

Figure 1

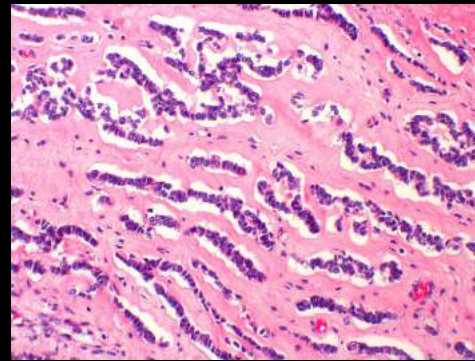


Figure 2

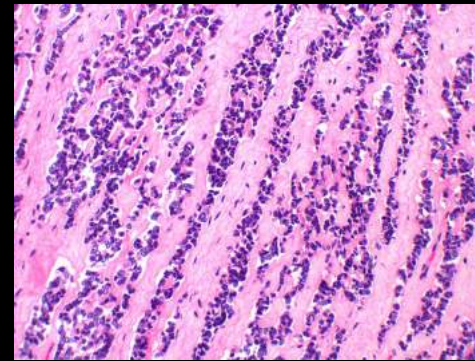


Figure 3

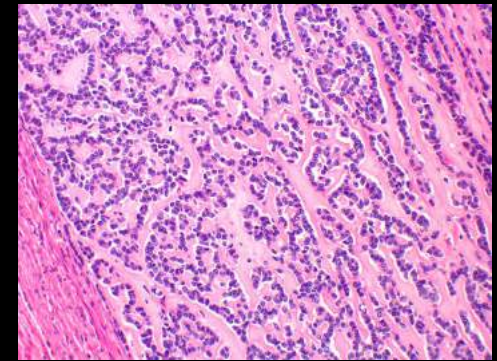


Figure 4

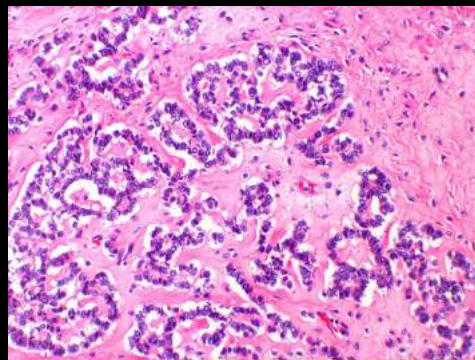


Figure 5

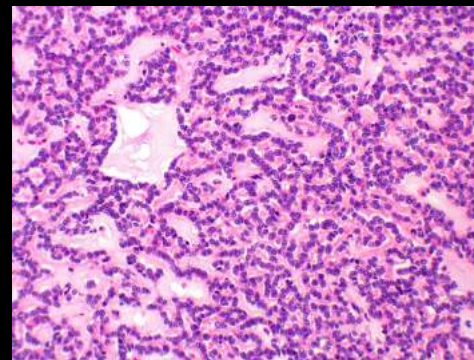


Figure 6

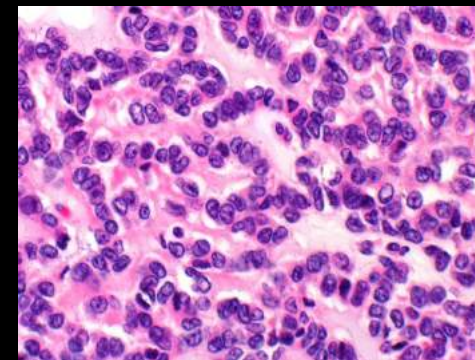


Figure 7

Microscopic Features: Microscopically, the 2.7 cm nodule showed a fairly well-circumscribed and multinodular tumor (Figure 1). It displayed a variety of architectural patterns, including anastomosing cords of 1 to 2 cells wide, broad trabeculae, small nests, micro and macrofollicles, glands, watered silk, gyriform, sertoliform or retiform tubular structures, Call-Exner-like bodies, and diffuse sheets of uniform granulosa cell tumor-like areas. The neoplastic cells were small with round to ovoid nuclei, little nuclear pleomorphism, inconspicuous nucleoli, and scant, indistinct eosinophilic cytoplasm. Rare nuclear grooves were seen (Figure 2 to 7). Mitotic figures and coagulative tumor cell necrosis were not seen. Based on the morphology, the differential diagnoses considered were as follows: sex-cord stromal tumor metastatic to the uterus, epithelioid leiomyoma, endometrial stromal nodule with sex-cord pattern, vascular plexiform leiomyoma, plexiform tumorlet, sertoliform low-grade endometrioid carcinoma, perivascular epithelioid cell tumor, metastatic breast carcinoma, and low-grade neuroendocrine tumor. A battery of immunohistochemical (IHC) stains were performed.