LARGE PSEUDOMUCINOUS CYSTADENOMA OF THE OVARY

(A Case Report)

by

(MRS.) SHANTHI YADEV,* M.D., D.G.O.

and

(MISS) P. NIRUPAMA NAYAK,** D.G.O., M.R.C.O.G.

Introduction

Pseudomucinous cystadenoma is the commonest ovarian neoplasm, the incidence being one third of all ovarian tumours, and, in 10% of the patients both ovaries are affected (Howkins and Browne 1976). Kent and Mekay (1960) have reported an incidence of 18.9% i.e. 478 cases of pseudomucinous cysts among 2,530 ovarian tumours. In our hospital over a period of 10½ years (from January 1967 to June 1977), we had 506 consecutive cases of ovarian neoplasms in 8872 Gynaecologic admissions. Out of these, 48 cases were mucinous cystadenomas thereby giving an incidence of 9.5% which is almost similar to the incidence of 10% reported by Novak and Woodruff (1974).

Pseudomucinous cystadenoma is usually large and in rare instances it has reached an enormous size filling the entire abdominal cavity. As cited by Novak and Woodruff (1974), 15 tumours weighing more than 150 lbs. have been reported in the literature. The largest tumour weighed 328 lbs. as reported by Spohn (quoted by Novak and Woodruff 1974).

*Senior Medical Officer.

**Professor and Head of the Department of Obstetrics and Gynaecology, JIPMER, Pondicherry-305 006 (South India).

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Gilbert *et al* (1978) have reported a case of a large pseudomucinous cystadenoma with pregnancy which weighed 35 lbs.

We are reporting a case of pseudomonous cystademoma of the right ovary weighing 84 lbs. in an 18 year old patient.

CASE REPORT

An 18 year old, unmarried girl was admitted on 5th June, 1978, with complaints of swelling of the abdomen since 4 years with rapid increase in size for the last 2 years. Occasionally the patient had pain in the abdomen and backache since 2 years. She had attended a district hospital for these complaints, where tapping of the abdominal mass was done with temporary relief.

On Examination

The patient was thin built, emaciated, her weight was 144 lbs. There was no pallor, icterus, pedal edema, clubbing or lymphadenopathy. Pulse 86/mt. temperature 98.4 F° B.P. 110/70 mm Hg. The abdomen was enormously distended. The surface was smooth, fluid thrill was present all over the mass and in all directions. Veins over abdomen were distended more so in the flanks. The umbilicus was displaced downwards and there was edema of the abdominal wall in the lower part (Fig. 1 & 2). Abdominal girth at the level of umbilicus was 132 cms., girth of the chest was 76 cms. and the length from xyphisternum to symphysis pubis was 120 cms. The tumour appeared to fill the whole abdomen, burrowing under the costal margins etc.

Vaginal examination revealed normal external genitalia. Cervix was pushed up and towards the left side behind the symphysis pubis. The

uterus could not be felt separate from the cystic mass felt through the anterior and lateral fornices. This mass was continuous with the mass felt per abdomen.

Investigations

Haemoglobin 12 gms%, RBC count was 4.30 mil/cmm. Total W.B.C. count was 13,000/cmm with neutrophils 50%, lymphocytes 27%, and eosinophils 23% ESR 58 mm in the first hour by Wintrobe's method. Blood urea 34 mg%, serum proteins 7 gms%, serum bilirubin 0.45 mg%. SGOT—17 units & SGPT 39 units, serum electrocytes normal. Urine examination normal, stools examination showed hook-worm ova.

Laparotomy

There were thick and extensive adhesions between the cyst capsule and the parietal peritoneum. Eighteen litres of brownish. thick viscid fluid was tapped from the cyst before it could be delivered through the abdominal incision which extended from xyphisternum to the symphysis pubis. The right fallopian tube was found stretched over the tumour. Right ovariotomy was done. Left ovary, fallopian tube and the uterus were found normal. The tumour weighed 84 lbs. The capsule of the cyst was thick and bluish in colour. Multilocular, small cysts measuring 0.5 to 2 cms were seen on the inner aspect of the cyst wall. Histopathological examination showed pseudomucinous cystadenoma. Fluid on microscopic examination showed plenty of pus cells, about 150 cells/cmm and on culture pseudomonas were grown.

In the immediate postoperative period patient had a fall of B.P. and was given 3 units of whole blood transfusion, dextraven injection. Betnesol 8 mg I.V. stat, and 4 mg. 6 hourly for 2 days and 4 mg. twice daily for the subsequent day. Prophylatic antibiotics were given. Injection Crystalline pencillin 10 lac units I.M. 6 hourly and Injection Streptomycin 1 gm I.M. daily for 3 days and injection streptopencillin 1 vial daily for another 7 days were given. Abdominal stitches were removed on the 7th postoperative day and the wound had healed well by first intention. On 8th postoperative day patient weighed 60 lbs. Deep breathing exercises were started on 3rd postoperative day and abdominal exercises on the 4th operative day. The patient was discharged 17 days after surgery with an advice to carry out abdominal exercises at home. A follow-up 3 months after surgery revealed a symptom free patient and the abdomen had regained its normal shape. Vaginal examination revealed normal findings. She has not yet attained menarche.

Discussion

Pseudomucinous cystadenoma is the commonest of ovarian neoplasms. Usually unilateral, in 10% of the patients it is bilateral. It is usually encountered during the reproductive period, commonly between the third to fifth decades of life. It is rarely seen before puberty and below the age of 20 years. In rare instances it has been reported in infants and children (Kistner 1971). Our patient had noticed the tumour mass at the age of 14 years. These tumours are lobulated with smooth surface, adhesions are uncommon unless cyst has got infected degenerated or undergone malignant change. In our patient the extensive adhesions might have been the result of infection introduced during tapping done 2 years back in a district hospital. The fluid drained was brownish, which indicated presence of infection or intracystic haemorrhage, probably due to pressure necrosis. In our patient although there was enormous enlargement of the abdomen there were no pressure symptoms.

Summary

1. A rare case of mammoth pseudomucinous cystadenoma of the ovary weighing 84 lbs. is reported in an 18 year old patient.

2. Inspite of having an enormous distension of the abdomen patient did not have any associated pressure symptoms.

3. Weight of the patient before operation was 144 lbs and on 8th post-operative day she weighed 60 lbs.

4. On the last follow-up her weight was 81 lbs.

5. She has not started her menstruation yet.

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See Figs. on Art Paper IX