Ovarian tumors

Ovarian tumors can arise from **superficial** (whole, mesoderm, "germ") **epithelium**, **germ cells** or sex cord - *stromal tumors.*

Ovarian cancers have an annual incidence of about 21 of 100,000 women.[1] They are mostly asymptomatic, diagnosed either as an accidental finding, or only at an advanced stage, when they manifest as palpable resistance in the abdomen, ascites, torsion or subtorium of the ovary.

Non-tumor changes

The most common ovarian pseudo-tumors are ovarian cysts. They occur either solitarily or as multiple cysts. They can affect one or both ovaries.

According to the etiology, we distinguish cysts caused by:

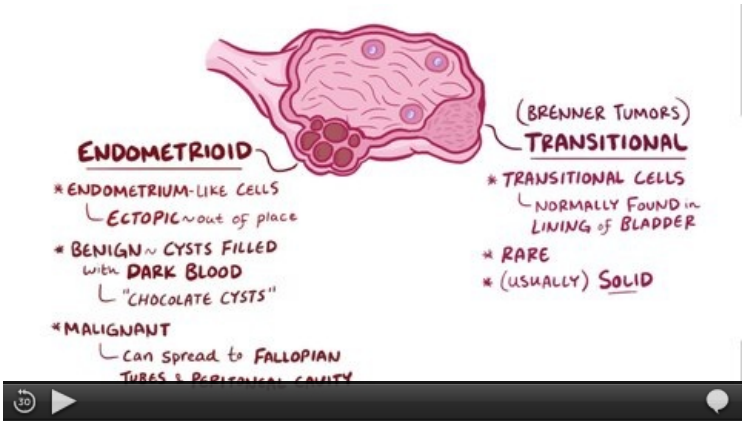
- **Pathology of the follicular apparatus** (follicular, corpus luteum, lutein, polycystic ovaries)
- **Superficial epithelium** inclusion (serous inclusion cysts)
- **Endometriosis** (endometriosis Samps cysts)

🔎 *For more information see Ovarian cysts.*

Epithelial tumors

🔎 *For more information see Ovarian Cancer.*

This is the most common type of tumor - up to 90% of cases are of this type. They can be **serous**, **mucinous**, **endometroidic**, **clear** *cells* or **transitional cells** (*Brenner tumor*). Each histological type can be **benign**, **atypically proliferating, or malignant**.



The video is in English. Definition, pathogenesis, symptoms, complications, and treatment are discussed.

Non-epithelial tumors

Non-epithelial ovarian tumors can be either **germ cell tumors**, or **stromal and germ cell tumors** (*sex cord-gonadal stromal tumors*).

Germinal tumorsy

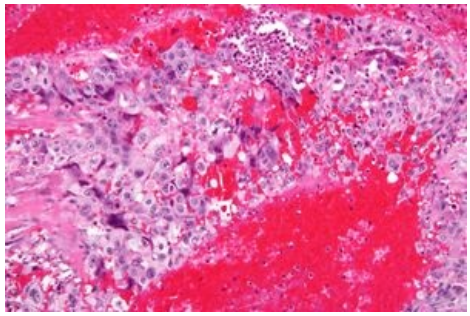
The tumors may be purely germinal and tumors mixed with germline tumors. Purely germinal can be[2]:

- **dysgerminoma** – is the most common malignant germ cell tumor and in 20% it affects both ovaries, t is chemo and radiosensitive (it is treated with chemotherapy); every (phenotypic) woman with karyotype 46, XY or the presence of SRY – is at high risk of developing malignant dysgerminoma - this is an indication to remove gonads[3];
- **yolk sac tumor**;
- **embryonic carcinoma**;
- **polyembrom**;
- **choriokarcinom**;
- **teratom**.

Sex cord-gonadal stromal tumors

They can be from germline tissue, or from stromal tissue, or both (mixed), and can produce either estrogens, androgens, or both (gynandroblastoma). They are distinguished as follows::

- **granulosa tumors**;
- **thekomy/fibromy**;
- **androblastomas** (Sertoli tumor, Leydig tumor, Sertoli-Leydig tumor);
- **gynandroblastomas** (mixed male and female, can be mixed stromal and sex-cord, or one of these tissues).

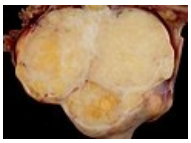


Highly malignant choriocarcinoma

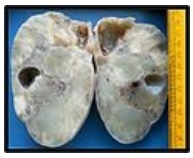
Metastatic tumors

Uterine tumors and GIT tumors (Krukenberg tumor) metastasize to the ovaries.

Gallery



Macroscopic section of Brenner tumor



Krukenberg tumor

Links

Related articles

- Non-epithelial ovarian tumors
- Ovarian cancer
- Malignant tumors in gynecology

External Links

- www.onkogyn.cz (http://www.onkogyn.cz)
- Karcinom ovaria (https://mefanet.lfp.cuni.cz/clanky.php?aid=266)

Citations

1. Webový portál - Epidemiologie zhoubných nádorů v České Republice. *Report diagnózy: C56 – ZN vaječníku* [online]. ©2013 (data za rok 2010). [cit. 2014-02-19]. <http://www.svod.cz/report.php?diag=C56>.
2. ROB, Lukáš – MARTAN, Alois – CITTERBART, Karel. *Gynekologie.* 2. edition. Praha : Galén, 2008. 390 pp. pp. 206–211. ISBN 978-80-7262-501-7.
3. ROB, Lukáš – MARTAN, Alois. *Gynekologie.* 2. edition. Praha : Galén, 2008. 390 pp. pp. 70,71. ISBN 978-80-7262-501-7.

Used literature

- ROB, Lukáš, Alois MARTAN a Karel CITTERBART. *Gynekologie.* 2. vydání. Praha : Galén, 2008. 390 s. ISBN 978-80-7262-501-7.