# PSEUDOMYXOMA PERITONII

## (With a Case Report)

by

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This is a condition where the peritoneal cavity is filled with coagulated pseudo-mucinous material which is adherent to the omentum and intestines. It is the result of rupture of an ovarian cyst, which may be traumatic or spontaneous. Traumatic rupture results from direct violence to the abdomen, and it may happen during labour when a cyst is impacted in Douglas' pouch in advance of the presenting part. Spontaneous rupture of ovarian cysts is not uncommon. With malignant ovarian tumours, particularly those of the papillomatous type, the carcinoma cells infiltrate through the connective tissue capsule to ulcerate into the peritoneal cavity. Similarly, with innocent papillomatous serous cystadenoma, a similar process takes place. The most interesting cases of spontaneous rupture are, however, those arising with actively growing pseudomucinous cystadenoma. Sometimes, the epithelial elements of the tumour grow so rapidly that the connective tissues of the capsule are unable to keep up with them, so that a spontaneous rupture of the tumour is the result and pseudomucinous material is discharged into the peritoneal cavity. In most cases, there is no serious after-effect, but very rarely the condition, pseudomyxoma of the peritonium develops.

Pseudomyxoma of the peritoneum in women is usually associated with a pseudomucinous-cystadenoma of the ovary, but it is extremely common for a leaking mucocele of the appendix to co-exist. The condition is more common in men than in women, when it is associated either with a mucocele of the appendix or with a carcinoma of the large intestine. In pseudomyxoma of the peritoneum, the mesothelium of the peritoneum is converted, in part, into high columnar cells which are histologically similar to those lining a pseudomucinous cystadenoma of the ovary, and these cells secrete the mucinous material into the peritoneal cavity. The prognosis in psuedomyxoma of the peritoneum is bad, even after the ovaries and the appendix are removed.

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**Case Report**

Mrs. K., aged 25 years, was seen in the 'Out-Patient' Department on 2-4-63 with the history of:

(1) Lump in the abdomen for the last six months.

(2) She wanted to know whether there was a foetus in her womb, as was told to her by some doctors in the city.

**Menstrual History:** She was menstruating every month, irregularly and the flow was scanty. The last period was fifteen days back.

**Obstetric History:** She had no issue. She was married 5 years back.

**On Examination:** Her pulse rate was 92 per minute. Her blood pressure was 130/80 mm./Hg. Her heart and lungs were normal. She was markedly anaemic.

**On Abdominal Examination:** A firm lump was palpable, which was mobile, arising from the pelvis and coming up to the umbilicus, more on the right side of the abdomen.

**On Vaginal Examination:** Cervix was firm to feel, and was pushed down in the vagina. Uterus was firm and separate from the lump. There was a cystic feel in the right fornix.

**On Speculum Examination:** Everything was normal.

**Investigation:** Her haemoglobin was 46%, red blood cells 2.8 mil./cm., Blood group O or IV, Rh positive.

**Urine:** Macroscopic and microscopic examinations were normal.

**Stool Exmination:** Showed presence of ova of round worms.

**Screening of Chest:** Normal. Plain X-Ray of the abdomen showed a soft tissue shadow, but no foetal shadow. She was advised admission and operation.

**Follow-up:** She was again seen after a fortnight with a distended abdomen with presence of free fluid in the abdomen. She got admitted on the same day. Her pulse rate was 132 per minute. Her temperature was 99°F and her blood pressure was 120/78 mm./Hg. She got her period the next day of her admission; this was moderate in flow.

A needle was put into the peritoneal cavity to know the nature of the fluid. It was found to be mucinous.

At this stage, pseudomyxoma peritonii was diagnosed and we decided to operate on the patient.

**Treatment:** A paramedian 10″ long incision was taken 4″ above the umbilicus and 6″ below. Abdomen was opened in layers. Half a bucketful of mucinous fluid was removed from the peritoneal cavity. Right-sided ovarian cystectomy was done. The tumour was pseudomucinous cystadenoma in nature. The peritoneal cavity was washed with penicillin and streptomycin solution and saline. Abdomen was closed in layers.

Post-operative period was uncomplicated. Sutures were removed on 10th day and had healed well. Patient was discharged on the 12th day.

She had come for a check-up after three months; but there was no evidence of any further collection of fluid.

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*Summary*

1. Pseudomyxoma peritonii is a rare condition, and is discussed in details.
2. It is difficult to diagnose this condition, if the existing lump is not palpated previously.
3. Undiagnosed case may die of chemical peritonitis.

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