CASE REPORT

Giant cyst adenofibroma of ovary - A case report

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Abstract

Introduction: Giant ovarian cysts have become rare in current medical practice in both developed as well as in developing nations. The definition of giant ovarian cysts has not been well described in the literature. At some places large ovarian cysts can be define as a cyst which is more than 10cm as those more than 10cm in diameter, other defined it as those cyst reaching above the umbilicus.

Various imaging modalities are used in making a diagnosis of ovarian cystsss and tumors. Ultrasonography is used to diagnose in majority of the cases and helps us to differentiate malignancy. Computed tomography and magnetic resonance imaging scans can be used for larger masses and metastatic involvement. Serial measurements of the biomarker CA-125 can be of great help.[8] The choice between laparoscopy and laparotomy, conservative or radical treatments may be difficult and depends on the patient's age, the size of the cyst and its histopathological nature

we present a case of 25 years old Pakistani lady presented with massive abdominal distention, lower abdominal pain from 8 months. Ultrasound showed left ovary 5.7x4.3 cm. Left ovary is enlarged in size, echogenic, on Doppler, flow noted in ovary. Huge sized well defined cystic mass with clear fluid, no solid component seen measuring 19.4x13.4x13.9 cm representing left ovarian cyst adenoma. CA-125 was 13.80 IU/ml (normal range is 2-30.2 IU/ml) while the fitness workup found to be within normal limits. Under general anaesthesia, pfannenstiel incision was given and huge cystic mass was noticed arising from the left ovary and left ovarian cystectomy was done. Post-operative recovery was smooth and uneventful. The patient was discharged on 1st post-operative day.

Keywords: Giant ovarian tumor, serous cyst adenofibroma, ovarian neoplasms

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Introduction:

Giant ovarian cysts have turned out to be rarely reported tumors in medical literature. Early management of the patients in the beginning periods of the condition and availability of better radiological modalitieshave contributed to this diminishment in frequency.[1,2] The huge size tumor may splint the diaphragm and exert mass impact on to adjacent thoraco-abdominal organs including the gastrointestinal, cardiopulmonary and major blood vessels. Expulsion of tumour likewise has considerable risks including intra operative fluid shifts, respiratory failure, orthostatic hypotension and adynamic intestine.[3] Hence, a comprehensive approach to the management of such tumors is essential to negate the secondary effects along with treatment of the primary ovarian tumor.[4]

A case of 25-year-old married woman presenting a giant ovarian serous cyst adenofibroma is presented here.

Case Report:

A 25 years old female married since 5 months, nulliparous was admitted to our department with the massive abdominal distention, lower

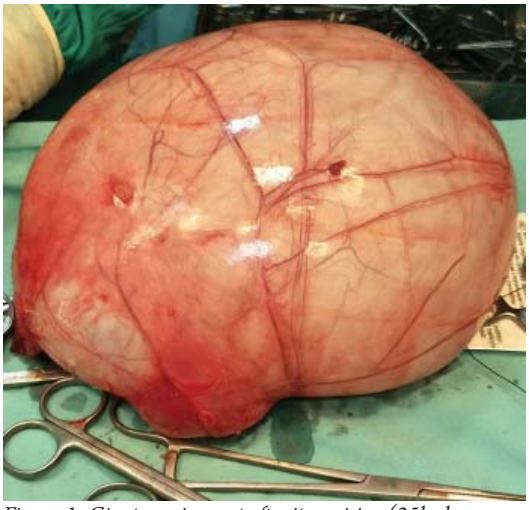

Figure. 1: Giant ovarian cyst after its excision (25kg by weight)

abdominal pain from 8 months. There was no history of previous medical disease, surgery or medication. On general examination, she revealed normal vital signs other than a slight tachypnea. She weighed 95 kilograms and the height was noted as 5'2". On abdominal examination, a huge pelvi-abdominal mass extending upto the xiphisternum was observed. On palpation, the abdomen was cystic tense without tenderness or shifting dullness. Ultrasound showed left ovary 5.7x4.3 cm. Left ovary is enlarged in size, echogenic, on Doppler, flow noted in ovary. Huge sized well defined cystic mass with clear fluid, no solid component seen measuring 19.4x13.4x13.9 cm representing left ovarian cyst adenoma. CA-125 was 13.80 IU/ml (normal range is 2-30.2 IU/ml) while the fitness workup found to be within normal limits.

Patient was counseled regarding surgery, written and informed consent was taken. Under general anesthesia, pfannenstiel incision was given and huge cystic mass was noticed arising from the left ovary and left ovarian cystectomy was done. We delivered the whole cyst intact. The outer surface of the mass was smooth and intact without any adhesions. The size of the tumor was 23x20x15 cm with 25 kg in weight. Histopathology revealed benign serous cyst adenofibroma. Post-operative recovery was smooth and uneventful and the patient was discharged on 1st postoperative day.

Discussion:

Giant ovarian cysts have become rare in current medical practice in both developed and developing nations. The definition of giant ovarian cysts has not been well described in the literature. Some authors define large ovarian cysts as those more than 10cm in diameter, other defined as those reaching above the umbilicus.[5,6] On the basis of cell of origin, ovarian neoplasms are divided into epithelial, stromal and germ cell neoplasms. Ovarian epithelial tumors constitute about half of all the ovarian tumors. Of these, 40% constitute benign tumors and 86% constitute malignant tumors. Benign serous tumors comprise 25% benign ovarian neoplasms and 58% ovarian serous tumors. Depending on the age, 70% serous tumors are benign, about 10% have borderline malignant potential and about 20% are malignant. Serous tumors are bilateral in 10% cases.[7] Various imaging modalities are used in making a diagnosis of ovarian tumors. Ultrasonography is used to diagnose and infer about possible malignancy. Computed tomography and magnetic resonance imaging scans can be used for larger masses and metastatic involvement. Serial measurements of the biomarker CA-125 can be of great help.[8] The choice between laparoscopy and laparotomy, conservative or radical treatments may be difficult and depends on the patient's age, the size of the cyst and its histopathological nature.[9] A major factor that makes the surgeon decide to perform laparotomy is definitely the size of the ovarian cyst.

Conclusion:

There has been no report of an ovarian mass of this weight in our hospital before. Although Giant Ovarian Cysts have been defined differently in literature, it is said that Ovarian cysts more than 10cms are considered as Giant Ovarian cysts. The histopathological variants are Serous and Mucinous. Majority are benign. Diagnosis can usually be made on the basis of the characteristic clinical presentation in conjunction with ultrasound evidence of adnexal mass. The radiological imaging is considered as a paramount in the identification of ovarian cysts and facilitates distinction between benign and suspicious fea-

tures of malignancy. Treatment options are limited to surgery, either by laparoscopy or open depending on the size of ovarian cyst. Reporting such cases helps to increase the suspicion of its possibility and avoid any misdiagnosis or improper treatment and its complications. Complete excision without opening the cyst is the procedure of choice, which we did in our case as we have delivered the whole cyst intact without intraperitoneal rupture and without draining pre or intraoperatively.

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Dr. Muhammad Taha Junaid Khan, collected the data, references and wrote the menuscript

Dr. Sajid Saif, collected the data, references and critically review the article and advised several changes

Dr.Anum Naz, critically review the article and made the fianl changes

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