

Ovarian cystadenofibroma

- relatively uncommon benign epithelial ovarian tumour where the fibrous stroma remains a dominant component of the neoplasm. As a group they are thought to represent ~1.7 % of all benign ovarian tumours ³.
- **Pathology**
- Although generally classified as an epithelial tumour, a cystadenofibroma contains both epithelial and stromal components.
- Recognised histological sub types include ^{3,5}
- serous cystadenofibroma of the ovary
- mucinous cystadenofibroma of the ovary
- endometrioid cystadenofibroma of the ovary
- clear cell cystadenofibroma of the ovary
- mixed cystadenofibroma of the ovary
- **Lesions can be bilateral in ~15% of cases.**

Prognosis

- Generally tend to be benign tumors.
- Although the degree of epithelial proliferation and its relation to the stromal component of the tumour can be used for their classification as benign, borderline or malignant ⁵.

US

- Almost all cystadenofibromas are predominantly cystic on ultrasound with septations seen in ~30% of cases.
- Papillary projections or solid nodules have been sonographically seen in just over 1/2 of cases.
- Vascularisation can be present in just under 1/2 of cases with typical pattern of peripheral vascularisation with scattered vessels of high blood flow impedance

MRI

- Can have either a pure cystic or complex cystic pattern with the solid components having a nodular or trabecular pattern ³.
- Reported signal characteristics in general include
- **T2:** due to the stromal components the fibrous septa often have low signal while the cystic components can have high signal; this may give a "black sponge" like appearance ⁷.
- **T1 C+ (Gd):** septated component may show moderate enhancement



