Conclusions: Although idiopathic hirsutism and other benign androgen excess disorders like polycystic ovarian syndrome are common, the presence of an ovarian mass in younger patients should raise suspicion of Leydig cell tumor or other steroid cell tumors. This case confirms that Reinke crystal quest should always be tenacious.

PS-03-09

Benign multicystic peritoneal mesothelioma: report of two cases

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Objective: Benign multicystic peritoneal mesothelioma (BMPM) is a rare neoplasm which is considered as a clinically borderline variant between the benign adenomatoid tumor and malignant mesothelioma because of its potential for recurrence. We describe two cases of BMPM based on histology and immunoprofile.

Material and Methods: In both cases, patients were females (17 and 15 year-old) with a history of low abdominal pain. Surgery was performed based on ultrasonography findings of cysts in the abdominal cavity in the first case, and right paraovarian region in the second case. The operative material in one of the cases consisted of resected omental segment with translucent, multilocular cysts, containing serous, gelatinous fluid, and in other case, the operative material consisted of two multilocular cysts.

Results: Microscopic examination showed that the cysts' inner surfaces were lined with flattened or uniform cuboid cells, with oval or fusiform nuclei and scarce cytoplasm, lying on a layer of acellular collagen connective tissue. The immunohistochemical staining showed that the lining cells were positive for calretinin, pan-cytokeratin, vimentin and epithelial membrane antigen and negative for carcinoembryonic antigen and CD34. Two years after surgery recurrence of the disease was diagnosed in one of the patients.

Conclusions: Due to rarity of BMPM, similarity of patients' presentation and comparable features on imaging, diagnosis of this entity is difficult and is based on histological findings.

PS-03-10

Follicular variant of papillary thyroid carcinoma arising in struma ovarii: a case report

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Objective: Struma ovarii is a rare form of ovarian mature teratoma and is the most common type of monodermal teratoma (3% of all ovarian teratomas). 5-10% of such tumors are malignant with papillary carcinoma as the most common type (70%) while 26% of them are a follicular variant of papillary thyroid carcinoma (FVOPTC). We report a case of FVOPTC arising in struma ovarii focusing on the clinical, histopathological and immunohistochemical features.

Material and Methods: A 29-year old nulliparous female underwent laparoscopic surgery of a 7 cm a large right ovarian cyst, diagnosed by ultrasound. Clinically and biochemically she was euthyroid with normal serum TSH level, and without previous significant medical or gynecological history.

Results: Grossly, a laparoscopically obtained material consisted of 8x3 cm fragment of cyst wall measuring 0.2 to 0.6 cm in thickness with a focus of 5 mm large grayish-white tumor. Histology of the cyst wall showed thyroid tissue characteristic of cystic struma ovarii while the tumor showed typical nuclear features of papillary thyroid carcinoma with follicle formation and minimal presence of papillary structures typical for FVOPTC arising in thyroid tissue. Immunohistochemical staining showed positive expression for thyroglobulin, TTF-1, and cytokeratin-19 in the tumor cells.

Conclusions: FVOPTC arising in struma ovarii is difficult to assess because it is a rare tumor with about 60 published cases and lacking standard criteria for diagnosis. Thus, the morphological criteria for the diagnosis of this tumor are based on classical criteria for primary thyroid carcinoma. Prognostically, FVOPTCs measuring less than 2 cm arising in struma ovarii are considered as low-risk lesions with a low rate of recurrence and metastasis.

PS-03-11

Serous adenocarcinoma of the fallopian tube: a case report

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Objective: Primary serous adenocarcinoma of the fallopian tube (PSAFT) is a rare tumor which histologically and clinically resembles epithelial ovarian cancers. Although it has been postulated that both ovarian and tubal high-grade serous carcinomas actually share common histogenesis, PSAFT has a worse prognosis than ovarian cancer. We report a case of PSAFT that presented clinically as hydrosalpinx.

Material and Methods: A 62-year-old patient with complaints of a low abdominal pain and vaginal discharge was admitted at the gynecological department. During the diagnostic procedure, the ultrasound examination revealed uterine fibroid and a right-sided hydrosalpinx. The patient underwent hysterectomy with bilateral adnexectomy. Due to the clinical assessment of benign disease, no tumor markers were required preoperatively, nor biopsy from the omentum and parietal peritoneum, as well as peritoneal washing, were obtained intraoperatively. The operative material was routinely dissected and a standard procedure for histology and immunohistochemistry was performed.

Results: The right tube was tortuous, 17 cm in length, having 5 cm long dilatation in the proximal third. In the dilated part, few exophytic, neoplastic, white-grayish soft lesions were found. The histopathologic examination revealed areas of in situ as well as high-grade PSAFT with lamina propria involvement. The malignant cells were positive for CK7 and WT1. The tumor did not infiltrate the muscle layer, so it was defined as FIGO stage IA. The leiomyoma previously diagnosed by ultrasound was histologically confirmed, while the left adnexa and right ovary revealed regular morphology and were free of tumor. Two months after the operation the patient is in good health and disease-free.

Conclusions: PSAFT should be distinguished as a different clinical entity from primary ovarian epithelial neoplasms so that the patient could receive adequate therapy and follow-up.