

A CASE REPORT– A MASSIVE ABDOMINAL LUMP-LARGE MULTILOCULATED OVARIAN CYST OF 38*18*22CMS



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Introduction

Ovarian mucinous cystadenoma a multilocular cyst is a benign tumour arising from surface epithelium of the ovary. It tends to be massive in size. Of all ovarian tumours, mucinous tumours comprise 15% of which 80% are benign. These tumors are common in 3rd and 4th decades. As it contains mucinous fluid, its rupture leads to mucinous deposits on the peritoneum (*pseudomyxoma peritonei*). This is a case of a girl with massive mucinous cystadenoma.

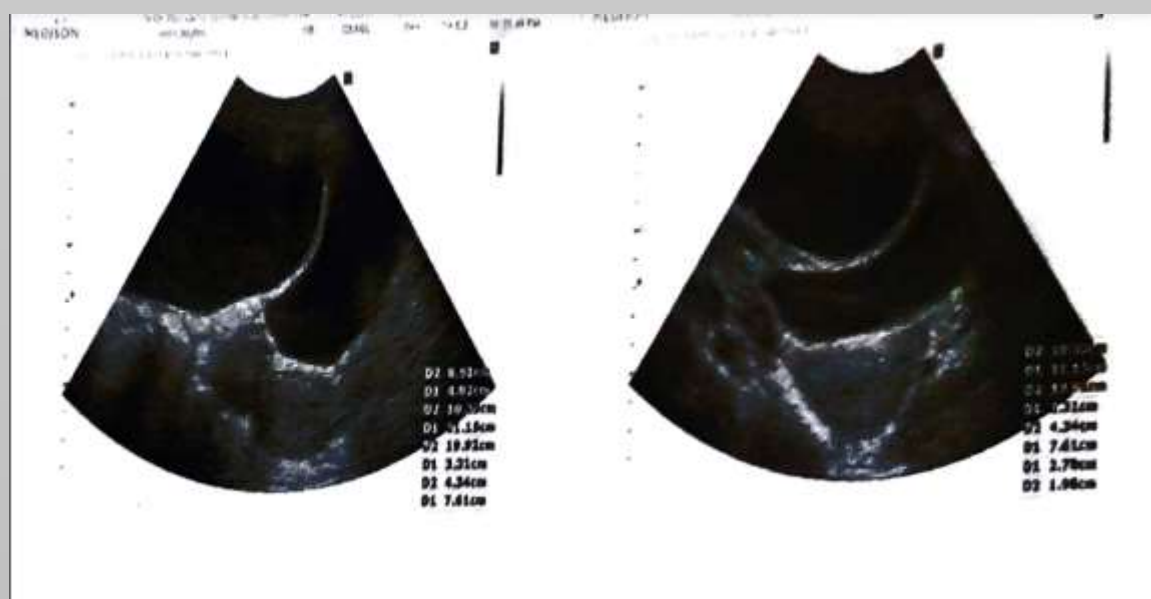
Case Report

A 20yr old female patient presented with complaint of pain in abdomen since 1 yr, progressive abdominal distension since 1 yr, frequent menses since 9 months and USG W/A s/o right complex ovarian cyst of size 38*18*22 cm.

- She was P1L1 with irregular and scanty menstrual cycles
- On clinical examination mild pallor plus.
- Abdominal distension plus, on palpation approx. 34 weeks felt which was mobile, cystic, non tender
- On pervaginum examination cervix posteriorly placed and some mass felt separately from uterus..

Investigations

- Haemoglobin: preop: 11.2 g/dl, blood group B positive.
- USG W/A: Large complex right ovarian cyst of size 38*18*22 cm
- Histopathology report suggestive of simple mucinous right ovarian cyst.



Operative Findings

Patient was taken up for exploratory laparotomy followed by cystectomy after obtaining informed written consent. Emergency laparotomy revealed a large multiloculated cyst adhered to right ovary and fallopian tube.

. Findings.:

- A large cyst seen and upper margin of cyst could not be reached
- Approx 2500 ml of cystic fluid suctioned out
- Approx 10 ml peritoneal fluid suctioned out.
- Multiloculated cysts seen adhered to right ovary and fallopian tube.

Post-operatively, the patient was strictly followed up and shortly patient's condition improved.



Conclusion

Management of ovarian cysts depends on the patient's age, the size of the cyst and its histo-pathological nature. Hence this pathology needs careful follow up because of possibility of recurrence in remaining ovary.

References

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