

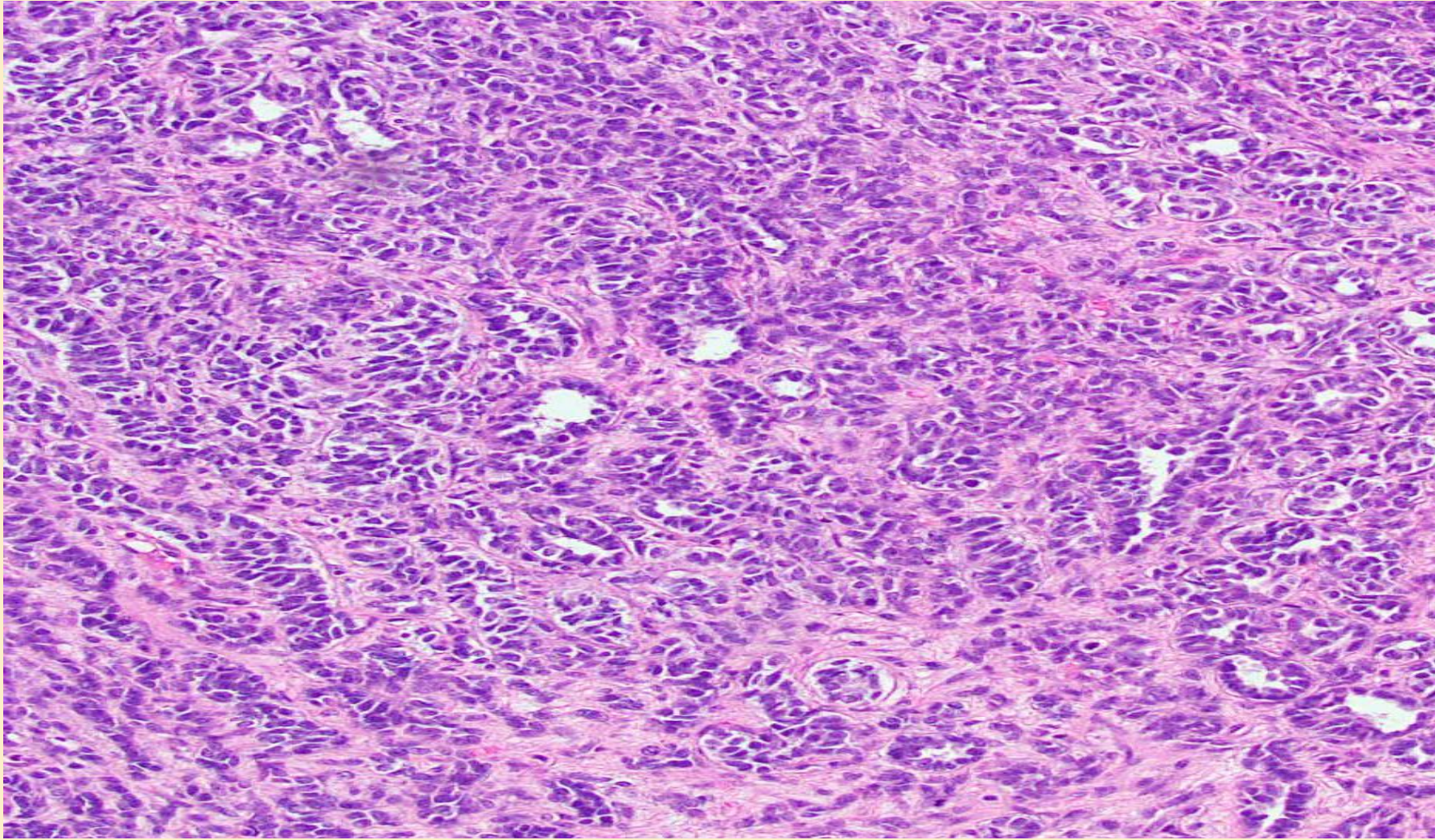
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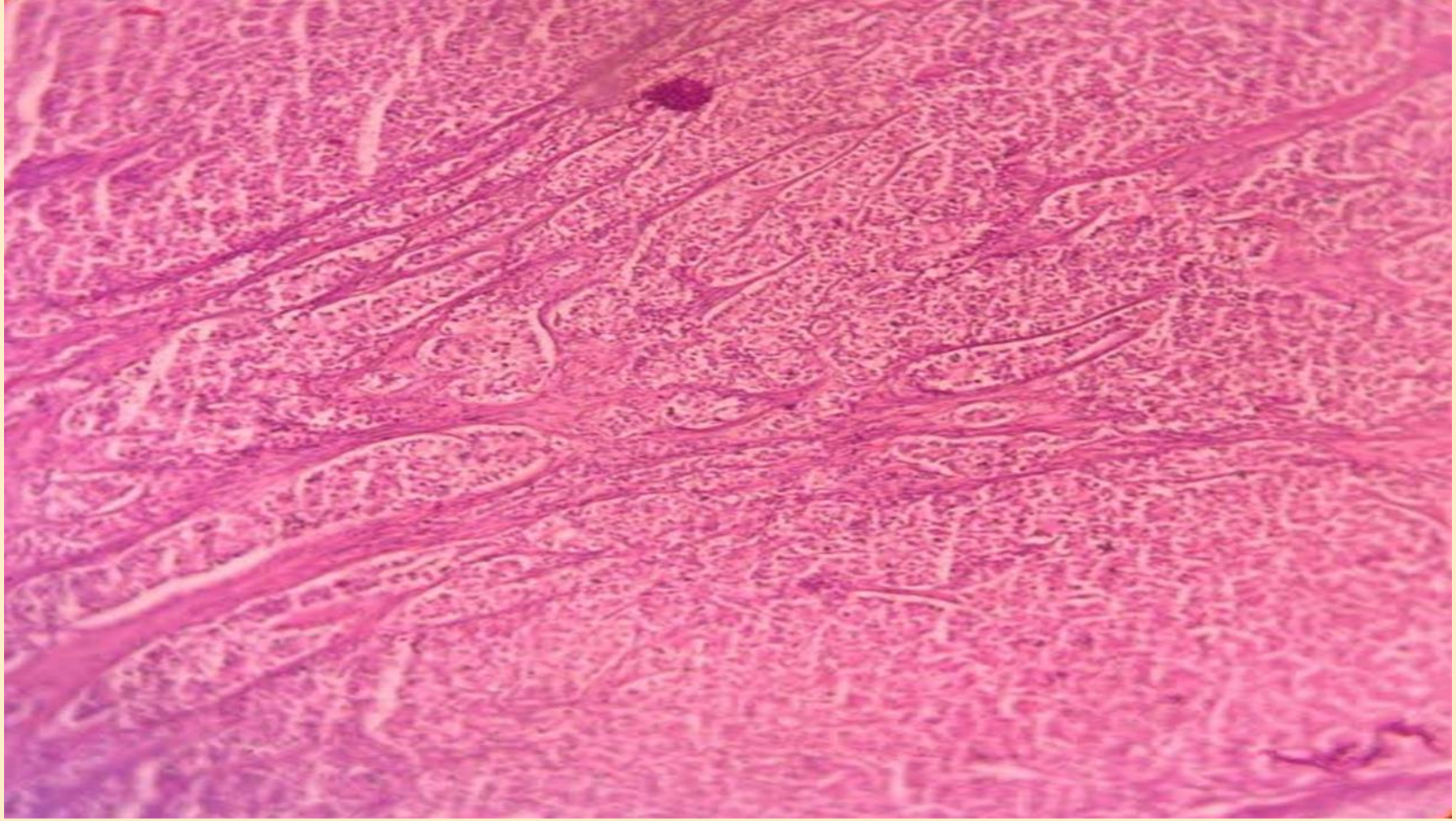
Case presentation

