

NTP Nonneoplastic Lesion Atlas

Ovary, Paraovarian Tissue – Cyst

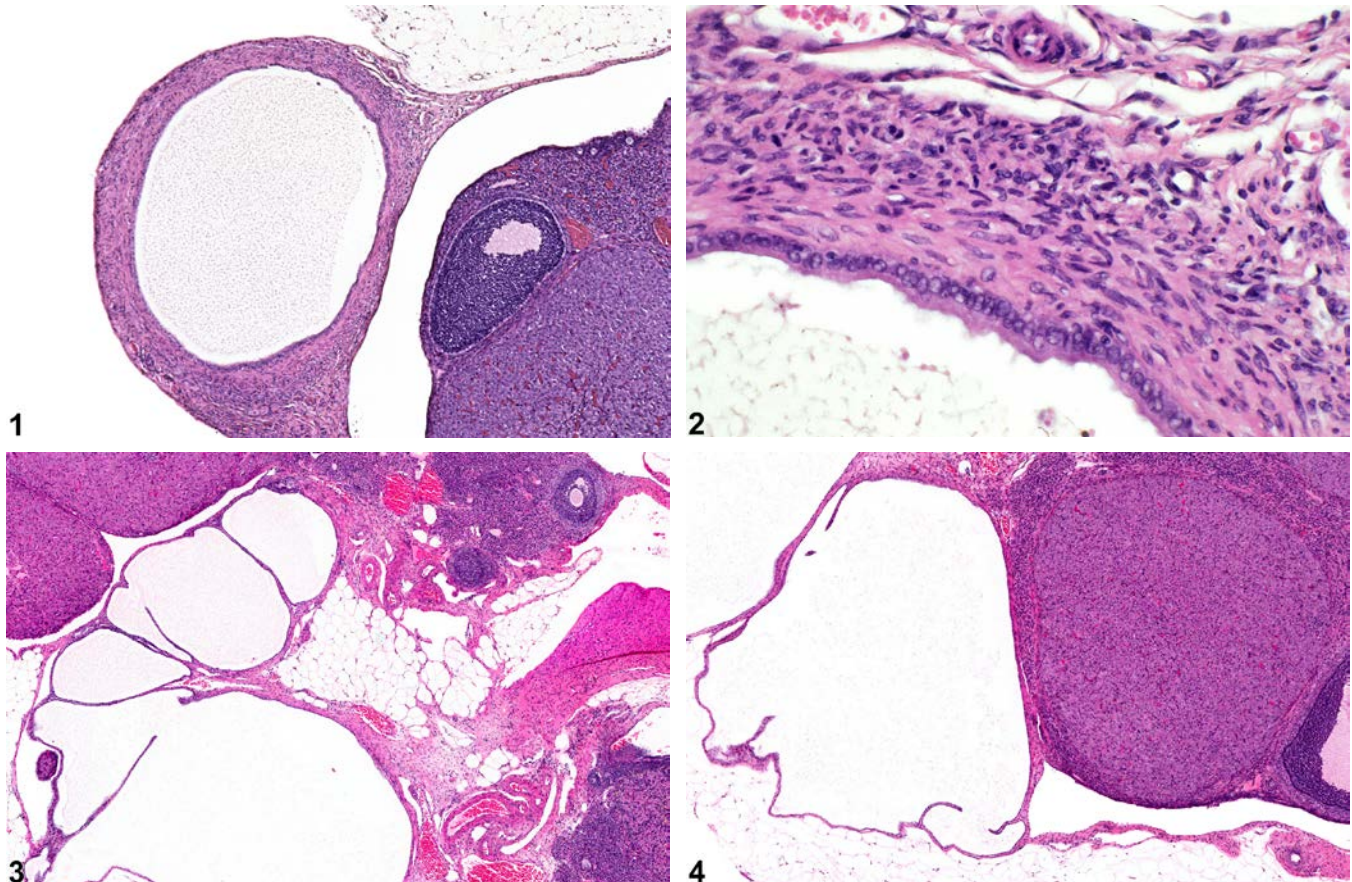


Figure Legend: **Figure 1** Ovary, Paraovarian tissue - Cyst in a female F344/N rat from a subchronic study. There is a large fluid-filled space in the mesovarium. **Figure 2** Ovary, Paraovarian tissue - Cyst in a female F344/N rat from a subchronic study (higher magnification of Figure 1). The cyst is lined by cuboidal to columnar epithelium and surrounded by smooth muscle. **Figure 3** Ovary, Paraovarian tissue - Cyst in a female B6C3F1/N mouse from a subchronic study. Multiple large, fluid-filled spaces are located in the rete ovarii. **Figure 4** Ovary, Paraovarian tissue - Cyst in a female B6C3F1/N mouse from a subchronic study (higher magnification of Figure 3). A large-fluid filled cyst is present in the mesovarium.

Comment: Paraovarian cysts likely arise from vestigial remnants of the mesonephric and paramesonephric ducts. Paraovarian cysts are not connected to the ovary; they are adjacent to the ovary in the mesovarium or mesosalpinx (Figure 1, Figure 2, Figure 3, and Figure 4). Paraovarian cysts



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are lined by flattened, cuboidal or columnar epithelium, and the epithelium may be ciliated. A connection to paraovarian structures in the mesovarium may be seen. The presence of smooth muscle in the wall of the cyst is variable.

Recommendation: Paraovarian cysts should be diagnosed, but cysts occurring as background lesions need not be graded. In the case of paraovarian cysts, the diagnosis should include the type of cyst/location as a modifier (i.e., Ovary, Paraovarian tissue - Cyst). If the cysts are thought to be treatment related, they may be graded to fully characterize the treatment effect. If applicable, the terms “bilateral” and “multiple” may be included in the diagnosis.

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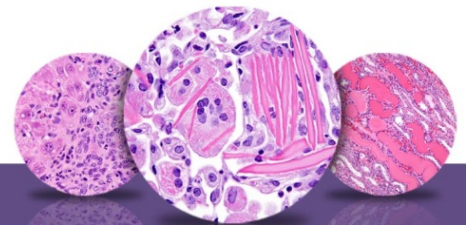
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Authors:

Gabrielle Willson, BVMS, DipRCPath, FRCPath, MRCVS
Senior Pathologist
Experimental Pathology Laboratories, Inc.
Research Triangle Park, NC

Karen Y. Cimon, DVM, MS
Senior Pathologist
Experimental Pathology Laboratories, Inc.
Research Triangle Park, NC