

# Rare case of an adult granulosa cell tumor in a young girl: A case report

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## ABSTRACT

**Introduction:** Ovarian granulosa cell tumors are rare gynaecological cancer that arises from the sex-cord stromal cells of the ovary and represents 2% to 3% of all ovarian cancer. The adult type is the most common type and usually occurs during the perimenopausal period while the juvenile type mostly affects young women. **Case Description:** A 29-year-old woman, sexually naive, presented with a four-month history of progressive abdominal distension associated with reduced effort tolerance and orthopnea for one week. She had a history of irregular menstruation since 18 years of age. Physical examination revealed a grossly distended abdomen without tenderness. The Computed Tomography of the Thorax, Abdomen, and Pelvis reported a large cystic mass occupying the whole entire abdomen and false pelvis measuring 22.3 x 30.8 x 35.2 cm in size, likely arising from the right ovary. The left Fallopian tube and ovary were normal with free fluid seen within the pelvis and right iliac fossa. During exploratory laparotomy, there was 50 cc of turbid straw-colored ascites fluid with 30 x 30 cm right ovarian cyst. Right salpingo-oophorectomy was done. The histopathological examination reported an adult granulosa cell tumor of the right ovary. **Discussion:** Most adult granulosa cell tumors (AGCT) follow a benign course and surgery is the primary treatment. Stage 1 is the most common presentation and surgery is mostly curative as in this case. A female patient presenting with irregular menstruation and progressive distension of the abdomen should raise suspicion about the possibility of AGCT and needs immediate surgical treatment.

# Management of pregnancy of unknown location (PUL): Validation of M6p protocol

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## ABSTRACT

**Introduction:** The main challenge in the management of pregnancy of unknown location (PUL) is differentiating ectopic pregnancy (EP) from other form of pregnancies; the intrauterine pregnancy and failed PUL (fPUL). Numerous methodologies had been investigated and the best to date is the M6 protocol, a logistic regression model based of hCG ratio which classify the PUL into low and high-risk cases, allowing appropriate monitoring plan. This study aims to confirm the validity of M6p protocol in our centre and compare the M6p monitoring protocol with the standard practice in PUL management. **Methodology:** The M6p (M6 using hCG ratio without serum progesterone) was retrospectively applied to 71 cases of PUL managed in 2021. **Results:** The analysis showed 9.9% of the cases were EP while fPUL made up of 56%. M6p protocol could retrospectively identified EP with 100% sensitivity. The sensitivity and negative predictive value for fPUL was modest at 60.0% and 54.3% respectively. Using M6p model, 30.6% and 45.7% of the low and high-risk cases respectively, did not receive appropriate follow up. **Conclusion:** M6p protocol could safely classified PUL into appropriate risk groups, thus allowing optimal follow up and management.