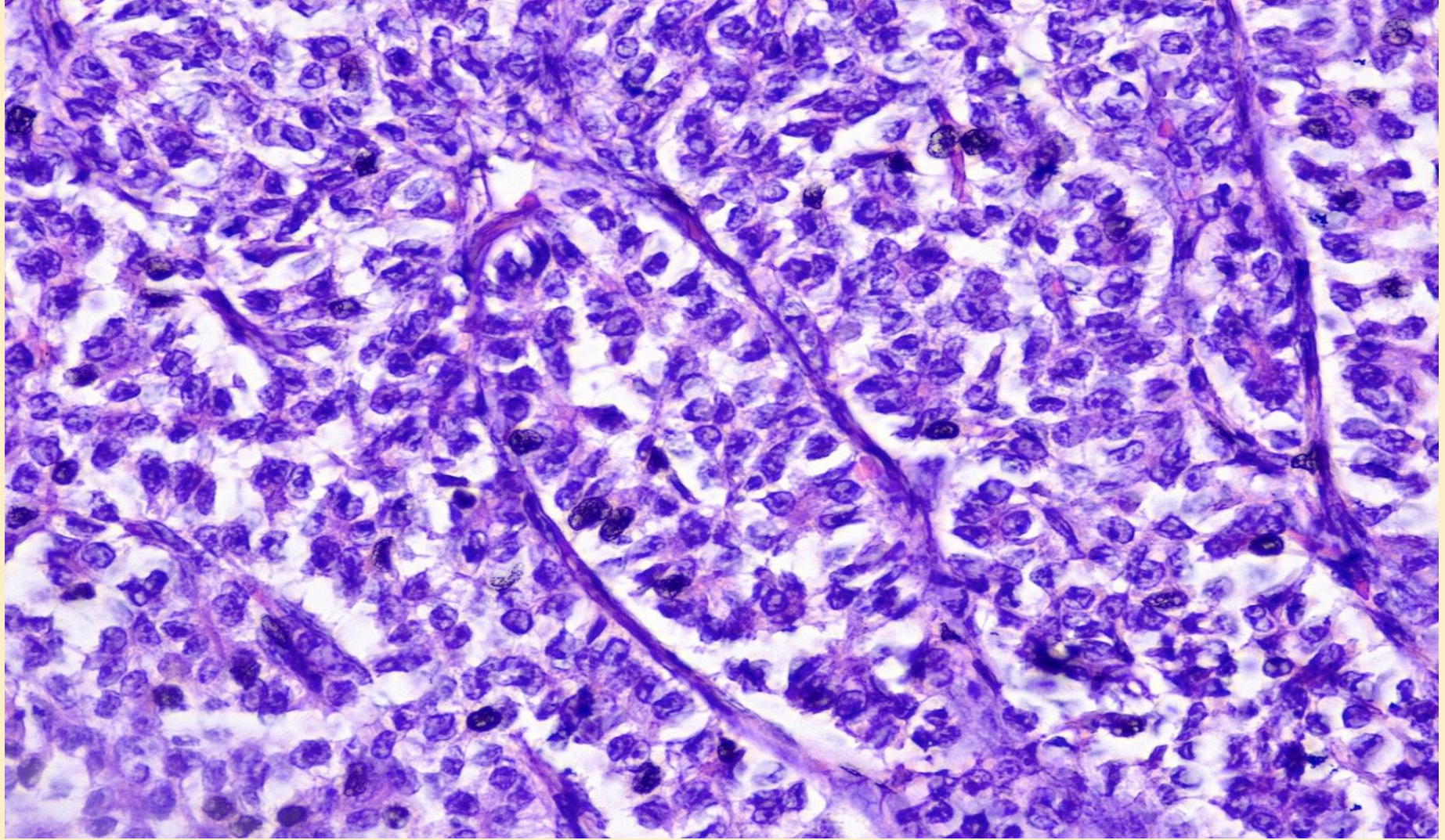
Supervised by: Dr. Derakhshan
Presented by: Leyla Ebrahimi

