

like we did, or employ predefined communication strategies on breaking bad news. One example of these frameworks is the SPIKES protocol: an acronym that details consideration of the Setting, Perception, Invitation, Knowledge, Empathy and Summary. Such protocols have been cited to improve clinicians confidence in breaking bad news and improve patient involvement in the decision-making process. However, effective communication must allow for deviations from the sequence to allow patient expression of emotions, rather than a strict focus on the process of breaking bad news. In addition, breaking bad news should not be seen as a singular event. As seen in our case, the revelation of the diagnosis can ‘numb’ the patients and hence require follow-up sessions to debrief and chart a care plan.

### 33. Case Report: Unusual Etiology of Anterior Vaginal Mass

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**Background:** Benign vaginal masses are relatively uncommon in adults, with an estimated incidence of 1.6% in an adult urogynecologic surgical population, and the incidence in adolescents is unknown. The most common midline anterior vaginal wall mass is a urethral diverticulum, but the differential diagnosis of anterolateral wall masses is broad and includes cysts of embryonic origin (Mullerian cysts, Gartner’s duct cysts), Skene’s duct cysts, epithelial inclusion cysts, endometriosis, leiomyoma, fibroma, and lipoma. We present a case of anterior vaginal wall mass due to a previously unreported etiology.

**Case:** Our patient is a 17 year-old nonbinary person with a history of chronic pelvic pain. Surgical history includes cystoscopy with bilateral injection of Deflux in 2018 for vesicoureteral reflux (VUR). They presented for LNG-IUD insertion under sedation and examination revealed a firm, smooth 1 cm nodule palpable in the midline anterior vaginal wall which was unable to be visualized on speculum exam. The remainder of the pelvic exam was typical and pelvic ultrasound showed a typical uterine shape without evidence of pelvic mass. Given its location in the anterior vagina, initial suspicion was for urethral diverticulum, thus the patient was referred to urology for consultation. The patient has a history of chronic dysuria and perineal pain, but no typical urinary symptoms of urethral diverticulum. Urology performed cystoscopy and examination under anesthesia in coordination with gynecology, which revealed mound-like prominences of both ureteral orifices consistent with prior bilateral Deflux injection. Digital manipulation of the vaginal mass during cystoscopy correlated with movement of the mounds of Deflux material.

**Comments:** Benign vaginal masses are rare and poorly understood, especially in the adolescent population. A vaginal mass due to injection of Deflux material has not been previously reported. Injection of Deflux, a bulking agent composed of dextranomer microspheres suspended in hyaluronic acid, is an endoscopic method of correcting VUR. Compared to ureteral reimplantation, Deflux injection is safer and has few reported serious complications. Calcification of Deflux material can occur as early as 3 years following injection and may mimic a ureteral stone on imaging; there have otherwise been no reported long-term sequelae of calcification. The incidence of a palpable vaginal mass in patients with a history of Deflux injection may increase as this technique becomes more common and should be included in the differential diagnosis of vaginal mass in patients with a history of VUR.

Supporting Figures or Tables

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### 34. Atypical Presentation of Granulosa Cell Tumor in an Adolescent: A Case Report

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**Background:** Granulosa cell tumors are rare, accounting for approximately 1-2% of all ovarian tumors across age groups and 10-20% of ovarian tumors in the pediatric population. Both juvenile- and adult-type granulosa cell tumors typically induce a hyperestrogenic state that may present as precocious puberty in the prepubertal female or as abnormal uterine bleeding in the postpubertal female. These tumors also often secrete elevated levels of inhibin B, which can be used to aid in diagnosis and in following clinical response to treatment. Here, we report an unusual presentation of adult-type granulosa cell tumor in a 14-year-old female with hyperandrogenism and a mild but persistent elevation in alpha-fetoprotein (AFP). The objective is to review an atypical presentation of a granulosa cell tumor in an adolescent.

**Case:** A 14-year-old Caucasian female with a history of obesity, clinical hyperandrogenism, and secondary amenorrhea, presented with severe abdominal pain. She was found to have a 16 × 13 × 8 cm right ovarian mass that was largely cystic but had subtle nodularity on imaging. Laboratory evaluation (Table 1) revealed a mild elevation of AFP (16 ng/mL) and marked elevations in free and total testosterone (33.6 pg/mL and 102.4 ng/dL, respectively). Inhibin B and estradiol levels were normal (61 pg/mL and 29.9 pg/mL, respectively). After multidisciplinary review by pediatric subspecialists including Gynecology, Oncology, Surgery and Radiology, as well as with shared decision making with the family, the patient underwent a diagnostic laparoscopy and exploratory laparotomy with right adnexal detorsion and right oophorectomy. Pelvic washings were negative for malignancy, and pathology evaluation of the ovary revealed an adult-type granulosa cell tumor. Review of intraoperative findings, pathology, and imaging resulted in a diagnosis of FIGO stage IA disease. Based on the diagnosis and disease stage, surveillance imaging alone is planned.

**Comments:** Despite negative classic tumor markers, the index of suspicion for malignancy should be high for any large ovarian mass >10 cm, even in an adolescent. Granulosa cells tumors often result in elevated estrogen levels; however, this case demonstrates that elevated androgen levels should not eliminate concern for a granulosa cell tumor. Similarly, tumor markers can be used to aid in diagnosis but should not be used to rule out malignancy, which can only be definitively diagnosed with histopathologic examination. These factors should be taken into account when planning surgical intervention.

Supporting Figures or Tables

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