CASE

- 22 YOF G2P1 SVD
- US: LARGE COMPLEX OVARIAN MASS WITH NODULAR COMPONENT
- LFU; ADMITTED TO ER WITH SEVERE ABDOMINOPELVIC PAIN
- EXPLOR LAP
- LARGE CYST FILLED ABDOM/PELVIS
- RUPTURED AT REMOVAL & SPILLED 7500 cc INTO PELVIC CAVITY

GROSS EXAM: SAMPLE, SAMPLE, SAMPLE

- RUPTURED TUMOR MEASURED 17.0 x 16.3 x 4 cm
- PAUCILOCULAR TUMOR (white arrows & ellipse)
- SPONGY MURAL NODULE 4.0 x 2.5 x 1.5 cm (black arrows)

CUT THRU EVERY LOCULE AND SAMPLE ANYTHING THAT ‘LOOKS DIFFERENT’
MUCINOUS BORDERLINE TUMOR WITH FOCAL ‘BORDERLINE’ MICROINVASION IN A 22 YO POSTPARTUM PATIENT

22 YO F WITH MBOT AND MIV MBOT
MBOT WITH MIV

MBOT WITH MICROINVASION
VS MICROINVASIVE CARCINOMA

FAQ: WHAT ARE THE TYPES OF “MICROINVASION” IN MBOTs?
OVARIAN MUCINOUS CYSTADENOMA, ‘GI’ TYPE

MUCINOUS BORDERLINE OVARIAN TUMOR
LOADING DOCK SCALE 102 LBS

30 YOF

MUCINOUS BORDERLINE OVARIAN TUMOR 30 YOF
MUCINOUS BORDERLINE OVARIAN TUMOR 30 YOF

MUCINOUS BORDERLINE OVARIAN TUMOR WITH FOCAL INTRAEPITHELIAL CARCINOMA 30 YOF

MUCINOUS BORDERLINE TUMOR (UPPER VILLUS) AND INTRAEPITHELIAL CARCINOMA (LOWER VILLUS)
MUCINOUS BORDERLINE TUMOR W/ INTRAEPITHELIAL CARCINOMA 16 YOF

BORDERLINE OVARIAN TUMORS, GI (L) AND ‘SEROMUCINOUS’ TYPES

SEROMUCINOUS OVARIAN BORDERLINE TUMOR (MULLERIAN “ENDOCERVICAL” TYPE)
Immunohistochemical Findings of a Panel of IHC Markers in OMNs and Metastatic Colorectal Adenocarcinomas in the Ovary. Lin X et al.

(Well Differentiated Ovarian Mucinous Adenocarcinoma)
UNICYSTIC MUCINOUS ADENOCARCINOMA OF THE OVARY

49 YOF UNILOCULAR RIGHT OVARIAN CYST

HOW OFTEN ARE PRIMARY OVARIAN MUCINOUS TUMORS BILATERAL?
• RARELY!
• CLX CASE: 54 YOF
• BILATERAL OVARIAN TUMORS EACH ~1.2 KG
• CONSULT: 7 MBOTs
• PRIOR PANCREATIC RESECTION FOR 8 CM CYSTIC INTRADUCTAL PAPILLARY NEOPLASM AND 2 MM OF CYST WALL INVASION

MET COLON CA TO OV

• PRIOR RESECTION OF 8 CM CYSTIC INTRADUCTAL PAPILLARY NEOPLASM AND 2 MM OF CYST WALL INVASION

 How often are primary ovarian mucinous tumors bilateral?

• Rarely!
• CLX case: 54 YOF
• Bilateral ovarian tumors each ~1.2 kg
• Consult: 7 MBOTs
• Prior pancreatic resection for 8 cm cystic intraductal papillary neoplasm and 2 mm of cyst wall invasion

MET COLON CA TO OV

• Prior resection of 8 cm cystic intraductal papillary neoplasm and 2 mm of cyst wall invasion
UNILATERAL OVARIAN MUCINOUS TUMOR IN A 68 YOF

METASTATIC COLON CA TO OVARY SIMULATING PRIMARY MUCINOUS TUMOR

“ENDOMETRIOID” CARCINOMA OF THE COLON
**COLON ADENOCARCINOMA WITH CLEAR CELL CHANGE**


**“PSEUDOMYXOMA PERITONEI” PRIMARY APPENDICEAL MUCINOUS TUMOR WITH OVARIAN AND OMENTAL METASTASES**

**APPENDICEAL ‘MUCOCLE’ (arch.) CONTAINING ‘GLAIRY’ MUCUS**
PRIMARY APPENDICEAL MUCINOUS TUMOR WITH METASTASES TO RIGHT OVARY

OVARIAN METASTASIS FROM APPENDICEAL PRIMARY LAMN
PMP DERIVED FROM LAMN

HOW TO PSIGN OUT
PSEUDOMYXOMA
PERITONEI

• MUCINOUS ASCITES
• ORGANIZING MUCINOUS ASCITES
• DISSECTING MUCIN WITH FIBROSIS

CLASSIFICATION OF PMP
MUCIN WITHOUT EPITHELIAL CELLS:
ACELLULAR MUCIN
MUCINOUS ASCITES, PERITONEUM

ACELLULAR MUCIN

ORGANIZING MUCIN, PERITONEUM

CLASSIFICATION OF PMP

PMP WITH LOW GRADE HISTOLOGIC FEATURES:

LOW GRADE MUC CA PERITONEI

OR

DISSEMINATED PERITONEAL ADENOMUCINOSIS
LOW GRADE PERITONEAL MUCINOUS NEOPLASIA

How pseudocellular is the pseudomyxoma?

Dissecting mucin with fibrosis, peritoneum
CLASSIFICATION OF PMP

PMP WITH HIGH GRADE HISTOLOGIC FEATURES:

HIGH GRADE MUCINOUS CARCINOMA PERITONEI OR PERITONEAL MUCINOUS CARCINOMATOSIS

INVASIVE ADENOCARCINOMA APPX AND PERITONEUM

CLASSIFICATION OF PMP

PMP WITH SIGNET RING CELLS:

HIGH GRADE MUC CA PERITONEI WITH SIG RING CELLS OR PERITONEAL MUCINOUS CARCINOMATOSIS WITH SIG RING CELLS
PERITONEAL COLLOID CARCINOMA: NOT PSEUDOMYXOMA PERITONEI!