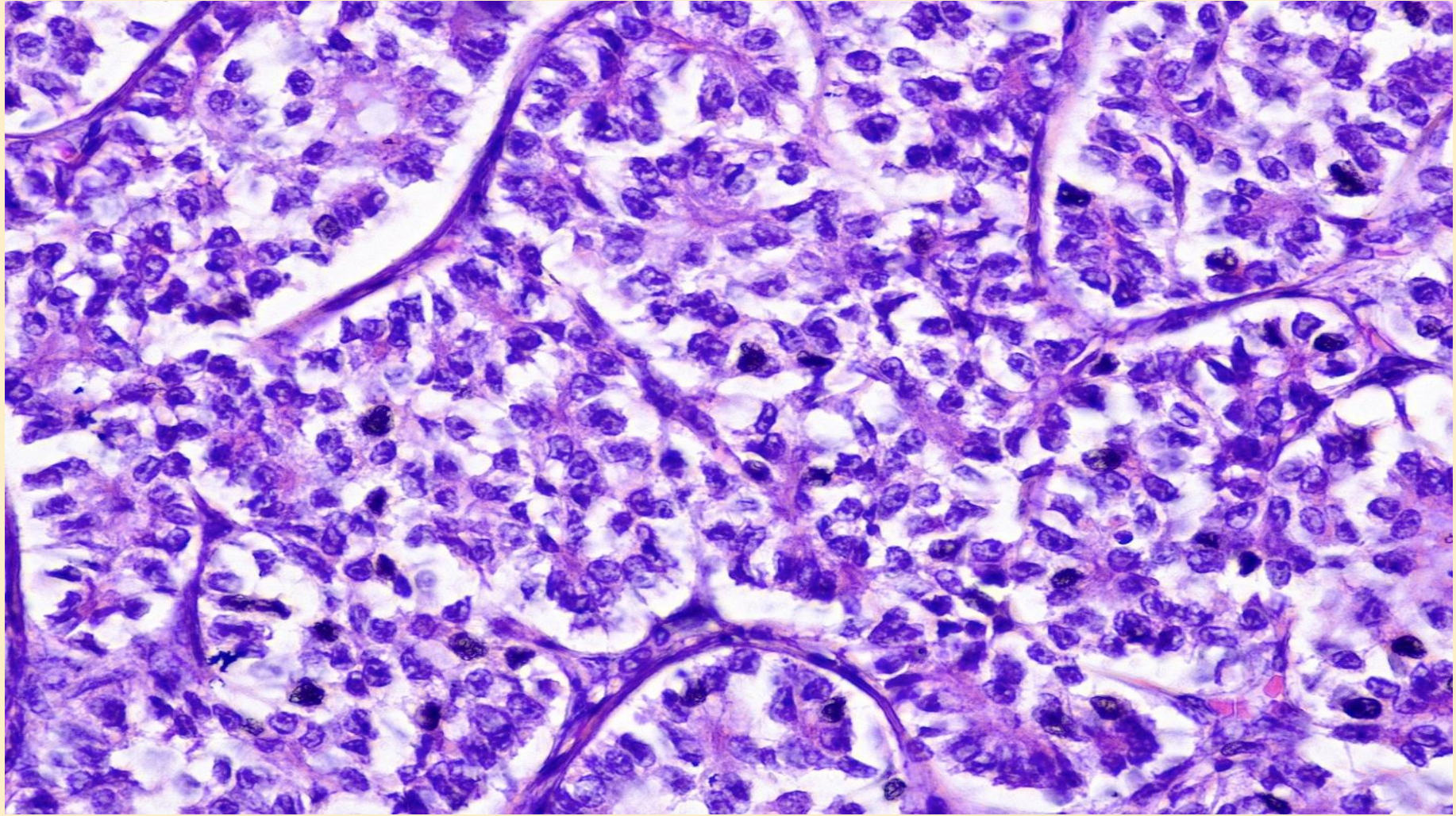
History

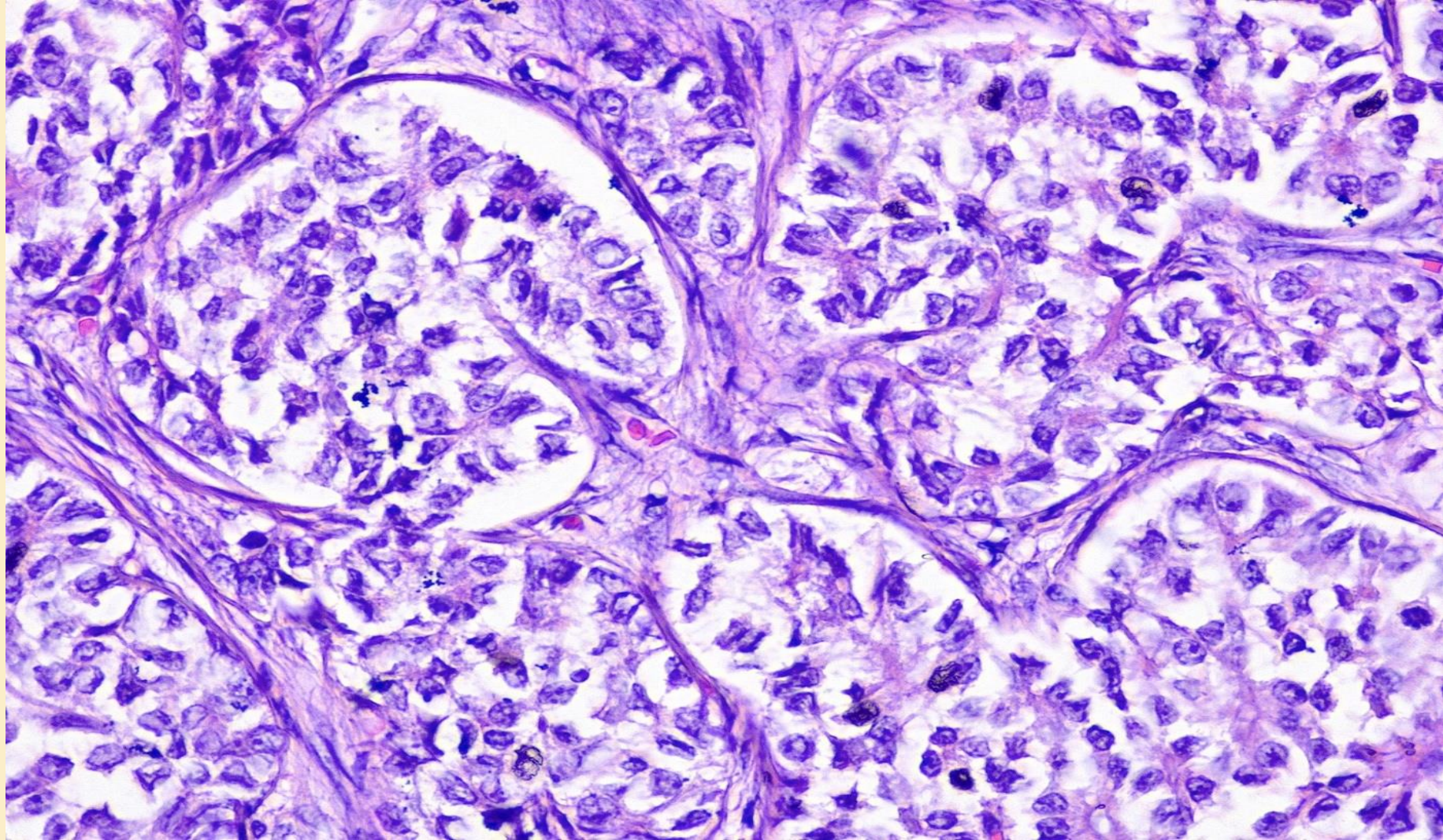
- Patient is a 65 year old female presented with abnormal uterine bleeding and ovarian mass.
- In abdominal ultrasonography: Heterogeneous uterus with increased endometrial thickness (25mm) and a right ovarian mass (ORADS5).

