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P-072
OVARIAN HEMANGIOMAS: REPORT OF TWO CASES AND REVIEW OF THE LITERATURE

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Objective: Vascular tumors of the female genital tract, especially those of the ovary, are very rare. The majority of ovarian hemangiomas are of the cavernous type and may present either as an isolated ovarian mass, which are usually discovered incidentally, or in conjuction with diffuse abdominopelvic hemangiomatosis. Here, we report two cases of cavernous ovarian hemangiomas. One of which was coexisting with an endometrial carcinoma in a patient who presented with postmenopausal bleeding, and the other one was found incidentally in the histopathological examination of a hysterectomy and bilateral salphingo-oophorectomy (TAH+BSO) material that was performed for leiomyoma uteri.

Case 1: A 68-year-old woman underwent TAH+BSO and pelvic paraaortic lymph node dissection for endometrial carcinoma. The endometrial tumor was diagnosed as a moderetaly differentiated endometrial carcinoma. The right ovary was 2x1.5x1 cm, and was containing a 0.5x0.5x0.2 cm, well-circumscribed hemorrhagic small nodule on the cut surface. The histopathologic diagnosis of the ovarian nodule was cavernous hemangioma.

Case 2: A 44-year-old woman underwent TAH+BSO for symptomatic uterine leiomyoma. The left ovary measured 3.5x2.5x2 cm and contained an edematous stroma in gross inspection. Histologically, an incidental cavernous hemangioma was noted in the left ovary.

Conclusion: Hemangiomas of the ovary are lesions that are usually discovered incidentally as in our second case. They may occasionally be large and symptomatic. There has been three previous reports of ovarian-hemangioma–induced stromal luteinization resulting in endometrial hyperplasia. To our knowledge case 1, the ovarian hemangioma that synchronously exists with a well-differentiated endometrial carcinoma, is the second case that represents simultaneous occurence of an endometrial carcinoma in conjuction with hemangioma of the ovary in the literature.

Keywords: Ovarian hemangioma, endometrial carcinoma.

P-073
EPİDERMOID CYST OF THE OVARY ACCOMPANYING WELL DIFFERENTIATED ENDOMETRİAL CARCINOMA

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Objective: Epidermoid cysts of the ovary are defined as cystic structures lined solely by mature squamous epithelium and containing only keratinized debris. They represent an extremely rare condition in the ovary. In the World Health Organization (WHO) classification of ovarian tumors, epidermoid cysts are included in the teratomas of monodermal and highly differentiated type. Epidermoid cysts of the ovary are of interest because of their unclear histogenesis, which is suggested to involve cystic dilatation and squamous metaplasia of the rete ovary, squamous metaplasia of the coelomic surface epithelium of the ovary, implantation of skin during a previous operation, and monophyletic development of a teratoma. Here, we present a case of epidermoid cyst of ovary that exists synchronously with a well differentiated endometrial carcinoma.
Case: A-48-year-old female underwent hysterectomy and bilateral salphingo-oophorectomy for atypical complex endometrial hyperplasia. Intraoperative frozen-section examination of the uterus revealed atypical complex endometrial hyperplasia. Right ovary was containing a 1x0.5x0.2 cm diameter cyst. Histologically, the ovarian cyst was lined by mature squamous epithelium and the lumen was filled with keratin. There was neither skin adnexea nor any other ectodermal, endodermal, or mesodermal tissue components identified in any sections. Extensive sampling was done for the regular paraffin sections, and a small focus of well differentiated (grade 1) endometrial carcinoma was observed in one of these new samples. The final diagnosis was epidermoid cyst of the right ovary, and a synchronous well differentiated endometrial carcinoma.
Conclusion: Epidermoid cysts of the ovary are of interest mainly because their histogenesis is uncertain. Here, we present an ovarian epidermoid cyst and discuss the possible origin of this lesion.

Keywords: endometrial carcinoma, ovarian epidermoid cyst.

