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SURGICAL MANAGEMENT OF A GIANT RETROPERITONEAL GRANULOSA CELL TUMOR IN AN ELDERLY PATIENT WITH COMPLEX COMORBIDITIES

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Relevance. Primary retroperitoneal granulosa cell tumors (GCTs) are exceptionally rare, particularly in patients with prior bilateral oophorectomy. The absence of ovaries creates diagnostic confusion, and these tumors often mimic benign cystic lesions, delaying definitive diagnosis and surgical management.

Aim: To present a case of a giant retroperitoneal GCT in a post-oophorectomy patient with complex comorbidities and to discuss diagnostic challenges, surgical strategy, and the importance of long-term surveillance.

Materials and methods. A 69-year-old woman with prior hysterectomy and bilateral oophorectomy (25 years prior) presented with abdominal distension and indigestion. Imaging revealed a large retroperitoneal cystic mass (142×193×130 mm) and an adjacent para-aortic solid component. Tumor markers were normal. Surgical excision was performed via laparoscopic drainage followed by Pfannenstiel laparotomy.

Results and their discussion. Intraoperatively, a 250×250 mm retroperitoneal cystic mass was identified, drained, and completely excised. Pathohistological examination with immunohistochemistry confirmed a granulosa cell tumor (WT1+, CD99+, Ki-67 5%). The patient's history of bilateral oophorectomy confirmed extra-gonadal origin. Despite multiple comorbidities (obesity, ischemic heart disease, type 2 diabetes, and life-threatening allergies to six drug classes), the patient had an uneventful recovery. Long-term surveillance was instituted due to GCT's propensity for late recurrence.

Conclusions. Extra-gonadal GCTs should be considered in the differential diagnosis of retroperitoneal masses, even in post-oophorectomy patients. Complete surgical excision is both diagnostic and curative. Long-term follow-up is essential due to risk of late recurrence. Multidisciplinary perioperative planning is critical in patients with complex comorbidities.