

CASE REPORT

CASE REPORT: HUGE MUCINOUS CYST ADENOMA OF OVARY

A. Q. Khan¹, M. Rathod², Anirudha Patil³, Gaurav Chamle⁴, Avnish Gill⁵

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ABSTRACT: OBJECTIVES: To report the case of a huge benign ovarian tumour (Mucinous cystadenoma) in MGM medical college, Aurangabad. **Patients:** 19 years old female admitted in surgery. **METHODS:** The information was collected through Clinical examination, Ultrasonography, CT scan, blood investigations & Histopathological study of the specimen. **RESULTS:** The outcome was large ovarian mucinous cystadenoma. **CONCLUSIONS:** This case report gives information that although the condition is extremely rare, it is harmful when it's huge if not diagnosed and managed properly. Though the tumour is huge it is observed that excision of huge benign ovarian tumour gives good quality outcome to the patient.

KEYWORDS: Mucinous cyst adenoma, ovary, salpingo-oophorectomy.

INTRODUCTION: Ovarian mucinous cystadenoma is a benign tumour that arises from the surface epithelium of the ovary. It is a multilocular cyst with smooth outer and inner surfaces. It tends to be huge in size. Of all ovarian tumours, mucinous tumours comprise 15%.^[1,2] About 80% of mucinous tumours are benign, 10% are border-line and 10% are malignant. Although benign ovarian mucinous tumours are rare at the extremities of age, before puberty and after menopause,^[3] they are common between the third and the fifth decades.^[4] The most frequent complications of benign ovarian cysts, in general, are torsion, haemorrhage and rupture. As it contains mucinous fluid, its rupture leads to mucinous deposits on the peritoneum (pseudo-myxoma peritonei).

CASE REPORT: 19 yrs old Mohsina Pathan with IPD no-32590 residing A/p Upli Tq sillod Dist. Aurangabad. came to OPD with c/o pain in abdomen since 15 days, c/o fullness of abdomen since 15 days No h/o Vomiting, fever, burning micturition, constipation, trauma, or any other significant complaints Patient was apparently alright 15 days back to start with she had fullness with pain in abdomen gradual in onset non-radiating diffuse aggravated by doing strenuous exercises and not relieved on medication not associated with fever or vomiting or any other complaints. Her USG (abdo+ pelvis) was multiple cystic masses forming various shape masses all over the abdomen with ascites S/O? Hydatid cysts.

CECT abdo+ pelvis-31X21X14 cm Large multiloculated, multiseptated cystic lesion with multiple mural nodules within involving entire abdominal cavity with compression & displacement of abdominal viscera p/o malignant ovarian mass lesion.

Decision was taken to operate the patient on 10/11/14, Laparotomy was done large cystic mass measuring 31X21X14 cm was seen displacing whole bowel in subhepatic region, the mass was well encapsulated with wall thickness of 5 mm. whole mass was removed intact, patient was comfortable postoperatively and discharged on 3rd postoperative day.17/11/14.

CASE REPORT

Histopath Report s/o Mucinous cystadenoma of left Ovary: The patient had no previous medical diseases or surgical operations. Her menarche commenced at the age of 13 years with subsequent irregular cycles. She denied the use of any medications.

General examination revealed normal vital signs other than a slight tachypnea (Respiratory rate was 24/minute).

Her body weight was 56 kg, her height was --- cm and her abdominal circumference was 127 cm. Secondary sexual characters were evident. On abdominal examination, ill-defined pelvi-abdominal mass was noticed, extended up to xiphisternum, with evident dermal striae.

Our patient & her relatives was counseled and signed informed consent for exploration laparotomy. Under general anaesthesia, an initial midline incision was done where a huge cystic mass was noticed arising from the left ovary. Later on, the incision was extended up, about 3 cm below xiphisternum, to deliver the cystic mass intact without exposed it to the risk of rupture intraperitoneally. The outer surface of the mass was smooth and intact all around without external growths or adhesions. The uterus, right adnexa, and appendix were looking healthy. No ascites or enlarged para-aortic lymph nodes were discovered.

Left salpingo-oophorectomy was performed as the whole ovary was involved in the mass and the left tube was abnormally dilated and adherent to the mass. The size of the tumour was 35X22X16cm with 5.94 kg in weight. Microscopic examination revealed a cyst lined by a single layer of non-ciliated columnar epithelium without stromal invasion. Postoperative recovery was uneventful and the patient was discharged on the 5th postoperative day to be followed-up every 3 months.

DISCUSSION: Huge ovarian tumours have become rare in current surgical practice, as most cases are discovered early during routine check-ups. Detection of ovarian cysts causes considerable worry for women because of fear of malignancy, but fortunately the majority of ovarian cysts are benign. Mucinous cystadenoma is a benign ovarian tumour. It is reported to occur in middle-aged women. It is rare among adolescents ^[5] or in association with pregnancy.^[6] On gross appearance, mucinous tumours are characterized by cysts of variable sizes without surface invasion. Only 10% of primary mucinous cystadenoma is bilateral. In our case, the tumour was unilateral, affecting the left ovary. The cyst was filled with sticky gelatinous fluid rich in glycoprotein. In this case tumour weight was 6 kg.