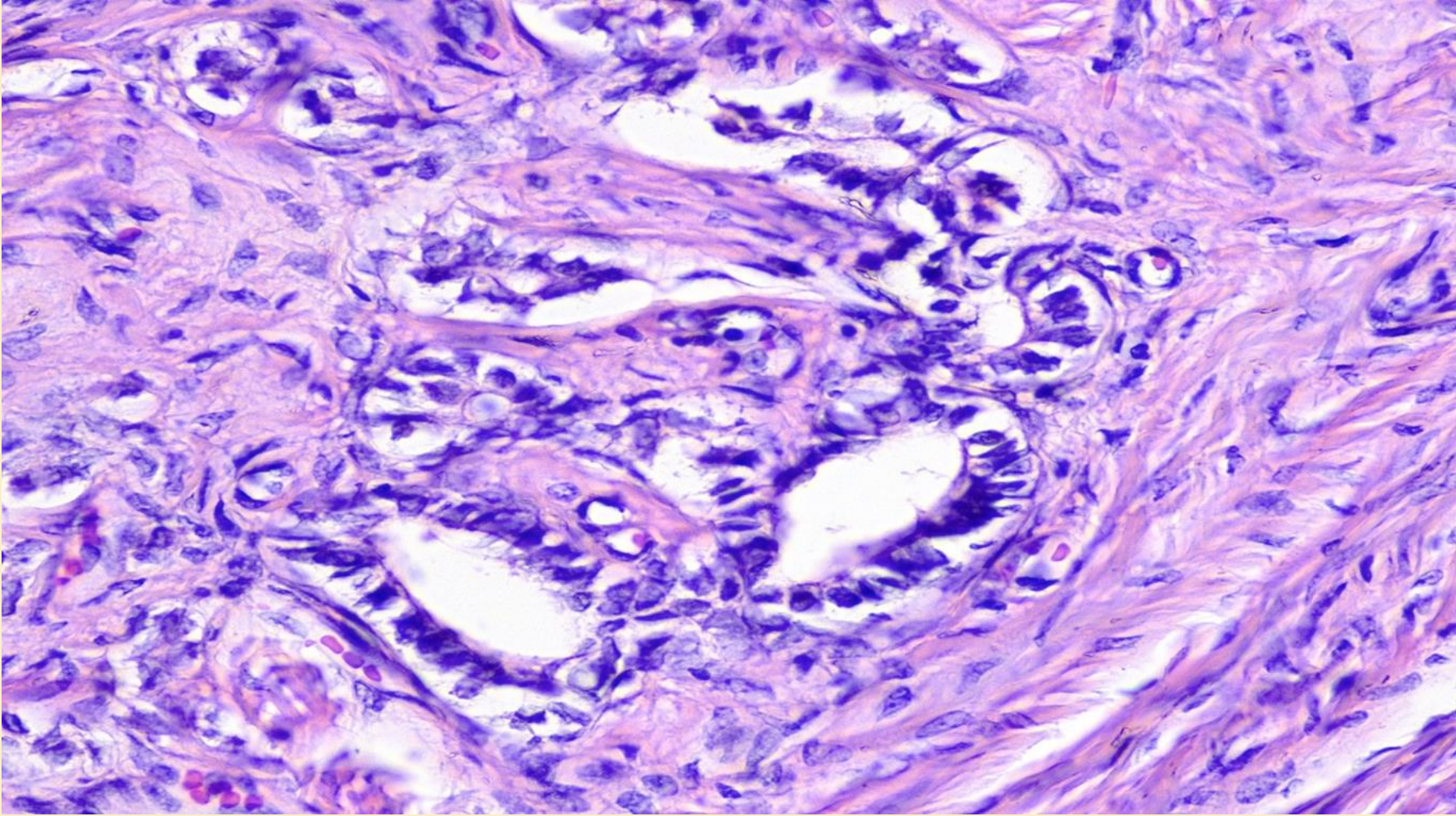


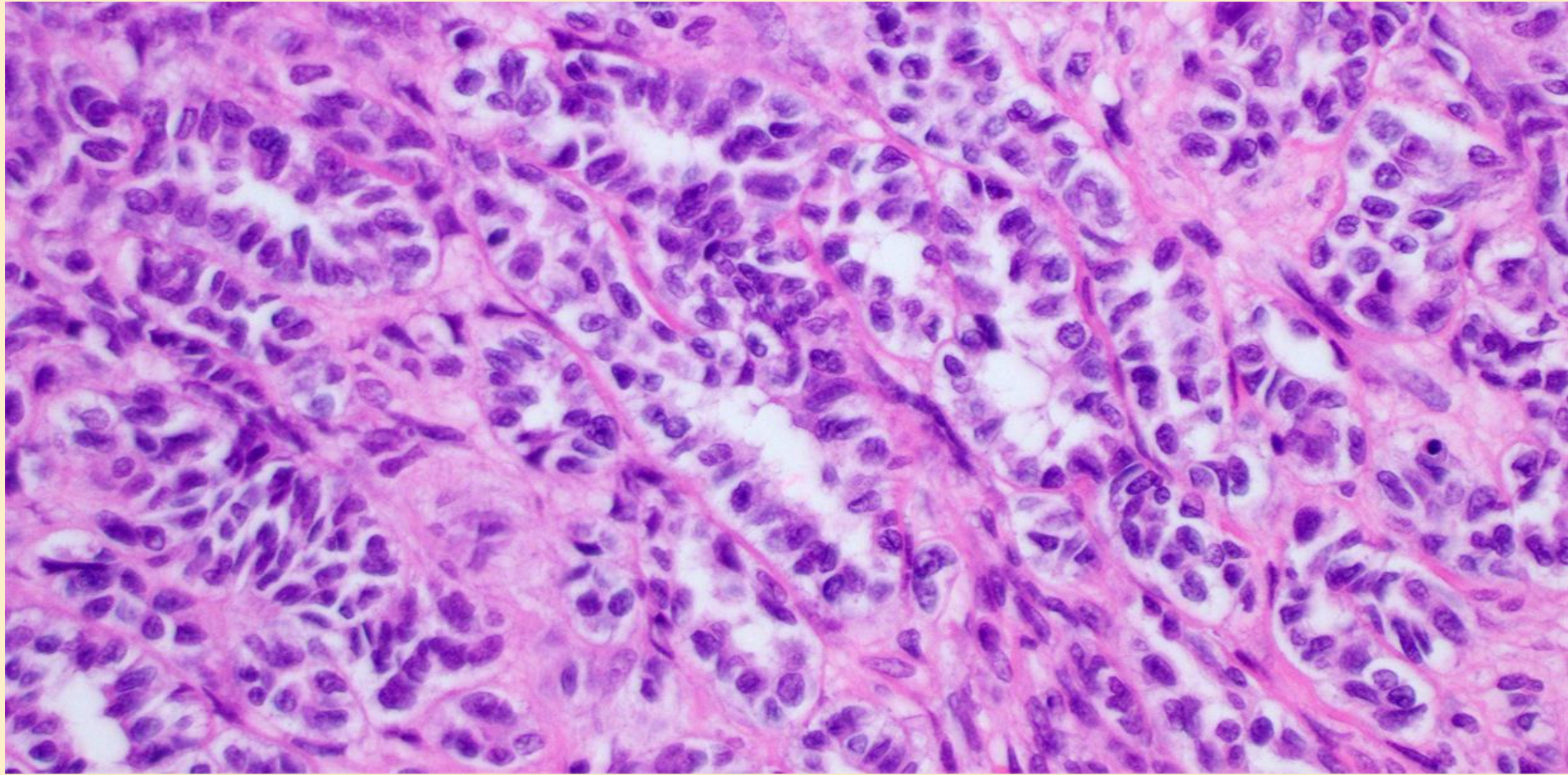














Differential diagnosis

- Sertoli cell tumor
- Sertoli-Leydig cell tumor
- Granulosa cell tumor
- Endometrioid carcinoma
- Carcinoid tumor
- Female adnexal tumor of probable Wolffian origin
- Hilar Sertoli cell proliferation



