

Collision Tumour of Ovary: A Rare Case

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ABSTRACT

Introduction and Objective: Collision tumours mean presence of two adjacent, but histologically distinct tumours without intermixture of cell types. The incidence of this tumour involving the ovary is rare. We present a case of collision tumour histopathological proven, that initially was mistaken as possible malignancy after surgical staging. **Results:** A 47-year-old, nulliparous woman presented with complain of abdominal distention and mild abdominal pain. Her menstrual history was normal and no constitutional symptoms. No family history of malignancy. Examination revealed centrally mass corresponding to 24-week gestation. Ultrasound pelvis showed a multiloculated huge right ovarian tumour, measuring 12x10cm, with features of possible ovarian teratoma. No ascites presence. Tumour markers were normal and computed tomography (CT) scan support the findings of possible ovarian teratoma. She was subjected for exploratory laparotomy, staging and total abdominal hysterectomy and bilateral salphingoophorectomy and to our surprised, intraoperatively suggestive of advance ovarian tumour with multiple deposits on omentum and liver surface. Surgical colleague was called in for help to release the adhesions. However, the final histopathological results confirmed a mucinous cystadenoma of right ovary and mature cystic teratoma of the same ovary. **Conclusion:** Ovarian collision tumours are rare. The possible existence of an ovarian collision tumour should be carefully be examined pre and post-operatively and need histological confirmation as to avoid misdiagnosis of primary malignancy.

Series of Unfortunate Events – A Vaginal Cellular Angiofibroma with Severe Endometriosis

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ABSTRACT

Introduction: Cellular angiofibroma (CA) is a benign mesenchymal tumour in the subepithelial myxoid stromal zone of the vulvovaginal region. It is rare and has only been discovered in 1997. We report first case of CA with co-existing endometriosis. **Case Report:** A 54-year-old, Para 2 has a history of multiple surgeries including cesarean sections, and ovarian cystectomies before she had Total Abdominal Hysterectomy and Bilateral Salphingoophorectomy (TAHBSO). Histopathological examination consistent to endometriosis and therefore she was on GnRH analogue (Lucreine) for one year. She was symptom-free for 18 years, later that she felt vaginal mass which its biopsy consistent with endometriosis. After one year of the initial excision, she presented again with bleeding mass protruding from vagina of which magnetic resonance imaging (MRI) and biopsy revealed cellular angiofibroma with invasion to bladder. Combine and extensive surgery of pelvic exenteration with ileo-conduit, colostomy and reconstruction with plastic, colorectal and urology team performed in stages in order to maintain patient haemodynamics due to highly vascularised tumour. During recuperation period she contracted surgical site infection and multiple intensive care unit admission for sepsis. After numerous antibiotics and rehabilitation, she was finally fit for discharge at day 83. **Discussion:** Although endometriosis rarely recurs after hysterectomy/oopehrectomy, there has been reported cases of endometriosis. Natural history of endometriosis is incompletely understood, the completeness during surgery and ability to totally resect all endometriotic lesions will ensure good future prognosis. To our knowledge, this is the first case that endometriosis is associated with cellular angiofibroma which is unique to this case. The neoplastic cells are positive to both PR and ER (which is similarly seen in endometriosis). **Conclusions:** Cellular angiofibroma is a rare condition and has never been described to be associated with endometriosis.