Results
The average age of patients was 40.33 years. The lymphoma. CD-20 and Bcl-2 were expressed in all cases and the Ki67 was higher than 50% in all cases. Tumor cells were negative for the T cell marker CD3. Four cases underwent adnexectomy. An additional small bowel resection was needed for one case. The youngest patient, with bilateral ovarian solid mass, had a left adnexectomy and a conservative treatment on the right ovary. The final histological report was in favor of diffuse large B-cell malignant lymphoma. CD-20 and Bcl-2 were expressed in all cases and the Ki67 was higher than 50% in all cases. Tumor cells were negative for the T cell marker CD3. Four patients received post operative chemotherapy with CHOP regimen and are in total remission. The two other patients are lost to follow-up.

Conclusion
Primary ovarian lymphoma is a rare disease diagnosed generally after surgery using immunohistochemistry. Its treatment is essentially based on chemotherapy.

Introduction/Background
Ovarian mesonephric-like adenocarcinoma (MLA) are rare tumors that can arise from the uterine corpus and the ovary. These tumors share histological features with well-described mesonephric adenocarcinoma (MA) arising in the uterine cervix and vagina. MLA histogenesis is still debated. MA derives from mesonephric ducts remnants of the female genital tract. MLA shares morphologic, immunophenotypic and molecular features with MA nonetheless the association with mesonephric remnants or hyperplasia has yet to be proved. Increased mitotic activity and tumor cell necrosis appear to have an effect on the aggressive nature of this tumor.

Methodology
The objective is to report a case of MLA and its treatment.

Results
The patient is a 54 years old female who presented with postmenopausal bleeding associated to a preoperative diagnosis of atypical hyperplasia. A laparoscopic hysterectomy and bilateral salpingo-oophorectomy was performed with no complications. Final pathology report was notable for a MLA of the left ovary. No affection was found in the uterus nor in the contralateral ovary. Due to this finding, complete surgical staging was performed and no pathological affection was reported in the paraaortic lymph nodes, pelvic lymph nodes, omentum, peri-colic gutter biopsies, splenic or hepatic diaphragm biopsies. The patient was staged as an ovarian cancer FIGO IA. Post operative Positron Emission Tomography showed no evidence of hypermetabolic metastatic disease, 4 cycles of adyuvant chemotherapy with carboplatin and liposomal doxorubicin were administered. The patient is currently under surveillance, and has shown no clinical, serological or imaging evidence of relapse.

Conclusion
MLA appears to have a very aggressive nature even in early stages. Due to its rarity, there are no available databases on prognosis on ovarian MLA. The optimal treatment remains unclear.

Introduction/Background
Primary ovarian non-Hodgkin’s lymphoma (NHL) is a rare disease accounting for 0.5% of all NHLs and 1.5% of all malignant ovarian neoplasms. The most common histological subtype is diffuse large B-cell lymphoma.

Methodology
We retrospectively reviewed the clinical records of six patients with primary ovarian lymphoma treated at Salah Azaiez Institute from 2001 to 2021.

Results
The average age of patients was 40.33 years. The main symptoms consisted of pelvic pain and abdominal distension. CA125 tumor marker level was high in one case. The mean tumor size measured with CT scan was 129.7 mm (from 50 to 173). Extraabdominal lymphadenopathies and pleural effusion were found in one case. Two patients had hysterectomy and bilateral salpingi-ooophorectomy. Four cases underwent adnexectomy. An additional small bowel resection was needed for one case. The youngest patient, with bilateral ovarian solid mass, had a left adnexectomy and a conservative treatment on the right ovary. The final histological report was in favor of diffuse large B-cell malignant lymphoma. CD-20 and Bcl-2 were expressed in all cases and the Ki67 was higher than 50% in all cases. Tumor cells were negative for the T cell marker CD3. Four patients received post operative chemotherapy with CHOP regimen and are in total remission. The two other patients are lost to follow-up.

Conclusion
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