Sertoli cell tumor

Epidemiology

- Rare tumor
- Occurs at any age (mean: 30)

Etiology

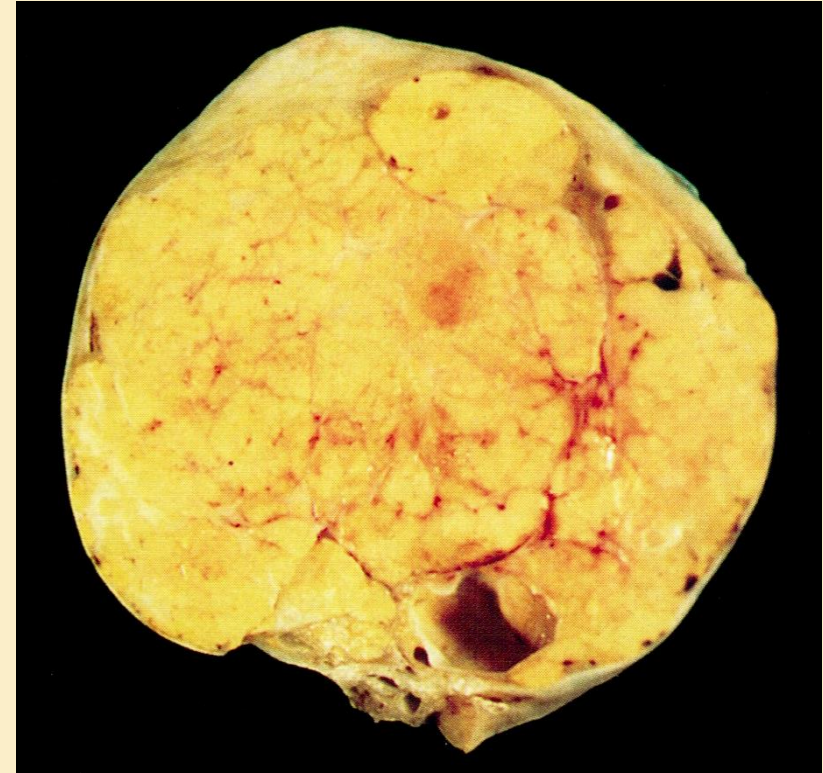
No known causative agents

Clinical features

- Often detected incidentally; may also present as a pelvic mass with related symptoms
- Hormonal effects:
 - Predominantly estrogen-related manifestations
 - Less frequently associated with androgen, progesterone, renin, or aldosterone secretion
- Associated conditions
 - Peutz-Jeghers syndrome (especially lipid-rich and oxyphilic variants)
 - DICER1 gene mutation

Gross description

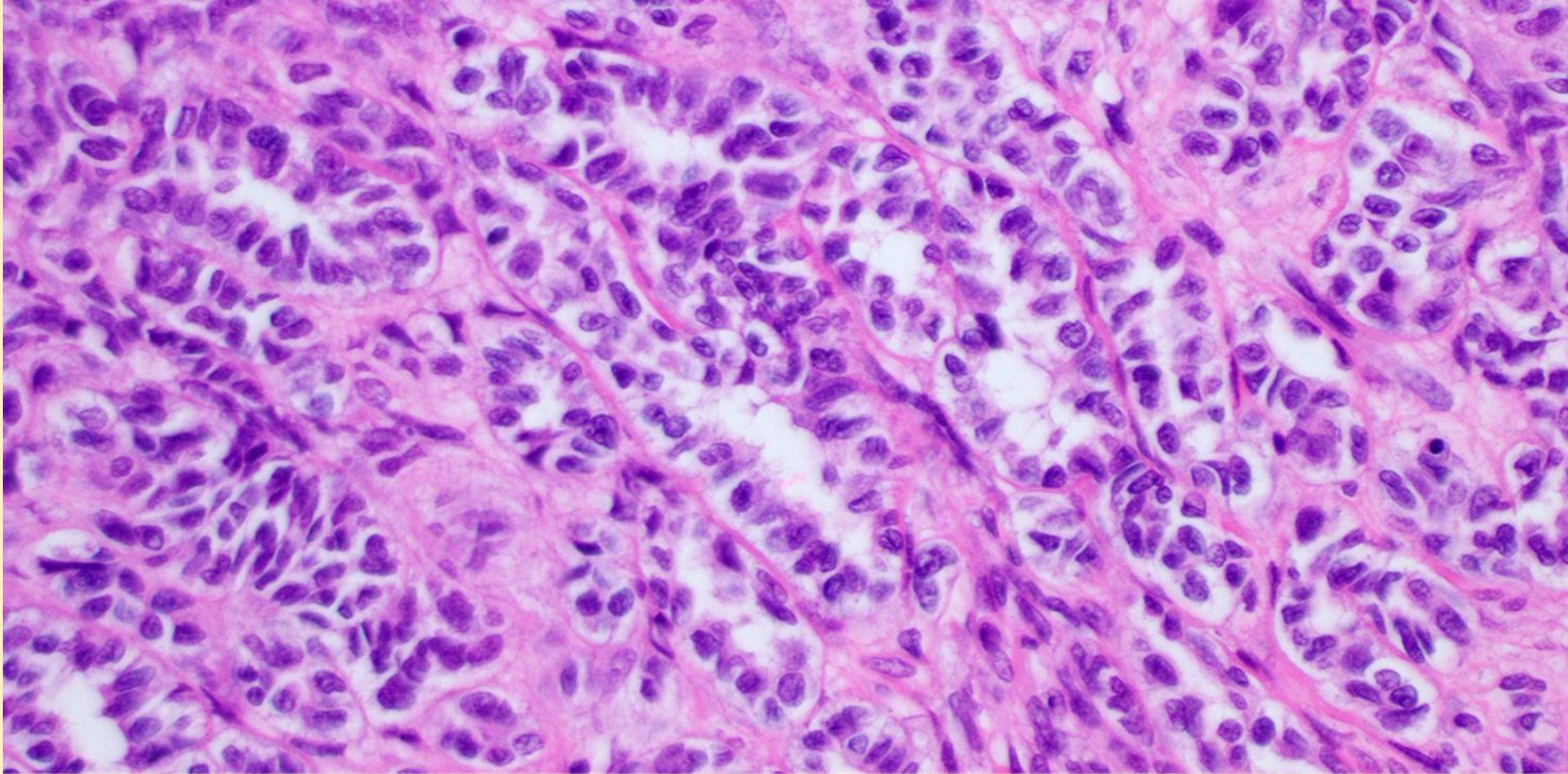
- Unilateral, solid, tan to yellow
- Mean size is 8 cm



