

PARASITIC OVARIAN TUMOUR

by

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Introduction

Mrs. M. age 27 years, para 2 was admitted to Maulana Azad hospital with the complaint of lump in the abdomen for five years. The patient noticed this lump for the first time after her last delivery five years ago and it had grown very gradually during the last five years. The lump had caused no pain at any time. She had no urinary or gastro-intestinal symptoms.

Her menstrual cycles were regular.

On Examination

Her general condition was good, and systemic examination revealed no abnormality.

Abdominal Examination

A firm irregular swelling, size of 8" x 5" occupied the centre of abdominal cavity. The swelling was non-tender, mobile in both axis and dull on percussion. There was no evidence of free fluid in the abdominal cavity.

Speculum Examination

Cervix was slightly torn.

Vaginal Examination

The uterus was anteverted normal in size and mobile. The abdominal mass was felt separate from the uterus and its lower pole could be reached through the vaginal fornices.

The diagnosis of benign solid ovarian tumour was made.

Investigations

Blood Pressure 110/80 mm

Haemoglobin 9 gm%

Urine NAD

X-ray chest Normal

X-ray abdomen Nil relevant

Laparotomy was performed under general anaesthesia.

Approximately 100 cc free clear ascitic fluid

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was found in the abdominal cavity. A large solid tumour 9" x 6" was found occupying the right lumbar region. It was adherent to the greater omentum and the blood vessels in the omentum were engorged. The adhesions were clamped, cut and pedicles transfixed with catgut. The tumour was found adherent to the mesocolon posteriorly and the adhesions were similarly dealt with. To our surprise, ovarian tumour was lying free without any attachment to the right broad ligament and was removed and sent for frozen section. A further inspection revealed a bare area in the right broad ligament with only a stump of medial end of the fallopian tube attached to the uterus. Distal end of the tube was adherent to the tumour. There was no sign of normal ovarian tissue on right side. The diagnosis of parasitic ovarian tumour was thus made. Left adnexa and uterus were normal. The other organs in the abdominal cavity were normal and lymphatic glands were not enlarged.

Frozen section report was fibroma of the ovary.

The patient made uneventful recovery.

Six months later, she attended the antenatal clinic, for early pregnancy and later delivered normally in our hospital.

Discussion

The parasitic uterine fibroids are described in the literature. However, there is no reference to a parasitic ovarian tumour.

This is an interesting and a rare case of ovarian fibroma which became parasitic drawing its blood supply from the vessels in the greater omentum.

I wish to thank Head of the Department, Medical Superintendent and Dean of Maulana Azad Medical College for having permitted me to publish this case.