

Ciliated cell variant of endometrioid carcinoma in bilateral ovaries: A rare variant

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Abstract: Endometrial Carcinoma of Ovary accounts for 10 - 20% of ovarian malignancy. Ciliated cell variant of endometrial carcinoma is very rare. We reported a case of bilateral endometrioid carcinoma of ovary-ciliated cell variant in a 50 yrs old female without any evidence of tumor in endometrium.

Key words: Ciliated, Endometrioid carcinoma, Bilateral Ovaries

I. Introduction

Ciliated cell variant of endometrioid carcinoma of ovary is very rare. It is usually associated with endometriosis ⁽¹⁾

II. Case Report

A 52 yrs female presented with abdominal distension dyspnea since 2 months. Attained menopause 5 years ago. On examination vague abdominal mass of about 18 x 20 cms with variable consistency, restricted mobility with ascites seen. Ultrasound abdomen revealed large heterogeneous lesion extending from umbilicus to pelvis measuring 25 x 15 cm. The patient underwent bilateral salpingo oophorectomy and the specimen was sent for histopathological examination.

III. Morphology

Grossly received two ovarian masses with tubes and omental mass. Larger mass of size 16 x 8 x 7 cms, external surface was nodular. (Figure 1). Cut section showed predominantly solid with focal cystic areas which showed papillary excrescences. (Figure2)

The smaller mass of size 9 x 6 x 4 cms. External surface was nodular with cysts and papillary excrescences. Its cut section predominantly was solid with focal cystic areas and papillary excrescences. Both tubes and omentum were normal.



Figure 1: larger mass with nodular and cystic surface



Figure 2: cut section predominantly solid with cystic areas



Figure 3: Smaller mass

Microscopic examination from both the ovarian masses showed proliferation of glands lined by tall stratified ciliated columnar epithelium. The tumor cells are seen in cribriform (Fig 4), papillary (Fig 5), micro glandular (Fig 6) and focal villoglandular growth patterns. There were focal areas of necrosis and hemorrhage.

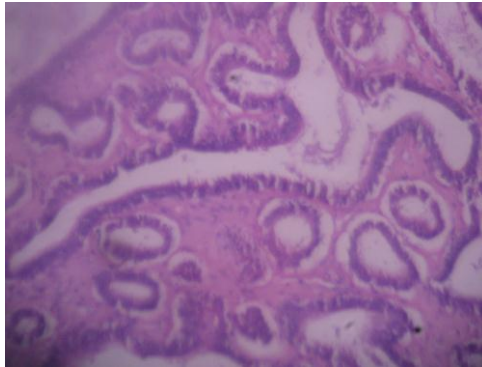


Figure4: 100x H & E stained cribriform pattern with cilia

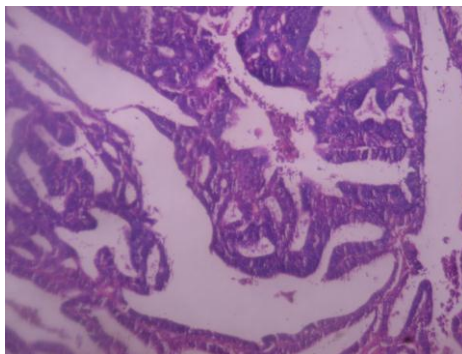


Figure 5: 100X H & E papillary pattern

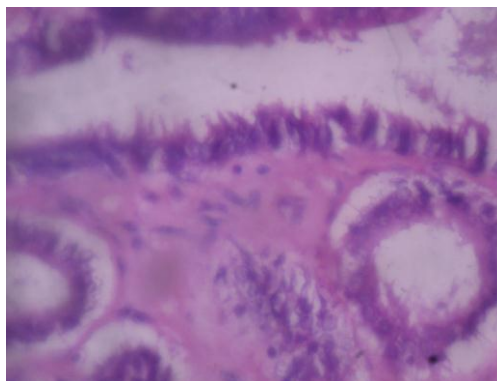


Figure 6: 100X H & E microglandular pattern with cilia

IV. Discussion

Ciliated cell variant of endometroid carcinoma is a rare variant^(1,2) It is well differentiated and consists of glands lined predominantly by ciliated cells with abundant eosinophilic cytoplasm. At least 75% of tumor cells have to be ciliated for the tumor to be termed as ciliated cell carcinoma⁽³⁾. Cribriforming of the neoplastic glands is the characteristic architectural criteria of the subtype⁽²⁾. Cytologically cells show minimal nuclear atypia with mildly irregular nuclear contour and prominent nucleoli⁽⁴⁾. In this case it is bilateral. Predominantly cribriform pattern is seen, also seen are papillary, microglandular and villoglandular patterns lined by tall stratified ciliated columnar epithelium. It was not associated with endometriosis. Sections from endometrium show only proliferative phase.

V. Conclusion

This is a low grade rare variant of Ciliated cell endometroid carcinoma presenting in bilateral ovaries without associated endometriosis. There is a need for study of more of such cases of these histological variants to predict or assess prognosis. Clinical outcome and course of such rare cases is yet to be established. Very little literature is available regarding these atypical presentation and rare histological pattern.

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