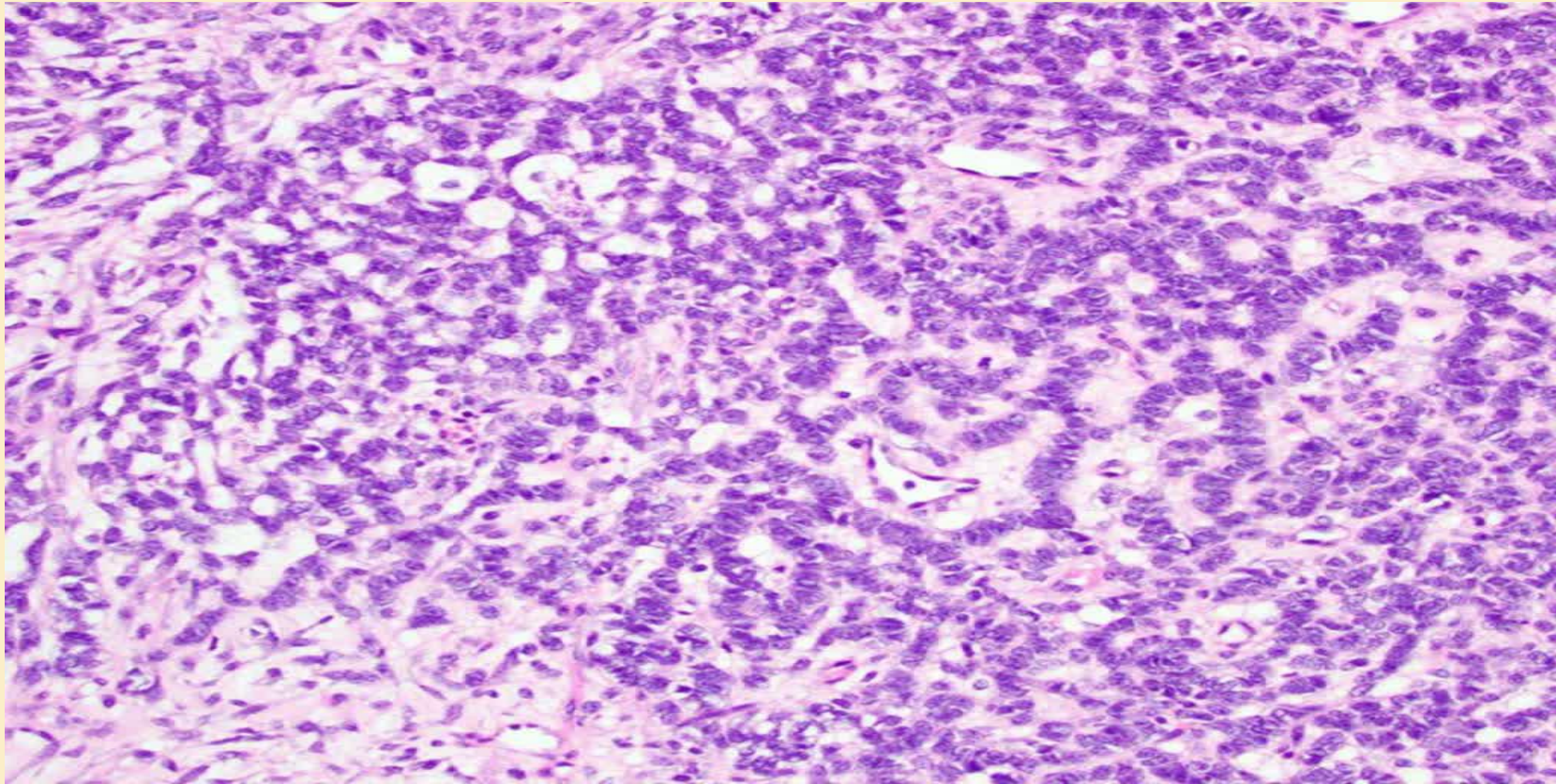
Microscopic description

- Tubular pattern (most common and usually present at least focally) with solid or hollow tubules
- Cuboidal or columnar cells
- Bland oval to round, monotonous nuclei
- Pale cytoplasm

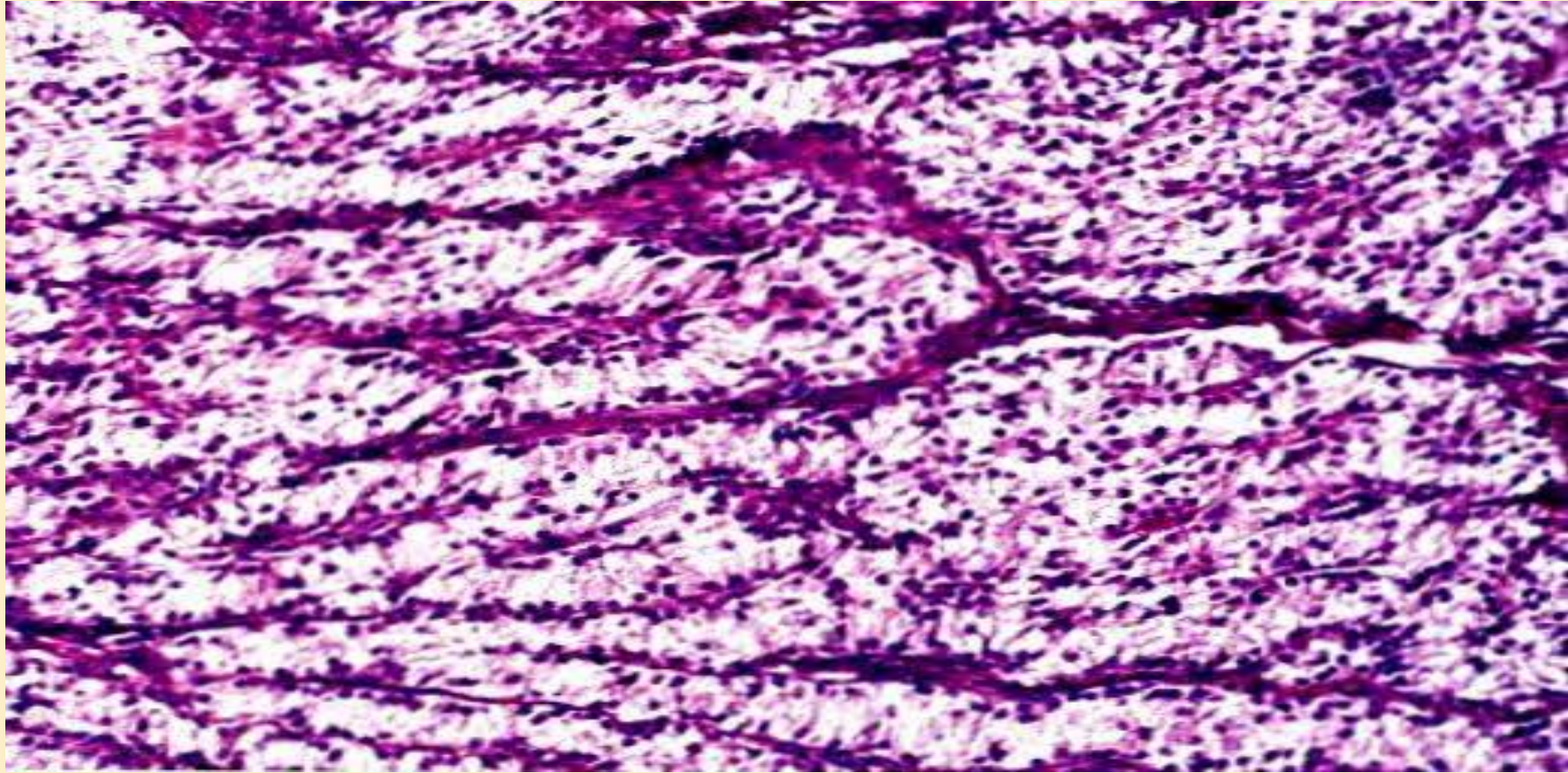
- Other patterns: Trabecular, diffuse, alveolar, pseudopapillary, reniform, pseudoendometrioid, spindled
- Absent to very rare Leydig cells
- Pathologic features predictive of malignant behavior include 5 mitoses per 10 high power fields, severe cytologic atypia, necrosis and size > 5 cm



