

Serous Cystadenofibroma of the Ovary

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A 33-year-old woman presented with chronic pelvic pain and abnormal uterine bleeding. She had a BMI of 49 kg/m². She had had three vaginal deliveries and a tubal ligation. Cervical cytology, endometrial biopsy, and saline infusion sonography were all normal. Transvaginal ultrasonography identified a normal uterus, normal right adnexa, and a 6.4 × 5.0 × 3.5 cm non-suspicious, multicystic left adnexa, with the largest cyst measuring 1.9 cm.

The patient underwent laparoscopy and resectoscopic endometrial ablation.

The only abnormality on laparoscopy was a multicystic left ovary approximately 7 cm in size (Figure). Following peritoneal washings, the left adnexal structures were removed within an endopouch without intra-peritoneal rupture or spill.

The cytology of the washings was negative, but histopathology identified a serous cystadenofibroma and proliferative endometrium.

Cystadenofibromas, in which fibrous stroma predominates, are rare, constituting 1.7% of all benign ovarian tumours. They can be composed of mucinous, serous, endometrioid, and transitional epithelium. They are bilateral in 15% of cases.^{1,2}

Consent to publish these images has been obtained from the patient.

REFERENCES

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2. Cho SM, Byun JY, Rha SE, Jung SE, Park GS, Kim BK, et al. CT and MRI findings of cystadenofibromas of the ovary. *Eur Radiol* 2004;14:798–804.

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Serous cystadenofibroma of the ovary removed laparoscopically within endobag

