



A Rare Presentation - Adult Granulosa Cell Tumor of Ovary With Bony Metastasis

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INTRODUCTION

Granulosa cell tumors (GCTs) make up about 5% of ovarian tumors and usually carry a favorable prognosis. While most are diagnosed early, up to 25% relapse after long disease-free intervals. Prognosis depends on stage, mitotic activity, and nuclear atypia, with 10-year survival rates of 75–90%. Recurrence typically occurs in the pelvis, whereas distant metastases, particularly to bone, are rare. This case highlights a late bony recurrence of GCT after long-term remission.

CASE PRESENTATION

INITIAL PRESENTATION JAN 2023

51-year-old female with prior left oophorectomy (2001) for granulosa cell tumor, presenting with right leg pain and gluteal mass. CT (Jan 2023): 11 cm right pelvic mass with iliac bone erosion and lung nodules.

BIOPSY JAN 2023

Recurrent granulosa cell tumor, Inhibin+ Ki-67+.

STAGING – FEB 2023

PET/CT (Feb 2023): FDG-avid right iliac lesion (SUV 5.5) with muscle infiltration and lung metastases.

CHEMOTHERAPY FEB–DEC’ 23

Started Paclitaxel + Carboplatin (Feb 2023): Progressive response to stable disease; stopped after allergic reaction post–Cycle 13.

POST-CHEMO – MAR 2024

HRCT (16 Feb): Stable lung nodules. PET/CT (22 Mar): Stable right iliac lesion.

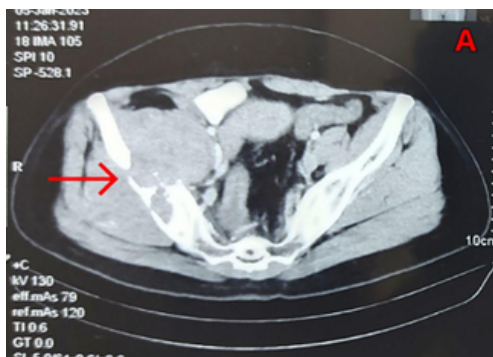
RADIATION – MAY–JUN 2024

IMRT 30 Fr (1 May–8 Jun) to right iliac region at AKUH.

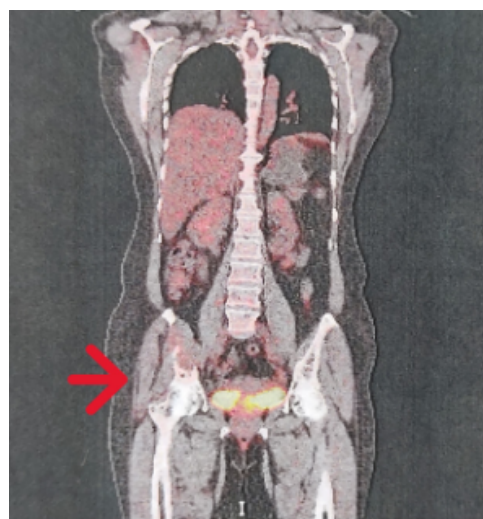
FOLLOW-UP – SEP 2024 → MAR 2025

PET/CT (Sep 2024 & Mar 2025): No new uptake, stable disease. Patient asymptomatic → on 6-monthly surveillance.

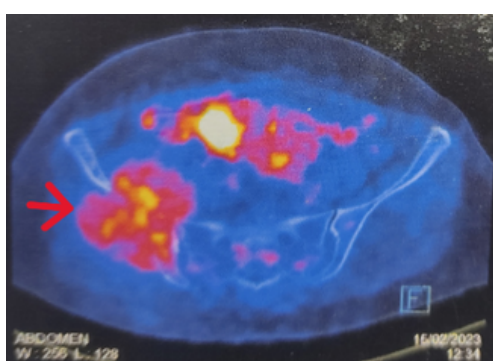
RADIOLOGY



Baseline CT (Jan'23)



Follow-up PET/CT (Mar 2024) – Stable right iliac deposit



PET/CT (Feb 2023) – metabolic activity

CONCLUSION

- Rare bony metastasis in an otherwise indolent ovarian GCT.
- Diagnosis requires multimodal imaging and histopathology.
- Managed with multidisciplinary therapy