PYONEPHROSIS SIMULATING OVARIAN CYST

(A Case Report)

by

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Huge ovarian cysts create difficulty in diagnosis at times. A case of rapid and huge enlargement of abdomen is reported here which was diagnosed as one of ovarian cyst. On Laparotomy it was found to be pyonephrosis.

CASE REPORT

Mrs. S.C. aged 26 years was admitted in gynaecological ward for swelling of abdomen with pain for the last two months, low grade fever, loss of appetite and weakness for the last 15 days.

She had no menstrual disturbance. She had one normal delivery at term, 8 weeks back. During 5th month of pregnancy she noticed a lump in the abdomen for which she consulted a doctor. The abdomen was unduly enlarged for the period of gestation and the lump was felt separate from the uterus which lead to the diagnosis of ovarian cyst associated with pregnancy. She was examined by few doctors after that, but unfortunately correct diagnosis could not be established. Possibility of multiple pregnancy was ruled out by X-ray. After confinement the lump started increasing very rapidly causing pain, discomfort and pressure symptoms. She never had any urinary symptom.

On examination she was anaemic, restless and cachectic. The pulse was 90 per minute and B.P. was 100/60 mm. of Hg. The respiratory and cardiovascular systems were found to be normal. The abdomen was grossly enlarged. The abdominal lump was cystic, very tense and smooth in outine, extending upto xiphisternum, occupying all the quadrants of abdomen. On vaginal examination the uterus was felt separate from the lump.

Provisional diagnosis of ovarian cyst with intracystic haemorrhage due to partial torsion was done and she was prepared for urgent laparotomy. Blood picture was normal except the haemoglobin which was 9.5 mg%, urinalysis was normal. Laparotomy was done after a pint of blood transfusion. On opening the abdomen the lump was found to be cystic, occupying the whole abdomen and pelvis. Ascending colon, caecum and appendix were adherent to the lump. Abdominal and pelvic organs could not be examined properly at this stage due to the huge size of the cyst. The size of the cyst was reduced by suction drainage of the fluid. The uterus and ovaries were found to be normal. The left kidney was found to be normal. The right kidney was not palpable. The broad base of the cyst was occupying the right renal area. After a thorough search and examination the right ureter was found to be attached to the postero-inferior aspect of the cyst and renal vessels were identified. Thus the cyst was the right kidney itself. A total amount of 9 litres of serosanginous fluid was drained from the cyst. The fluid was streaming with B. coli.

Since the whole renal parenchyma on the right side was thinned out and the left kidney was found to be normal, right sided total nephrectomy was done. The postoperative period was quite stormy due to fever and parotid abscess which required drainage. The circumference of the cyst was 78.74 cms. (Fig. 1). Histologically it was diagnosed as pyonephrosis. There was round cell infiltration of the glome-

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ruli and tubules. There was no evidence of tuberculosis (Fig. 2).

Discussion

In the present case ovarian cyst was diagnosed at 5th month of pregnancy for the first time but surgical interference could not be done due to unknown reasons. Later on, in the third trimester a provisional diagnosis of multiple pregnancy or hydramnios was done and she was treated on conservative lines. She was in agony due to marked enlargement of the abdomen causing pressure symptoms. On Laparotomy it was found to be huge cystic dilatation of right kidney. Surprisingly she never had any uninary symptom. Intravenous pyelogram would have been suggestive. Jeffcoate (1967) has rightly listed large hydronephrosis in the differential diagnosis of Ovarian Cysts. Thus pre-operative I.V.P. in huge ovarian cysts is an important investigation.

According to Bailey and Love (1975) unilateral hydronephrosis is twice as common in females as in males and occurs often on the right side as was found in the present case. The cause of pyonephrosis in the present case could be obstruction at the pelviureteric junction, leading to hydronephrosis initially which might have undergone infection. This case is of great interest because of huge pyonephrosis which simulated ovarian cyst.

Summary

Huge Pyonephrosis in a young primipara simulated ovarian cyst with features of torsion and intracystic haemorrhage. The diagnosis of pyonephrosis was done on Laparotomy.

References

1. Bailey, H. and Love, M.: A short practice of surgery ed. 16, London, 1975. H. K. Lewis & Co. Ltd., p. 1113.
2. Jeffcoate, T. N. A.: Principles of Gynaecology, ed. 3, London Butterworths, p. 606.

Synopsis

Abdominal lump sometimes creates difficulty in diagnosis. In many cases correct diagnosis is established at the time of Laparotomy and further may be confirmed by histology. Huge renal swellings can simulate ovarian cyst. In the present case there was a huge pyonephrosis which simulated ovarian cyst undergoing torsion and intracystic haemorrhage. The diagnosis was established on the operation table and later on confirmed by histology.

See Figs. on Art Paper IV