Tubular pattern



Trabecular pattern



Liquid rich variant

IHC Staining

Positive stains

- Inhibin, SF1, calretinin
- Frequently positive: CD99, WT1, AE1 / AE3

Negative stains

- EMA, CK7, PAX8, GATA3, chromogranin

Differential diagnosis

➤ **Sertoli-Leydig cell tumor:**

Abundant Leydig cell component (MelanA positive)

➤ **Granulosa cell tumor**

Microscopic

FOXL2 positive

➤ **Endometrioid carcinoma:**

Luminal / cytoplasmic mucin or squamous differentiation

EMA and PAX8 positive

Inhibin and SF1 negative

➤ **Carcinoid tumor:**

Associated teratoma or mucinous tumor

Chromogranin positive

Inhibin and SF1 negative

➤ **Female adnexal tumor of probable Wolffian origin:**

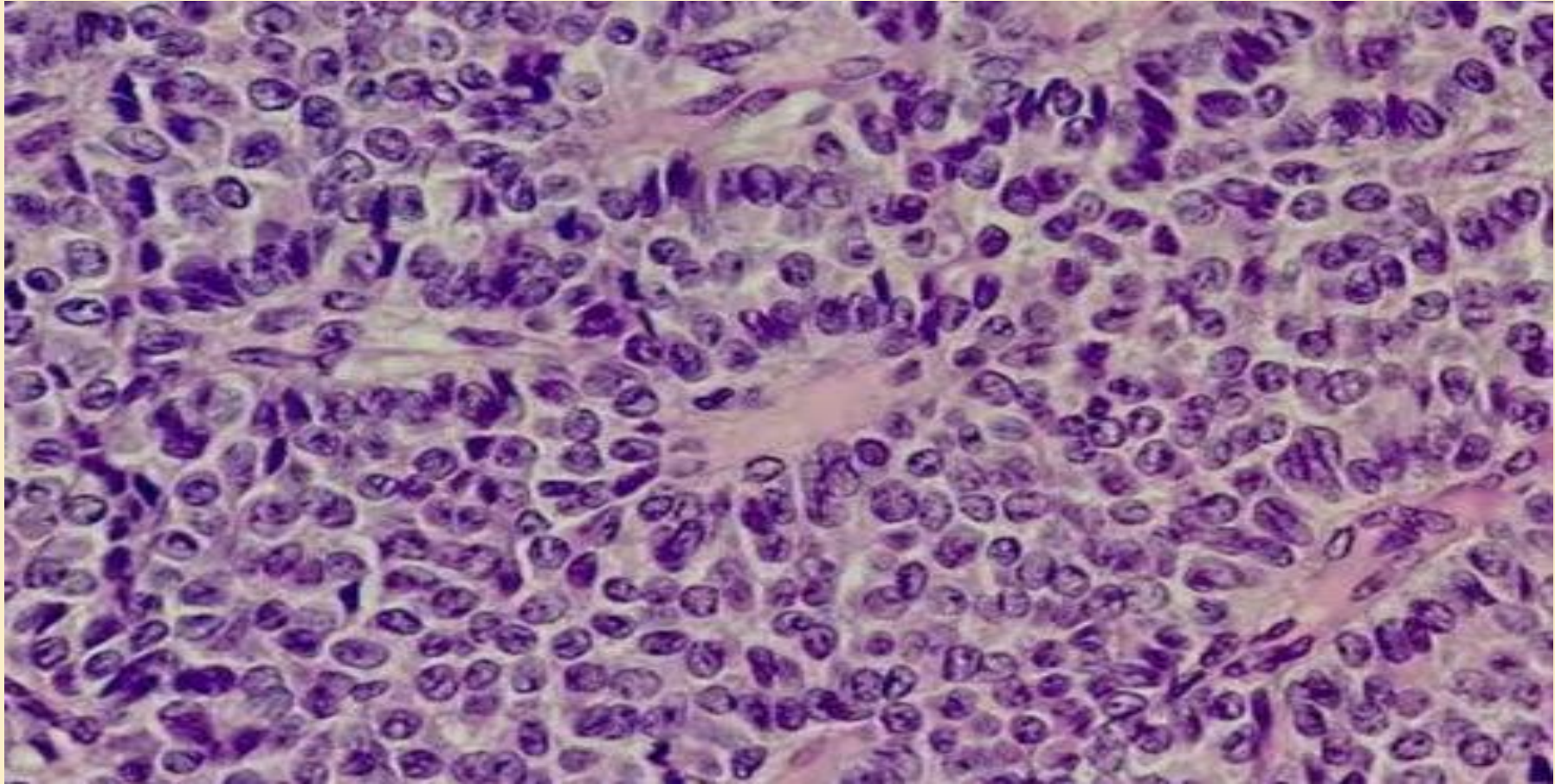
Variable inhibin staining

SF1 negative

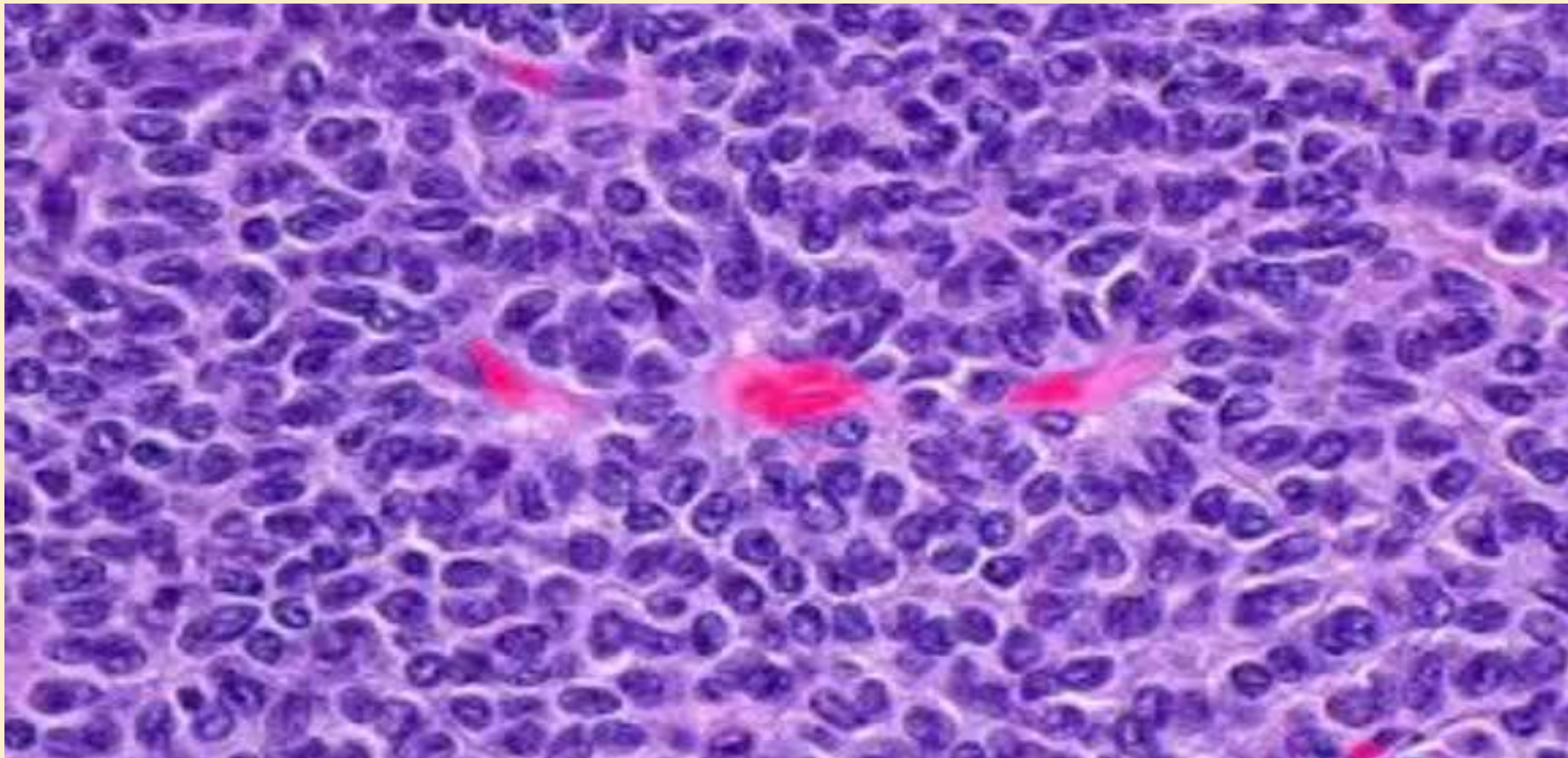
➤ **Hilar Sertoli cell proliferation:**

Located in the hilum

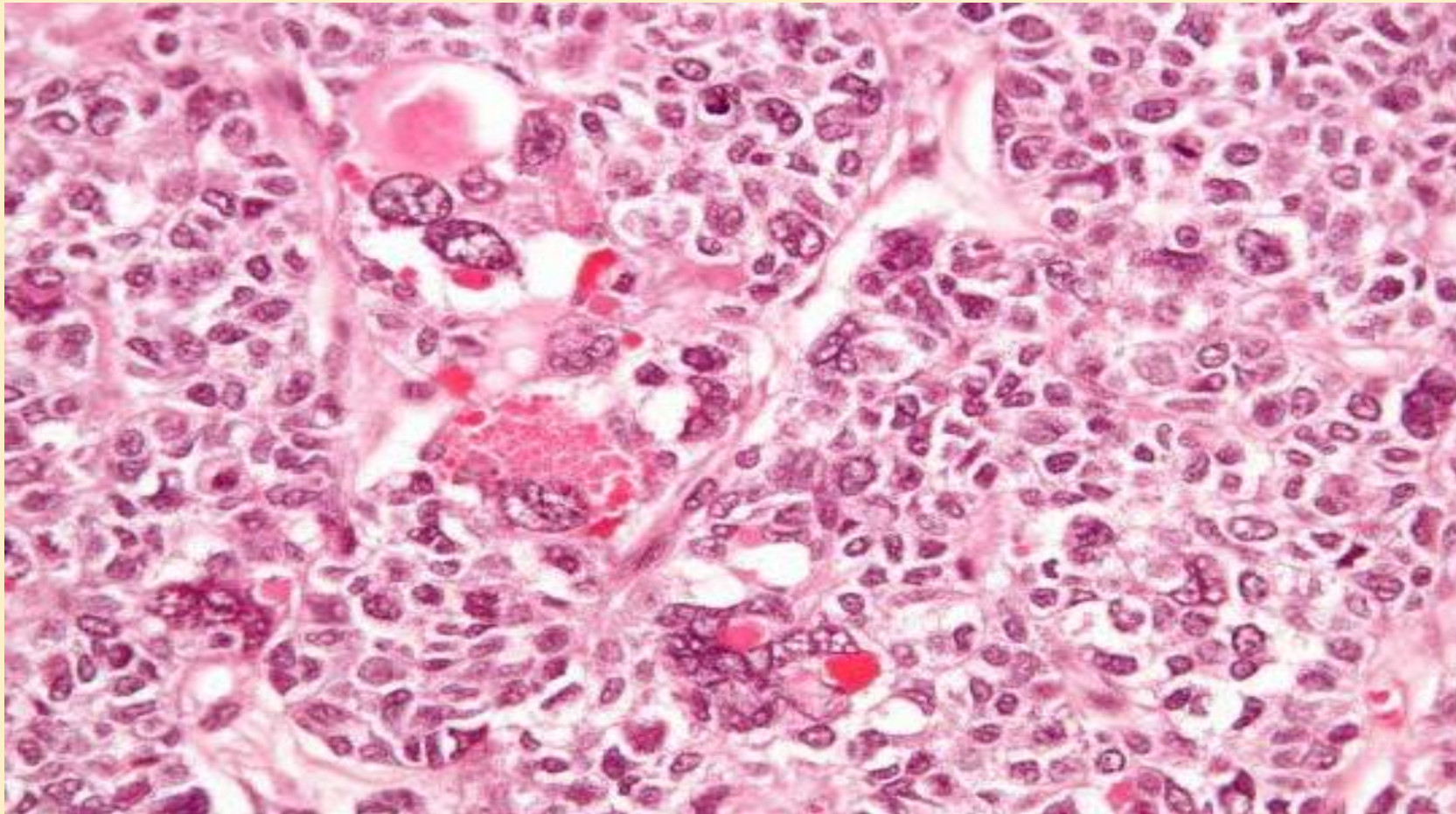
Microscopic



Granulosa cell tumor



Granulosa cell tumor



Granulosa cell tumor

با تشکر از اساتید محترم و همکاران عزیز

