MRI Features of Ovarian Fibrothecoma

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Abstract
Fibrothecoma is considered as a benign tumor, usually in middle-aged women. Larger tumors can be associated with Meigs syndrome. Often an incidental finding, but a sudden onset of pelvic pain may indicate an ovarian torsion. We report a case of a post–menopausal woman with a history of vaginal bleeding. MRI revealed an endometrial hyperplasia with a left ovarian benign fibrothecoma, following surgery and histological findings confirmed the diagnosis.

Keywords: Ovary, Fibrothecoma, Magnetic Resonance Imaging

Text
Ovarian fibrothecomas are rare tumors of sex cord-stromal origin that represent <4% of all ovarian neoplasms [1] the majority of fibrothecomas are benign. Most occur in adult women, with 66% in postmenopausal women [2].

Generally, pelvic pain or distention and irregular vaginal bleeding are the main patient symptoms [3-5]. Although the ovarian mass by itself is supposedly benign in nature, estrogenic effects, such as endometrial hyperplasia, endometrial cancer and postmenopausal bleeding, commonly accompany fibrothecomas.

The parenchyma of fibrothecomas typically exhibits homogeneous low signal intensity on T1 and T2 when compared with myometrium; abundant collagen and fibrotic content of the tumor are the reasons that these features are observed on MRI. Scattered high signal areas on T2 may be present representing areas of cystic degeneration Figure 1. A prominent Diffusion restriction should not be misinterpreted as malignant lesion. Fibrothecoma shows a mild enhancement following contrast injection. The thickened endometrium observed in postmenopausal woman may also be a valuable imaging feature.

References

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