

Ovarian fibroma/fibrothecoma

Patient Information Series – What you should know, what you should ask.

What is ovarian fibroma/fibrothecoma?

Ovarian fibroma/fibrothecoma refers to benign solid tumors that originate from the stromal component of the ovaries, essentially the 'skeleton' of the ovaries. They constitute approximately 6% of all primary ovarian tumors, with the average age at diagnosis being 48 years. While ovarian fibromas typically manifest around this age, they can also occur in younger patients, particularly when associated with rare genetic syndromes such as Gorlin, Maffucci, and Sotos. The size of the lesions is variable from few mm to 20-30 cm.

Are there any symptoms?

Patients with ovarian fibroma/fibrothecoma are typically asymptomatic, and the condition is often incidentally discovered during routine gynecological examinations. In rare instances, ovarian fibromas may present with Meigs syndrome, characterized by the triad of ovarian fibroma, ascites, and pleural effusion. In such cases, patients may experience symptoms such as abdominal distension, bloating, and shortness of breath.

How is it diagnosed?

Diagnosing ovarian fibromas and fibrothecomas typically occurs incidentally during routine gynecological examinations. The imaging method of choice for diagnosis is transvaginal ultrasound eventually completed by transabdominal approach in case of big lesions and if the ultrasound examiner is expert no further exams are needed. In some cases, your gynecologist may recommend additional tests, including blood tests such as serum CA125, as well as imaging studies like CT scans or MRIs. Alternatively, they might refer you to seek an expert second opinion.

What is the treatment for this condition?

If the diagnosis is clear, conservative treatment with regular ultrasound examinations is feasible, with the timing determined by your doctor. However, if the diagnosis is uncertain—particularly in cases where fibromas present with Meigs syndrome, if the mass is sizable, or if the patient is symptomatic, surgery may be recommended. In such instances, your doctor will discuss with you the kind of surgery you should undergo, depending on your age, childbearing desire and characteristics of the ovarian lesion.

Which is the prognosis?

As the condition is benign, the prognosis is excellent, and the recurrence rate is low. Meigs syndrome typically regresses after the surgical removal of the mass. After treatment, it is advisable for the patient to resume routine gynecological examinations.

Ovarian fibroma/fibrothecoma

Patient Information Series – What you should know, what you should ask.

What other questions should I ask?

- What is the recommended treatment for my condition? Is surgery necessary?
- Do I need further tests after the treatment?
- After surgery should I undergo follow-up examinations?

Last updated January 2024