**Introduction/Background**
Granulosa-cell tumors (GCTs) are a type of ovarian tumor that accounts for a small percentage of malignant ovarian tumors. They can be classified into adult and juvenile forms, with the adult form being more common. Diagnosis is based on anatomicopathological examination, and GCTs are known for their slow and indolent progression. This study aims to describe the epidemiological, pathological, and clinical features of GCTs and identify prognostic factors to guide treatment decisions.

**Methodology**
This retrospective study included twelve cases of adult GCTs managed at a Gynaecology and Obstetric department in Tunis between January 2007 and December 2015.

**Results**
The average age of the subjects was 45 years, with 86% being non-menopausal women. The main diagnostic circumstances were abdominal pain, vaginal bleeding, and pelvic mass. A pelvic mass was found during the clinical examination in 10 cases. Ultrasound was the most commonly used investigation, revealing a large unilateral solid and cystic mass in 8 out of 12 cases. Magnetic Resonance Imaging (MRI) was also used, showing a solid mass with a cystic component in 7 cases. Hormonal markers, specifically CA125, were measured in only 4 cases. All patients underwent surgery, with one patient undergoing conservative surgery and nine patients undergoing limited staging procedures. Lymphadenectomy was performed in two cases. Intraoperative frozen section analysis was performed in 5 cases, showing discordance with subsequent histopathological examination in one case. Three patients received adjuvant chemotherapy using the BEP (Bleomycin, Etoposide, Cisplatinum) protocol. The median follow-up period was 16.87 months, during which one patient experienced pelvic recurrent disease after 4 years, and one patient died due to the disease.

Conclusion
Granulosa cell tumors have a slow progression and require accurate diagnosis through expert examination. Treatment involves surgery, but there is no consensus on adjuvant therapies.

**Disclosures**
The findings presented in this study are based on a retrospective analysis of clinical data and should be interpreted with caution. Further research and prospective studies are warranted to validate these results and establish more definitive conclusions in the field of granulosa cell tumors.

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**Introduction/Background**
Objective: the objective of our study is to evaluate the place of ultrasound in the diagnosis of ovarian tumors, the contribution of the CA125 ultrasound couple, the place of laparoscopy and the distinction of benign and malignant pathology of the ovary.

**Methodology**
Materials and methods: retrospective study carried out over a period of 18 months and including 42 patients.

**Results**
Out of 42 patients, 8 cases of malignant ovarian tumors and 3 cases of borderline tumors were found: 72.85% of the benign tumors were observed before 40 years of age, 42.85% of the malignant and borderline tumors were observed at an age higher than 40 years. Moreover, 71.41% of malignant tumors were observed in nulliparous women. Nine of our patients were postmenopausal and only two had benign tumors. According to the ultrasound data, 54.42% of the benign tumors were between 8 and 10 cm in size and all malignant tumors were larger than 10 cm. All malignant tumors were larger than 15 cm and 71.42% of them were larger than 20 cm. The CA 125 assay was pathological in 14 cases, 6 of which were indeed malignant. The laparoscopic diagnosis did not miss any malignant tumor. Only two presumed malignant tumors were benign on histology.

**Conclusion**
In ovarian tumors, discrimination between benign and malignant pathologies remains the main objective. None of the above-mentioned means alone can affirm with certainty the nature of an ovarian mass. The combination of these various means makes it possible to select patients requiring special management.

**Disclosures**
The information presented in this study is based on retrospective data and should be interpreted with caution. The findings and conclusions are specific to the study population and may not be generalizable to all cases of ovarian cancer.

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**Introduction/Background**
Borderline ovarian tumors represent 10–15% of all epithelial ovarian tumors. Their prognosis is favourable, with a global survival rate of 95% in the first 5 years. Surgery is the standard management, usually bilateral salpingo-oophorectomy is carried out. Nevertheless, this neoplasm is frequent among young patients with fertility expectations. Because of this, it is common that patients are offered conservative management, consisting of unilateral or bilateral cystectomy and unilateral aneuxectomy.

The use of intraoperative ultrasound has been described in complex gynecological procedures. Conservative management is challenging because it must preserve the ovarian cortex while providing clear oncological margins. The objective is to present a modified technique for intraoperative ultrasound mapping in a young woman with bilateral borderline ovarian tumors in whom conservative management was successfully carried out.

**Methodology**
21 year old female, nulliparous with incidental finding of bilateral ovarian neoplasm and ascites in