

## Huge Mucinous cystadenoma of ovary-A Case report

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**Abstract:** Giant benign ovarian tumor of ovary are rare in modern world due to improved technologies and general awareness. We report a case of 60 year old menopausal women with a seven year history of increasing abdominal girth with associated vague abdominal pain. The diagnosis was made by history taking, clinical examination, lab investigation, transabdominal ultrasound examination and by histopathological study of excised surgical specimen. The patient underwent laparotomy and total hysterectomy with b/salpingoovariotomy. Her postoperative course was unremarkable.

The case report emphasizes the significance of thorough evaluation of all women presented with vague abdominal pain. Although the condition is extremely rare, if not timely diagnosed and managed in early stage may lead to operative complications. Recognition and subsequent surgical management of large abdominal mass can be optimized by thoughtful, preoperative evaluation and careful planning of operative approach. With the awareness of such conditions, annual health check up, more and more cases could be detected and reported early.

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### I. Introduction

Ovarian tumor is not a single entity but a complex wide spectrum of neoplasm involving a variety of histological tissues. The most common are the epithelial tumor forming 80% of all tumors. Mucinous tumor represent about 8-10% of epithelial tumor. It is a multilocular cyst with smooth outer and inner surface. Rare at extremity before puberty and after menopause. Common b/w 3rd and 5th decade. 80% are benign, 10% borderline malignant, 8-10% malignant [1]. They may reach enormous size filling the entire abdominal cavity [2,3]. The most frequent complication of benign ovarian cyst in general is torsion hemorrhage and rupture [1]. This case report present a rare case of huge mucinous cystadenoma of ovary.

### II. Case report.

A 60 year old para 4 menopausal women attended our hospital in OPD with vague abdominal pain and mass in abdomen for past 6 years. There was no other complaint. Menopause occurred 5 years back. General examination revealed normal vital signs. On examination huge pelviabdominal mass was felt per abdomen from symphysis pubis to xiphisternum (term pregnancy size). The mass was smooth, non-tender, non-mobile 30\*20 cm occupying whole abdomen making skin thin and veins quite prominent. There was no lymphadenopathy, no organomegaly, no evidence of free fluid, no shifting dullness. On Per speculum examination cervix and vagina observed to be healthy. On per vaginum exam cervix pushed towards symphysis pubis. anterior fornix shallow. Posterior fornix 4-5 cm cystic mass felt. Uterus size could not be made out.

Investigations-routine investigations were normal. On trans abdominal ultrasound solid cystic mass 20\*22 cm with non separate visualization of both uterus and ovaries were found. A chest x-ray was also done. Our patient was counselled and signed informed consent for surgical exploration. Under spinal anesthesia a right paramedian incision was given huge cystic mass arising from right ovary and uterus extending to broad ligament was noticed and delivered out intact. Total abdominal hysterectomy and bilateral salpingo-oophorectomy done. Left ovary was also cystic. No ascites or enlarged paraaortic node were discovered. The size of tumor was 30\*20\*10 cm. Microscopic examination revealed cyst lined by non ciliated columnar epithelium without stromal invasion with mucin compatible with mucinous cystadenoma. Post operative 2 units blood transfused rest was uneventful and patient was discharged on 7th postoperative day. The histopathological report showed benign mucinous cystadenoma of both ovary. Uterus senile and healthy. Patient was advised to follow up after 6 weeks.



**Figure 1.**postoperative mass appearance(30\*20\*20 cm).

### **III. Discussion.**

There are 4 major categories of ovarian tumor:

- 1)Epithelial tumor(65% -75%)-Serous or Mucinous cystadenoma or carcinoma,Clear cell carcinoma,Brenner tumor.
- 2)Germ cell tumor(15%)-Dysgerminoma ,Embryonal cell cancer,Choriocarcinoma ,Teratoma.
- 3)Sex cord stromal tumor(5%-10%)-Granulosa cell tumor,Thecoma,Fibroma.
- 4)Metastatic tumor(10%)-uterine,stomach,colon,breast,lymphoma.

These tumor are usually evaluated using Ultrasound,CTscan,MRI.findings on imaging studies are non specific.These ovarian tumor may be multiseptated,cystic masses with thin walls.They may contain varying amount of solid tissue which consist of proliferating stromal tissue, papillae or tumor malignant cells.Tumor marker may also aid us in telling us the origin of tumor.

Mucinous cystadenoma are divided in three categories;Benign,Borderline,andMalignant.Survival is largely dependent on the histology of the tumor,With a 10 year survival rate of 100% for benign tumors,60% for borderline tumors and only 34% for the malignant subtype.Benign mucinous tumor tends to present earlier,while malignant tumors are seen often late in life.

Benign mucinous tumor comprise 80% of mucinous ovarian tumors and 20-25% of benign tumor overall.The peak incidence occur between 30-50 years of age.Benign tumors are B/L in 5-10% cases[3].

Borderline mucinous tumor comprise 10% of mucinous neoplasm and are B/L in 10% cases.The mucinous lesions are confined to ovary in 95% to 98% of cases[3].

Malignant mucinous neoplasm encompasses10% of mucinous ovarian tumor[3] and 5-10% of primary malignant ovarian neoplasm overall. They are B/L in 15-30% cases and have a peak incidence b/w 40-70 years of age.

Giant ovarian tumors have become rare in clinical practice ,as most cases are discovered early during routine check ups.Detection of ovarian cyst causes considerable worry for women because of fear of malignancy,but fortunately majority of ovarian cyst are benign. These giant tumors are associated with pressure symptoms,urinary tract changes,respiratory embarrassment and debilitation.While operating on such tumor care has to be taken to manage these complications as well as the problems associatedwith sudden decompression[4].

Mucinous cystadenoma is a benign ovarian tumor.It is reported to occur in middle age women.It is rare among adolescents or in association with pregnancy or in postmenopausal women. On gross appearance ,mucinous tumor are characterisedby cyst of variable sizes without surface invasion.Only 10% of primary mucinous cystadenoma is B/L.Cyst is filled with sticky gelatinous fluid rich in glycoprotein.

Histologically,mucinous cystadenoma is lined by tall columnar,non ciliated epithelial cells with apical mucin and basalnuclei.80% tumors are cystadenoma while 20% is of borderline variety,noninvasive or invasive carcinoma.

Management of ovarian cyst depends on the patients age,the size of the cyst and its histopathological nature.Conservative surgery as ovarian cystectomy and salpingoophorectomy is adequate for benign lesion.

### **References**

- [1]. Kamel RM.A Massive Ovarian Mucinous Cystadenoma.A case report.ReprodBiolEndocrinol 2010;8-24.
- [2]. NWobodoEI.Giant Mucinous Cystadenoma:casereport.Niger J ClinPract 2010;13:13-228[pubmed]
- [3]. Scully RE,YoungRH,ClementPB.Tumors of the ovary,maldevelopedgonads,fallopian tube and broad ligament.In:atlas of tumor pathology.WashingtonDC:Armed Forces Institute Of Pathology,1998:fascicle 23,3<sup>rd</sup> series.
- [4]. A Sebastian etal(2012) Giant Benign Mucinous Cystadenoma:A Case Report.Open Journal of Obst&Gynae 2012 ,2, 220-222.