

# A Rare Case of Late Metastatic Disease from Granulosa Cell Tumor as a Solitary Hepatic Mass

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## Case Presentation

A 53-year-old female with a past medical history of bilateral granulosa cell tumor of the ovaries treated with bilateral salpingo-oophorectomy in 2009, GERD, and hepatitis C presented to the emergency department with lower abdominal pain and occasional hematochezia in early 2021. Advanced imaging of the abdomen and pelvis revealed a 4.3 x 3.7 cm exophytic mass in the right lobe of the liver. A CT-guided biopsy was performed, and pathology results showed that the tumor was positive for inhibin and focally positive for calretinin. The metastatic lesion was treated with microwave ablation. Unfortunately, recent MRI findings demonstrated new mass-like/nodular enhancement that was suggestive of disease progression.

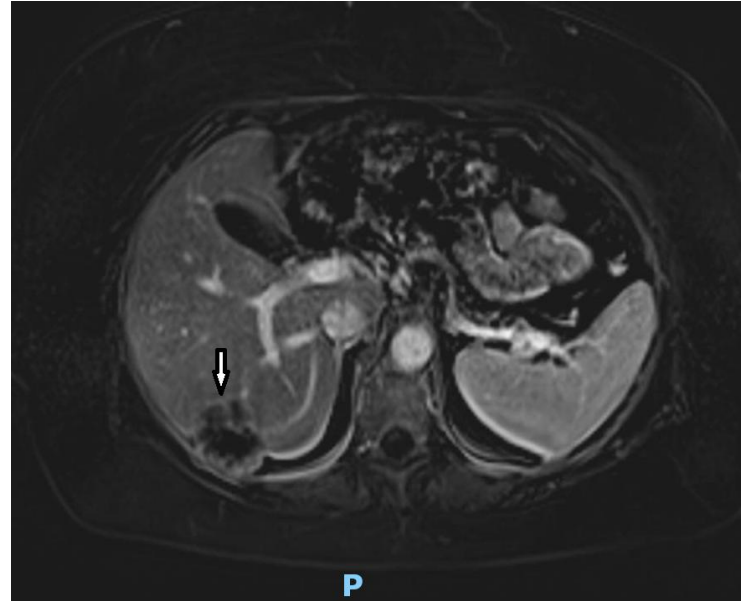


Figure 1: MRI revealing exophytic mass in the liver

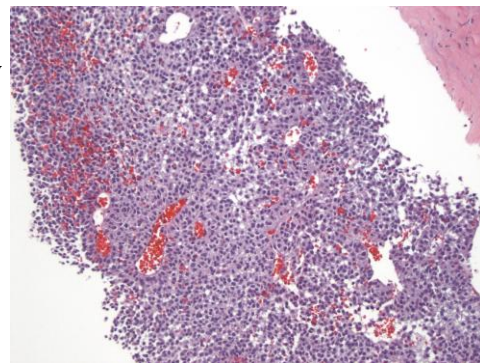


Figure 2: GCT at 10x

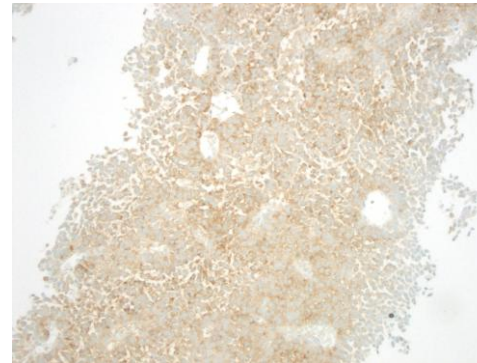


Figure 3: Inhibin stain at 10x

## Discussion

- GCTs are a rare subtype of sex-cord stromal tumor that are primarily diagnosed as primary ovarian neoplasms
- Metastatic disease can occur at distant sites and greater than 10 years after diagnosis and surgical resection of the primary tumor
- Inhibin, a protein known to be produced by GCT, can be used to identify metastatic disease

## Conclusion

- Metastatic disease from GCT can occur >10 years after surgical resection
- Importance of recognizing the risk of late metastatic disease from GCT even after apparent definitive surgical resection

## References

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