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Short Communication

Benign cystadenofibroma of the fallopian tube: A case report

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Neoplasms of the fallopian tube are the rarest site for tumors in the female genital tract. Cystadenofibromas of the fallopian tube are rare tumors of the female genital tract with only 15 cases reported worldwide. These tumors are usually asymptomatic and are found incidentally. We are reporting a case of serous cystadenofibroma in a 20 year old woman who underwent emergency LSCS with bilateral tube sterilization and excision of left fimbrial cyst.

Key words: Cystadenofibroma, fallopian tube, benign.

INTRODUCTION

Neoplasms of the fallopian tube are the rarest tumors of the female genital tract. Most of the benign tumors of the fallopian tube are endometroid polyps and occasionally papillomas. Serous cystadenofibroma is an unusual tumor of the fallopian tube (Yesim and Kacar, 2003). These cystadenofibromas are confined to the fimbriated end of the tube (Bossuyt et al., 2008) and are considered to be mullerian in origin (Kanbour et al., 1973; De La Fuente, 1982).

Benign tumors are particularly uncommon and can be classified under three headings: epithelial, mesodermal and miscellaneous (Green, 1962). Benign epithelial tumors of the types commonly encountered in the ovary are rare in the fallopian tube. The most common benign epithelial tumor of the fallopian tube is the endometrioid polyp (Kanbour et al., 1973; De La Fuente, 1982; Green, 1962; Silverman et al., 1978; Chen, 1981).

RESULTS

A 20 year old woman underwent emergency lower segment caesarean section (LSCS) with bilateral tubal sterilization. On laparotomy, a left fimbrial cystic mass measuring 4 × 3 cm was identified and excised. Her previous medical history was uneventful. Grossly, the tubes, each measuring 1 cm and a grey pink globular cystic mass measuring 4 × 3 cm were received. The serosal surface of the cystic mass was smooth. On sectioning, it exuded seromucinous fluid with inner surface having small grey white papillary excrescences. The cut section of both tubes was unremarkable. Histologically, the fimbrial end of the fallopian tube showed a cyst lined by cuboidal epithelial cells (Figure 1), with a focus displaying lining epithelium thrown into folds with subepithelial fibrous stroma (Figure 2). Features were consistent with those of a serous cystadenofibroma of fallopian tube. Sections from other parts of the tubes showed no significant pathology.

DISCUSSION

Neoplasms of the fallopian tube are the rarest site for tumors in the female genital tract. Adenofibromas are polypoid lesions occasionally found in the lumen of the tube. Most of these are considered to be benign mixed mullerian tumors analogous to the adenofibroma of the cervix and the serous cystadenofibroma of the ovary (Kanbour et al., 1973; De La Fuente, 1982). Serous

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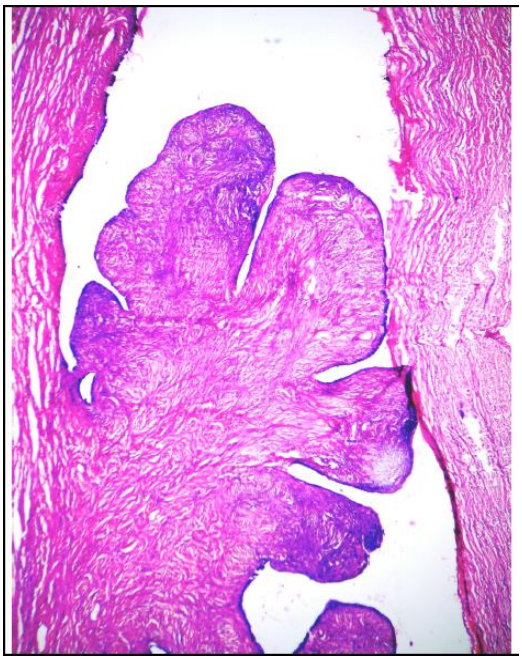

Figure 1. Papillae lined by columnar epithelium (H & E, 400X).

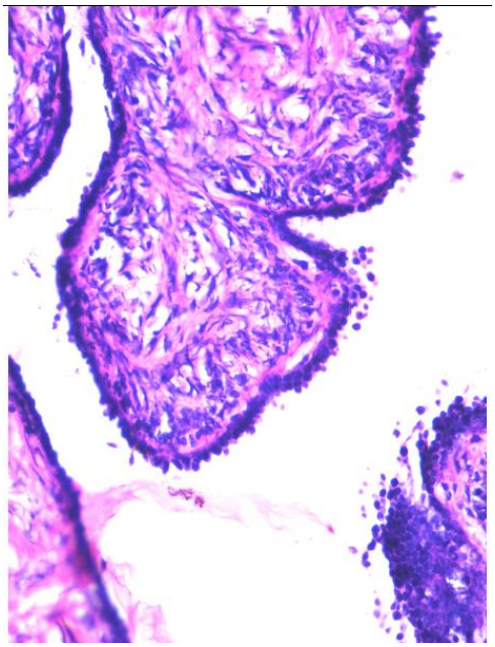

Figure 2. Fibrocollagenous cyst wall with papillary projections (H & E, 40X).

adenofibromas of the tube are histologically similar to their ovarian counterpart (Rubinstein et al., 2004). Like carcinomas, most benign epithelial tumors occur in the ampullary-infundibular regions of the tube, but some particularly serous adenofibromas may arise in the fimbria. The topographic localization of these lesions, histopathologic findings of mullerian type epithelium, immunophenotypic profiles of vimentin – cytokeratin co-expression and diffuse apical epithelial membrane antigen (EMA) immuno reactivity suggest that the tumor was an embryonic remnant originating from the mullerian duct (Yesim and Kacar, 2003).

The differential diagnosis of a tumor of tubal origin includes tubal carcinoma (primary or metastatic), serous tumor of low malignant potential (STLMP) and borderline papillary serous tumor of the fallopian tube. Malignant neoplasms of the fallopian tube are rare, accounting for 0.18 to 1.6% of all malignant neoplasms of female reproductive tract. They most commonly appear in post menopausal women, usually in the sixth decade of life (Rubinstein et al., 2004). Microscopically, they show epithelial cells with cellular pleomorphism and nuclear hyperchromasia. STLMP and borderline papillary serous tumor of the fallopian tube are characterized by the formation of papillary projections with focally prominent epithelial stratification and atypia (Zheng et al., 1996).

CONCLUSION

Even though cystadenofibromas are rare and incidental findings, they have to be differentiated from other tumors of fallopian tube like serous tumor of low malignant potential (STLMP), borderline papillary serous tumor and malignancies, as the prognosis and management of the patient is variable. Also, Cystadenofibromas of the fallopian tube are benign tumors with rare malignant potential. Therefore, it is advised to consider this diagnosis before employing radical surgery in younger women, as this would impact their fertility.

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