P-074
BENIGN MUCINOUS CYSTADENOMA WITH STROMAL LUTEINIZASYON DURING PREGNANCY: VIRILIZATION AND A RARE CAUSE OF FETAL İNTRAUTERİNE GROWTH RESTRICTION

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Objective: Virilization that is caused by ovarian tumors with functioning stroma during pregnancy is extremely rare and has been reported in different types of ovarian tumors. In mucinous cystadenomas with maternal virilization during pregnancy the stromal cells which are responsible for the hormone secretion resemble lutein or Leydig cells and have been referred to as luteinized stromal cells.
Here we present a rare case of mucinous cystadenoma with virilization which is also the cause of fetal intrauterine growth restriction during pregnancy.
Case: A 34-year- old female patient, gravida 2, para 1 admitted to our clinic at the 36 th week of pregnancy with features of virilization. At the time of admission, the estimated fetal weight was 2100 gram, which is below the 10 percentile. Doppler examination and the amount of amniotic fluid was normal. A 83 mm multiloculated cyst was visible at the left adnexial area of the patient. The tumor markers were within normal limits.A repeat caesarean section was planned and she was closely followed up by biophysical scoring and Doppler ultrasound till the operation. During the operation after the birth of a 2300 gr healthy baby and repair of the uterine insicion, the adnexial area was explored and a 8 cm, smooth surfaced multiloculated cyst was found. Cystectomy was performed. Histological examination showed a benign mucinous cystadenoma. In addition, masses typically resembling lutein stromal cells or Leyding cells of the testes or ovarian hilus were found in the wall of the cyst below the mucinous epithelium. There were no Reincke crystals or lipofuchsin pigment that was identified in the stromal cells. The patient was discharged at the second postoperative day uneventfully.
Conclusion: We present an unusual case of mucinous cystadenoma with virilization, review the literature, and discuss the mechanisms of hormone production in these tumors.

Keywords: Growth restriction, luteinization, mucinous cystadenoma, pregnancy.

P-075
OVERİN MATÜR TERATOMUNUN REKTUM İNVAZYONU: OLGU SUNUMU

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Amaç: Matür kistik teratom (dermoid kist) üreme çağındaki kadınlarda en sık görülen germ hücreli tümördür. Teratomlar nadiren bilateral ortaya çıkar ve nadiren invazyon gösterirler.
Bir olgu nedeniyle, rektuma invazyon gösteren matür teratomu literatür eşliği altında inceledik.
Olgu: 22 yaşında, G0P0 olup; adneksiyel kitle (teratom?) ön tanısıyla interne edilmiştir. Hastanın rektal akıntı nedeniyle yapılan kolonoskopisinde, rektumda 10 cm.de 2x2 cm üzeri ülsere mukoza ile kaplı, benign görünümde ve içinde kıl gözlenen (dermoid kist ?) kitle görülmüştür. Hasta Genel Cerrahi ile eşzamanlı olarak operasyona alınmıştır. Operasyon esnasında barsaklar, uterus ve overlerin ileri derecede yapışık olduğu görülmüş, keskin ve künt diseksiyon sonrası overden kaynaklanan yaklaşık 10 cm.lik kist eksize edilmiş, frozen inceleme yapılmış, ön tanı "benign teratom" olarak gelmiştir. Aynı operasyonda aşağı anterior rezeksiyon + uçuca anastomoz + loop ileostomi yapılmıştır. Patoloji sonucu sağ over matür kistik teratom ve barsak mukozasında hemorajik infarkt ve kıl şaftları olarak gelmiştir.
Sonuç: Matür teratomlar sıklıkla benign kitleler olup, çevre organlara nadir invazyon gösterirler. Benign karakterde olan fakat rektum invazyonu gösteren bu olguyu ve ilgili literatürü sunduk.

Anahtar kelimeler: teratom, rektum, invazyon