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CLINICAL VIGNETTE

Extremely late recurrence of adult granulosa cell tumor in the retroperitoneal space 27 years after surgery manifesting as a liver tumor

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A 72-year-old woman was referred to a liver tumor treatment center due to significant enlargement of the liver tumor in segment six, measuring 110 × 110 × 85 mm in size. The tumor was observed for six months and was described via magnetic resonance imaging as a lymphatic cavernoma. The patient underwent hysterectomy with appendage amputation 26 years ago due to endometrial cancer and subsequently underwent chemotherapy. At that time, the patient had no comorbidities, no symptoms, or any major health issues. The patients were consulted at a multidisciplinary team meeting, and a decision regarding the possibility of resection was made. Biopsy was contraindicated due to an extreme risk of bleeding. The magnetic resonance imaging results are presented in Figure 1.

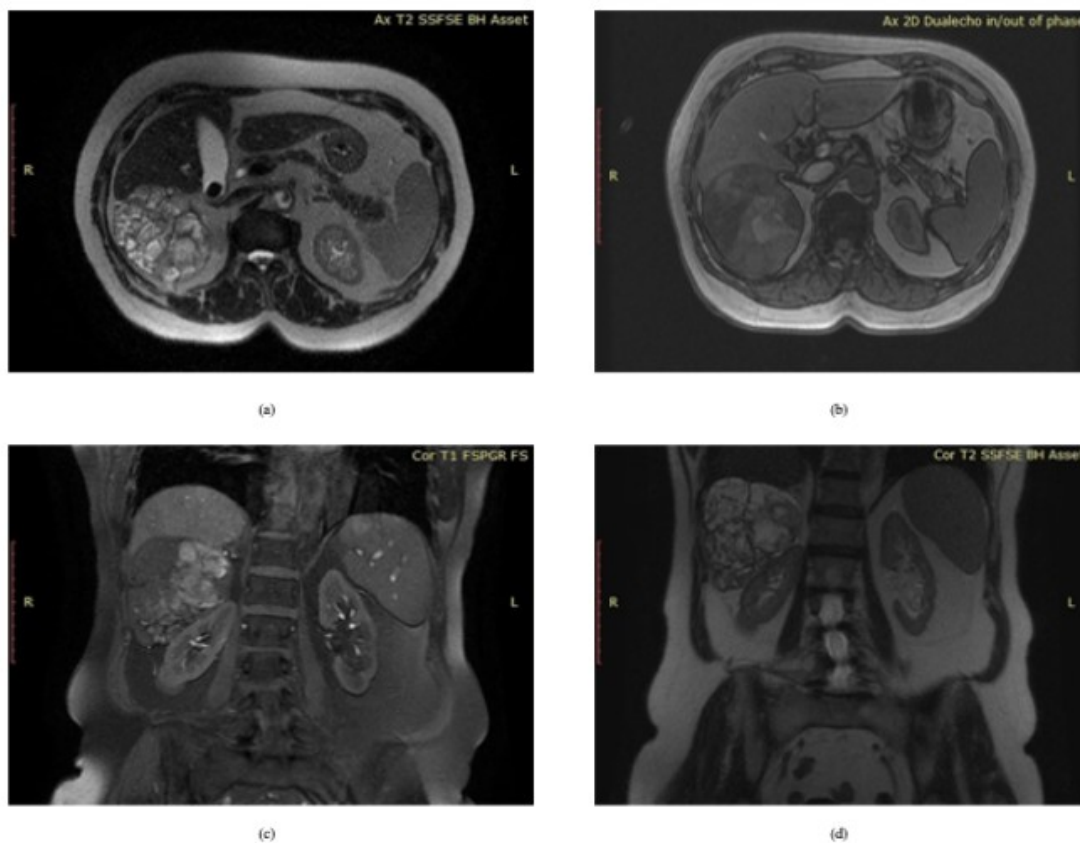


Figure 1. Preoperative magnetic resonance imaging of patients with tumor visualization; **A.** Axial view of the T2 sequence; **B.** Axial view of the two-dimensional pulse sequence; **C.** Coronal view of the T1 sequence; **D.** Coronal view of the T2 sequence

The patient was admitted to a surgery department and underwent laparotomy, during which the surgeon discovered a soft, richly vascularized retroperitoneal space tumor sizing approximately 10 cm without connecting to the liver or right kidney, but making an impression on the liver. The tumor was resected, and postoperative hospitalization was uncomplicated. Standardized histopathological examination revealed that the tumor was an adult granulosa cell tumor with 50% necrosis of tumor volume, angioinvasion, lymphovascular invasion (LVI)-1 and a Ki67 index of 40% with hot spots of up to 70%. Neoplasm cells were present in the coagulated tumor margins. The patient was then referred to a multidisciplinary team meeting, and a decision about further treatment in the gynecological unit was made. Watchful observation and radiological control were strongly advised. The patient was qualified and underwent adjuvant chemotherapy treatment. After treatment, there were no clinical or radiological symptoms of tumor recurrence.

Adult granulosa cell tumors (AGCTs) recur in approximately 25–30% of patients [1]. Recurrence can occur late, exceeding five years, and most patients experience peritoneal recurrence [2, 3]. A long period of regular follow-up is advised for all patients with AGCT. We present a patient with an extremely late and rare manifestation of recurrent AGCTs. After 27 years, the recurrence of the disease is unlikely, and the manifestation of liver lymphatic cavernoma is not a premise for suspicion of AGCT recurrence. The retroperitoneal site of recurrence is also very rare, and surgical resection of the tumor may not always be possible. The patient was qualified for surgery due to liver cavernoma resection criteria, with tumor enlargement being the main factor. We suggest that the decision to resect should always be made if possible. Patients with a history of AGCT should always be carefully considered for surgery for other indications, as even extremely long recurrences are possible.

Article information and declarations

Ethics statement

The study was conducted in accordance with the Declaration of Helsinki. The patient data was anonymized.

Author contributions

DL and PT collected clinical data.

All authors discussed the results and contributed to the final manuscript. All authors drafted and revised the paper.

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Conflict of interest

Authors hereby certify that there is not any actual or potential conflict of interest.

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