Histologically, mucinous cystadenoma is lined by tall columnar non-ciliated epithelial cells with apical mucin and basal nuclei. They are classified according to the mucin-producing epithelial cells into three types.^[4] The first two, which are always indistinguishable, include endocervical and intestinal epithelia. The third type is the müllerian, which is typically associated with endometriotic cysts. Our case has epithelium of intestinal-like type as many goblet cells were noticed. Management of ovarian cysts depends on the patient's age, the size of the cyst and its histo-pathological nature.

Conservative surgery as ovarian cystectomy and salpingo-oophorectomy is adequate for benign lesions.^[7] In this patient, left salpingo-oophorectomy was performed as there was no ovarian tissue left and the tube was unhealthy. After surgery, the patient should be followed-up carefully as some tumours recur.^[5] Although the tumour was removed completely and intact with the affected ovary, our patient was given appointments to be reviewed every 3 months for a year.

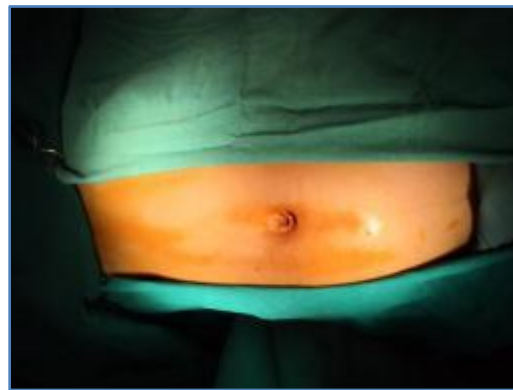
CASE REPORT

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**Mucinous cyst adenoma
With peduncle**



Pre-operative skin pic

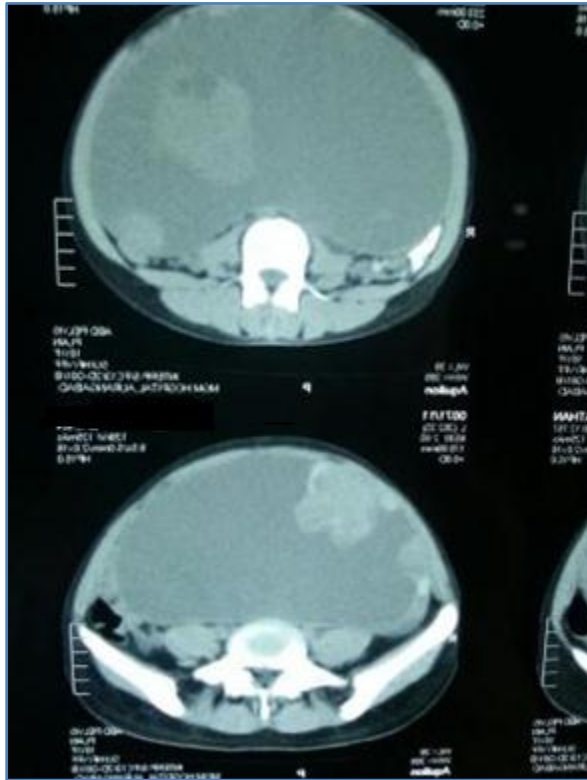


**After incision showing
Intact mucinous cyst adenoma**

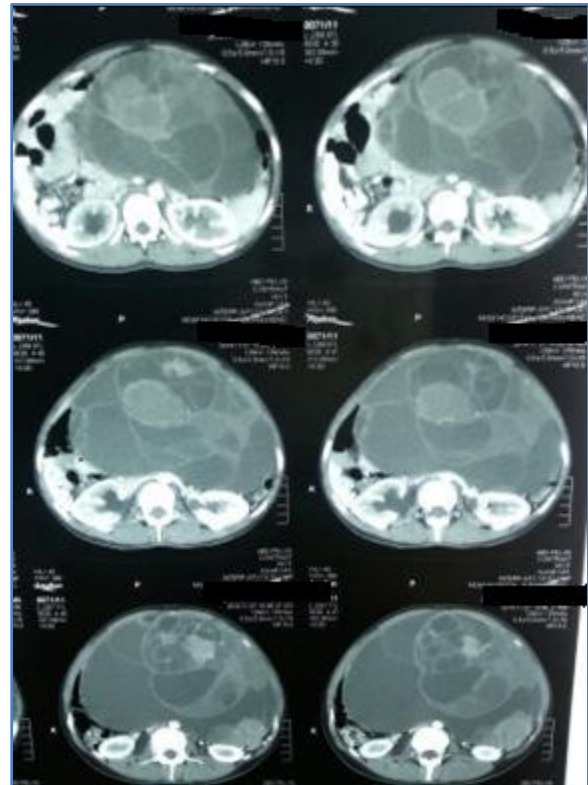


**Mucinous cyst adenoma
wight after removal**

CASE REPORT



CT film showing size of mucinous cyst adenoma



CT film showing huge mucinous cyst adenoma

AUTHORS:

1. A. Q. Khan
2. M. Rathod
3. Anirudha Patil
4. Gaurav Chamle
5. Avnish Gill

PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of General Surgery, MGM Medical College and Hospital, Aurangabad.
2. Assistant Professor, Department of General Surgery, MGM Medical College and Hospital, Aurangabad.
3. Junior Resident, Department of General Surgery, MGM Medical College and Hospital, Aurangabad.
4. Junior Resident, Department of General Surgery, MGM Medical College and Hospital, Aurangabad.

5. Junior Resident, Department of General Surgery, MGM Medical College and Hospital, Aurangabad.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Anirudha Patil,
MGM Resident Hostel,
Aurangabad.
Email: anirudha.patil1887@gmail.com

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