

CASE REPORT

OVARIAN CALCIFICATION MIMICKING VESICLE CALCULUS

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INTRODUCTION: Calcification in ovary is usually dystrophic in nature, forming secondary to degeneration of the epithelium or in association with areas of necrosis. It may occur in cases of endometriosis^[1] or in some ovarian tumor eg. Fibro thecoma ^[2], Brenner's tumor^[3], cavernous hemangioma^[4] etc. Benign unilateral densely calcified ovary without any association with tumor or endometriosis has not been reported previously. We report a case of heavily calcified left ovary which mimicked as vesicle calculus on X- ray leading to confusion in diagnosis.

CASE REPORT: A 65 years old female came with complaint of something coming out of vagina, pain in back . She had to deposit the mass before micturition. On examination it was 3rd degree uterovaginal descent with cystocele and rectocele. Blood investigations including serum calcium, inorganic phosphate and serum parathyroid hormone level were within normal limit. Ultrasonography showed cholelithiasis and bilateral mild hydroureteronephrosis.

Abdominal x-ray was done for low back pain which reported severe osteoporosis and dense radio opaque shadow of size 4cmsx3cms in left hemipelvis possibly suggestive of vesical calculus (Figure 1). After consultation with urologist, patient was planned for vaginal hysterectomy with cystoscopy followed by cystolithotripsy. During surgery, after completion of vaginal hysterectomy, we tried to palpate the stone in the urinary bladder but could not palpate. On further examination, hard stone was felt posteriorly in peritoneal cavity and was brought out through introitus. The stone was attached with vascular pedicle (Figure 2) on further exploration it was confirmed that it was calcified left ovary with ovarian pedicle attached to it. There was no other mass associated with this finding. Pedicle was doubly ligated and calcified ovary was removed. Procedure concluded with pelvic floor repair. Histopathology report showed heavy calcification with necrotic stroma.

DISCUSSION: Small calcification 1-3 mm is frequent finding in ultrasonography and usually benign in nature ^[5]. Larger calcification 5-13 mm also usually have benign course if associated mass lesion is excluded in imaging and probably may not need prolonged followup ^[5]. Larger calcifications may be associated with many type of ovarian tumor and chocolate cyst of

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endometriosis. Cystadenocarcinoma of ovary and dermoid cyst of ovaries are the most common tumor associated with calcification^[5]. Dense calcification have also been described in cases of fibrothecoma ^[2], Brenner's tumor^[3], cavernous hemangioma of ovary^[4]. Benign chocolate cyst of ovarian endometriosis may develop dense stone like calcification due to osseous metaplasia ^[1]. In, all of the above cases patients are symptomatic due to ovarian tumor or endometriosis.

Although there is report of bilateral benign calcified ovaries in literature ^[6], this type of unilateral calcification without any association with tumor or endometriosis has not been reported. It was mistaken with bladder stone due to USG showing bilateral hydronephrosis and X-ray pelvic calculus. This type of asymptomatic ovarian calculus has been reported in children following torsion of ovary leading to necrosis and calcium deposit followed by autoamputation of ovary known as wandering ovary ^[7].

To summarize we are reporting a calcified ovary which initially confused with bladder stone.

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Figure 1: X-ray showing dense radio opaque shadow in left hemi pelvis reported as a vesicle calculus



Figure 2: Calcified ovary attached with vascular pedicle.