PERITONEAL CYST

(Unusual Case Report)

by

(Mrs.) M. B. DESHMUKH,* M.D., D.G.O.
(Mrs.) P. GURTU**
(Mrs.) A. SWAMI***
and
B. R. SOLANKI†

Introduction

Pseudomucinous cysts of the ovary and ascites cause huge distension of abdomen and are met with quite frequently in clinical practice. This case has presented with a huge abdominal distension which on laparotomy proved to be a case of "Peritoneal Cyst" arising from the fundus of the uterus. This is the first such case to be reported in the world literature.

CASE REPORT

Patient A age 40 years, window, nullipara was admitted with gradual distension of abdomen from 3 months. She was admitted in the medical ward of Corporation Medical College one month ago, with a probable diagnosis of ascites. Her abdomen was tapped twice but no fluid was obtained. Hence the patient was labelled as a case of anxiety neurosis and discharged. She had no menstrual complaints. Her cycles were 2-3 day 30 days painless, flow scanty. On examination, she was short statured obese with blood pressure 130/90 and no pretibial edema. She had an over distended abdomen for which she had to be in propped-up position. There was a cystic mass in the abdomen corresponding to 36 weeks size of uterus. The flanks were resonant. She was operated for thyroid adenoma 5 years before and now she showed early signs of myxoedema. She was also detected to have maturity onset diabetes mellitus and she was controlled on diet regime. She was examined under anaesthesia which revealed presence of a huge cystic tumour the lower pole of which could be felt high up through the anterior fernix, cervix and vagina healthy. Uterus retroverted, normal size other fornices clear. Few strips of normal endometrium were obtained on D. and C. which on histopathology revealed proliferative phase of the endometrium.

Laparotomy was done with a probable diagnosis of ovarian tumour. Under general anaesthesia abdomen was opened by right para median incision extending above the umbilicus. There was a haemorrhagic cystic tumour occupying whole of the abdomen extending from public symphsis to the xiphisternum. There were adhesions between the omentum and the tumour mass which could be easily separated and the tumour was delivered. Uterus was normal size. Both tubes and ovaries were normal. This cyst was arising from the fundus of the uterus with a pedicle. The pedicle was clamped and the tumour removed. On cut section of the tumour there was no suspicion of obvious malignancy. Hence the abdomen was closed in layers. Patient had uneventful postoperative recovery. She is having regular fol-

*Associate Professor.
Department of Obstetrics and Gynaecology, Government Medical College Hospital, Nagpur.
**Reader.
***Lecturer.
†Professor of Pathology and Dean, Government Medical College Hospital, Nagpur.
Accepted for publication on 2-12-80.

low-up visits and is found to be well till now (almost one year).

Pathology of the Tumour:

On gross examination, it was a big pedunculated cyst which was collapsed after drainage of the fluid, was arising from the fundus of the uterus with a small leiomyoma 3″ x 2″ at the base. Cut section showed smooth lining of the cyst wall which contained haemorrhagic fluid. Microscopic sections were examined from the pedicle and the cyst wall. Sections from the pedicle showed structure of leiomyoma with degenerative changes, edema and congestion. It was covered with fibrous septa of the cyst wall which was closely adherent to it. The cyst wall showed the structures of fibrous septa but no lining epithelium could be detected. The conten's of the cyst were structureless homogenous pink stained, with haemorrhagic areas at places.

Discussion

This case presented as a huge cystic tumour in the abdomen containing 8-10 litres of haemorragic fluid. It was arising from the fundus of the uterus with a small leiomyoma at the base where it was attached to the fundus by about an inch long pedicle. Uterus was normal size and both tubes and ovaries were normal. Histologically it was a simple cyst without any epithelial lining containing haemorrhagic structureless fluid. The nature of the cyst could not be ascertained from its histologic appearance due to lack of epithelial lining which might have been distorted due to rapid enormous increase in the size of the tumour. From its anatomical situation it appears that the cyst was arising from the lining peritoneum or its subserosal layer which gradually expanded due to the collection of the fluid. It is possible that the partial twist on the pedicle has lead to rapid accumulation of the haemorrhagic fluid in the pre-existing small cyst. The leiomyoma at the base of the cyst also showed degenerative changes with edema and congestion. The absence of lining epithelium with a huge cyst wall consisting of fibrous septa containing structureless homogenous pink stained fluid makes it difficult to predict the histogenesis of the cyst.

This case has been presented as one of the rare differential diagnosis of a cystic tumour in the abdomen. The cyst arising from the serosal or subserosal layer covering the leiomyoma arising from the fundus of the uterus with a pedicle is not reported so far in the literature. Hence the case has been presented as one of the rare clinical entity.

Summary

The pseudomucinous cysts of the ovary and ascites cause huge distension of abdomen and are met with frequently in the clinical practice. This case has been presented with a huge abdominal distension which on laparotomy proved to be a case of "Peritoneal Cyst" arising from the serosal or subserosal layer covering the leiomyoma attached to the fundus of the uterus by a pedicle. The histological picture, etiology and histogenesis is discussed. This is the first such case to be reported in the world literature. Hence it is being presented as one of the rare clinical entity.