

the surgical pathologist to recognize this rare entity and differentiate it from other lesions, particularly tumors of intermediate malignant potential, such as low-grade endometrial stromal sarcoma or endometrioid carcinoma with sex-cordlike features and the highly aggressive adenosarcoma, carcinosarcoma, and metastatic ovarian sex-cord stromal tumor by thorough sampling, use of a proper IHC panel, and awareness of the patient's complete clinical picture. In the future, in tumors with atypical histomorphology, novel molecular markers of sex-cord differentiation, such as forkhead box L2 (FOXL2), splicing factor 1 (SF1), and dicer 1, ribonuclease type III (DICER1) may be used to arrive at a definitive diagnosis and further subclassify the tumor.<sup>33,34</sup>

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