vo, Fairfield Hospital.

Background

Ovarian fibromas are uncommon benign sex cord-stromal tumors accounting for 4% of all ovarian tumors. Preoperative diagnosis is often challenging as these tumors can mimic leiomyomas or malignant tumors. Large ovarian fibromas in women of reproductive age present a unique surgical challenge, particularly when fertility preservation is desired.

Case Presentation: We report the case of a reproductive-aged woman who presented with severe lower abdominal pain that was poorly controlled despite opiate therapy.

Ultrasound revealed ovarian torsion associated with an enlarged ovary measuring, 4.4 x 4.7 x 3.4cm.

Serum Ca 125 was mildly elevated at 45kU/L, while all other tumor markers remained normal.

Surgery

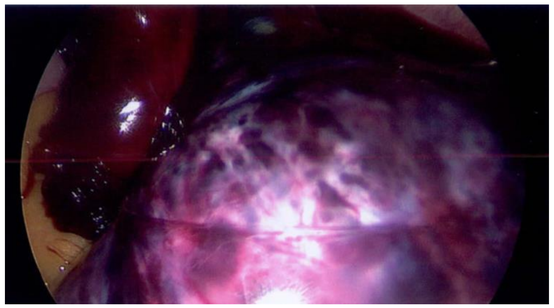
Following counselling and informed consent regarding management options and fertility preservation, the patient underwent fertility-sparing surgery.

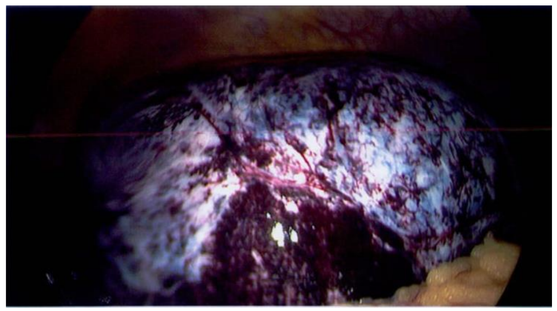
Laparoscopy identified torsion of a large left ovarian mass,15cm x 10cm, which was successfully detorted and excised with preservation of the remaining ovarian tissue and the uterus. Conversion to mini laparotomy through previous Caesarean Section scar was required to remove the specimen due to its large size.

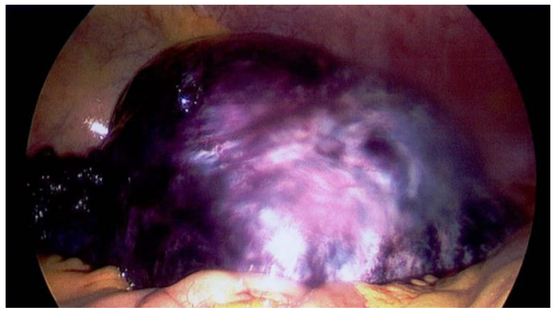
Histopathological examination confirmed the diagnosis of ovarian fibroma and the postoperative course was uneventful.

Histopathology

Partial left ovary - Ovarian fibroma with torsion.
Ovarian mass, 141 x 97 x 85 mm. The capsule is smooth and appears haemorrhagic. Sectioning shows a haemorrhagic/necrotic cut surface. The unilocular cystic area, measuring 48 mm across.
The appearances are in keeping with torsion. There is no evidence of malignancy.

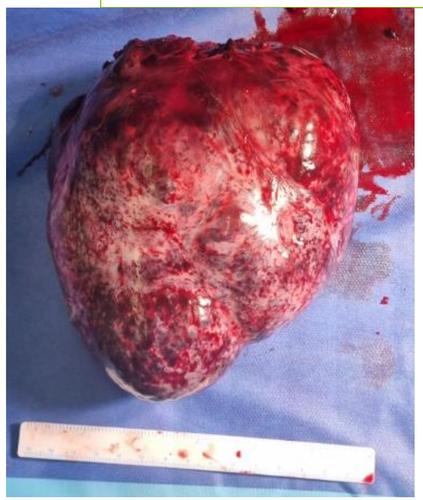


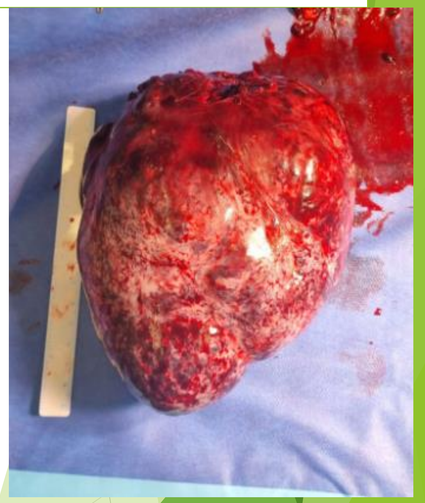




Discussion:

Fertility-sparing management of large ovarian fibromas is feasible in carefully selected patients. This case demonstrates the importance of preoperative assessment to ensure best management as ovarian fibromas are often misdiagnosed; intraoperative judgment, and histopathological confirmation are essential to avoid unnecessary radical surgery. Conservative surgical approaches can preserve reproductive potential and ovarian function while achieving complete tumor excision. The challenge still remains however if the fibroma is large in size, retrieval from the abdominal cavity using minimally invasive techniques can be difficult.





Conclusion: Large ovarian fibromas, although rare in young women, should be considered in the differential diagnosis of solid adnexal masses. Early consideration is important in the preoperative investigations especially when considering fertility-sparing surgery, which represents a safe and effective treatment option, allowing preservation of ovarian function and future fertility without compromising clinical outcomes.