OVARIAN CYST OR ASCITES—A NEW TEST

by

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Diagnosis of ovarian cyst normally poses no difficulty. The standard physical signs usually help in the diagnosis. However, the ovarian cyst sometimes is so soft and 'Jelly like' that it cannot be well outlined on palpation and looks very much like a case of ascites. The difficulty in distinguishing ovarian cyst from ascites is recognised by clinicians in such cases. It is not unusual to find a case of ovarian cyst lying in the medical wards labelled as a case of ascites. Occasionally, a case of ascites is opened with a diagnosis of ovarian cyst.

We thought of one investigation that may help in distinguishing ovarian cyst from ascites.

Test

Paracentesis is performed with a lumbar puncture needle and 150-200 ml. of fluid is removed. Equivalent amount of air is injected before removing the needle. Now x-ray of the abdomen is taken in the standing position.

Interpretation of the x-ray

If it was ascites that was tapped, the injected air should go under the diaphragm in the standing position and the x-ray would show gas under the diaphragm. This would confirm the presence of ascites (Figs. 1 & 2).

If it was an unilocular ovarian cyst that was tapped, the injected air would be seen on the upper part of the cyst with a horizontal fluid level. The air would be very well localized to the cyst wall. If it was a multilocular cyst, the needle would tap only a small part of the cyst which does not communicate with the rest of the cyst. In such case localized gas shadow is seen near the site of the tapping (Fig. 3).

We have performed this test in 8 cases in the last two years and it has helped us in coming to a correct diagnosis. One of the cases of ovarian cyst was treated as ascites for previous six months with no relief.

This test has following drawbacks. In cases of encysted ascites, (as in encysted tuberculous peritonitis), the gas shadow may not be seen under the diaphragm and a wrong diagnosis of ovarian cyst may be made. There is risk of sepsis. With good care and precautions, the risk of sepsis is negligible. If the cyst is malignant, the cells may spill in the peritoneal cavity. We feel this risk is exaggerated.

Admittedly the risk is there but is counter balanced by the possibility of early diagnosis by this investigation.

We do not know if such a test is described in the past. We could not find a reference to such a test even after careful survey of the literature. We present this test with the hope that in doubtful cases, it would help the clinician to come to a early diagnosis. This test is not advised for routine use but should be used when in doubt.

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See Fig. on Art Paper I