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FEMALE ADNEXAL TUMOR OF PROBABLE WOLFFIAN ORIGIN TREATED WITH DEBULKING SURGERY: A CASE REPORT

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Introduction - Purpose : A female adnexal tumor of probable Wolfian origin (FATWO) is a rare neoplasm which is considered to have a low malignant potential. These tumors are thought to originated from mesonephric remnants and arises in the broad ligament. Case: 52 year- old G3P3 postmenopausal woman was admitted to our clinic with abdominal bloating and pelvic pain. T2 weighted MRI was showed that an aproximately 10x7 cm solid lesion in the right tubular localization. After diagnostic workup, the patient was diagnosed with a right adnexal tumour. The patient underwent explorative laparotomy. Intra-operatively, a solid mass was found in the right adnex, the rest of the abdomen and the pelvis were normal. The right adnex was removed and examined with frozen-section (FS). When the frozen section proved positive for malignancy, omentectomia, total abdominal hysterectomy and bilateral adnexectomy, pelvic washings, systematic para-aortic and pelvic lymphadenectomy were performed. The anatomic study revealed a well capsulated mass which was 11cm in diameter. Based on pathological and immunohistochemical results, the final diagnosis was concluded to be FATWO. Adjuvant therapy was not administered. The patient was followed up after discharge from the hospital. She was tumour free for ten months. Conclusion: Surgical debulking remains the most effective treatment for FATWO when it is possible.

Methods - Tools : Female adnexal tumors of probable Wolffian origin (FATWO) are rare tumors, first described in 1973 (1) and thought to originate from mesonephric remnants. It is characterized by a variety of epithelial patterns and occurs most commonly in the broad ligament, but is also known to occur in mesosalpynx, fallopian tube, ovary, and peritoneum (2,3). The vast majority of them are considered to have a low malignant potential. The disease recurrence and metastases have been shown despite the treatment (4). The majority of the treatments described in the literatur include surgery with Total abdominal hysterectomy (TAH) and bilateral oophorectomy and debulking of the tumor mass on women who completed their childbearing. Because of the limited number of reported cases, there are no recommendations regarding initial evaluation, treatment, follow-up, or adjuvant and salvage therapy (5).

Findings : An 52 -year-old woman (gravid 3, para 2), without any past medical history, was presented for evaluation of 3 months history of lower abdominal pain and an enlarging abdominal mass. Pelvic examination revealed a solid tumor mass in the pelvis measuring 10 cm right from the uterus. Solid mobile mass approximately 10 cm on the right adnexa , normal uterus, and normal left adnexa were found by ultrasound and no traces of ascites. MRI was showed 10 cm solid lesion in the right tubular area. Serum tumor markers were CA-125 = 51 IU/l, CA 19-9 = 5.5 IU/l, and CEA = 8.7 IU/l. An exploratory laparatomy plan was done. Intra-operatively, on the right tuba the solid mass with smooth surface was found. The rest of the abdomen and pelvis were normal. Peritoneal washing sent for analysis. The right adnex was removed and sent for frozen section analysis.When the frozen section proved positive for malignancy TAH, bilateral adnexectomy, and omentectomia, systematic para- aortic and pelvic lymphadenectomy were done. There was no visible residual disease left. Pathologic examination of formalin-fixed and parafin-embedded tissue from the pelvic mass showed malignant epithelial neoplasm of probable Wolfian origin. Uterus, left adnexa, lymph nodes, peritoneal washing and omentum were macroscopically and histologically unremarkable. Immunohistochemistry was revealed positive

immunoreactions to pan-cytokeratin, CAM 5.2, cytokeratin 7 (CK7), WT-1, vimentin, kalretinin support diagnosis of FATWO. These tumors are generally EMA and chromogranin negative (6,7). Positive staining for ?-inhibin was also demonstrated. In multidisciplinary team decision, chemotherapy was administrated. In this case, ovarian malignancy was suspected preoperatively. Malignancy was confirmed in frozen section analysis. Pathological and immunohistochemical analysis revealed the lesion to be a FATWO. After the surgery, chemotherapy were not administered and she was scheduled for clinical follow-up. In conclusion, most of these tumours behave as benign lesions, some cases have the potential for malignant behavior. They can present diagnostic difficulties and the diagnosis is based on the exclusion of other neoplasms. Because the role of adjuvant therapies is questionable, they are not routinely administered. After the initial surgical treatment, patients should be appropriately followed up during a long-term period

Discussion : Conflict of interest No conflict of interest was declared by the authors. References: 1. Kariminejad MH, Scully RE (1973) Female adnexal tumor of probable Wolfian origin. Cancer 31:671–677. 2. Tamiolakis D, Anastasiadis P. Metastatic female adnexal tumor of possible wolffian origin: a histocytopathological correlation. Cytopathology 2007; 18: 264–6. 3. Heatley MK. Is female adnexal tumor of possible wolffian origin a benign lesion? A systematic review of the English literature. Pathology 2009; 41: 645– 8. 4. Brescia RJ, Cardosa de Almeida PC, Fuller AF, Dickersin GR, Robboy SJ (1985) Female adnexal tumor of probable Wolfian origin with multiple recurrences over 16 years. Cancer 56:1456–1461. 5. Ramirez PT, Wolf JK, Malpica A, Deavers MT, Liu J, Broaddus R. Wolffian duct tumors: case reports and review of the literature. Gynecol Oncol 2002; 86: 225–30. 6. Tiltman AJ, Allard U. Female adnexal tumours of probable Wolffian origin: an immunohistochemical study comparing tumours, mesonephric remnants and paramesonephric derivatives. Histopathology 2001; 38: 237-42. 7. Fukunaga M, Bisceglia, M, Dimitri L. Endometrioid Carcinoma of the Fallopian Tube Resembling a Female Adnexal Tumor of Probable Wolffian Origin. Adv Anat Pathol 2004; 11: 269–72.

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