Ovarian Tumors

Germ Cell

(See Reverse Side)

Surface/Epithelial

Sex Cord-Stromal

Metastasis

Always a possibility, often from GI tract

Fibroma
Thecoma
Granulosa Cell tumor
Sertoli Cell tumor
Leydig Cell tumor
Sclerosing Stromal Tumor
SCTAT

Often stain with Inhibin, Calretinin, and SF-1

Brenner

Nests of cells resembling Bladder in fibrous stroma

Serous

Mucinous

Mucinous epithelium (must consider GI source if carcinoma)

Endometrioid

Resembles endometrial glands
Associated with Endometriosis

Clear Cell

Large, clear cells with pleomorphic nuclei
Associated with Endometriosis

Cystadenoma
Adenofibroma

Benign

Borderline/LMP

Peritoneal dissemination and recurrence, Possible progression

Carcinoma

Malignant

Prepared by Kurt Schaberg

Cells resembling fallopian tube
2 pathways:
1) Low-grade (KRAS/BRAF mts)
2) High-grade (p53 mt and genetically unstable)
Germ Cell Tumors

Dysgerminoma/ Seminoma

- Large polygonal cells with clear cytoplasm, distinct cell membranes, and prominent nucleoli
- Fibrous septae and nested architecture
- Lymphocytic infiltrate

Think: Clear/White color

Embryonal Carcinoma

- Large “Primitive” cells
  - Vesicular nuclei with prominent nucleoli
  - Coarse, basophilic chromatin
  - Amphophilic cytoplasm
  - Variable architecture (nests, sheets, glands)

Think: Purple color

Yolk Sac Tumor

- Many patterns/architecture
  - Most common = reticular/microcystic
- Often myxoid areas
- Classic: Schiller-Duval Bodies
- Elevated Serum AFP

Think: Pink color

Choriocarcinoma

- Malignant cytotrophoblasts (mononuclear) and syncytiotrophoblasts (multinucleated)
- Abundant Hemorrhage
- Elevated Serum hCG

Think: Red color

Teratoma

- Composed of tissues from 2-3 germ layers
- Often cystic
  - Mature – exclusively mature tissues
  - Immature – contains immature tissues, typically primitive neuroectodermal tissues

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