

MAMMOTH HYDROSALPINX

(A Unusual Presentation)

by

S. K. BHATTACHARYYA,* F.R.C.O.G., F.I.C.S.

TH. DARENDRA SINGH,** M.D. (A.I.I.M.S.)

and

KH. TOMBA SINGH,** M.D. (P.G.I. Chand.)

Introduction

Hydrosalpinx is a condition of distended tube which has been occluded at both ends and filled with clear fluid. It is still debatable whether hydrosalpinx is a sequel to pyosalpinx. Cellular reaction indicative of inflammation is not often seen and histologically the wall is thin and fibrous and the mucosa is atrophic. The present case is of utmost interest. Here only one tube was enormously distended so much so that it weighed 12½ kg. The report of such a big hydrosalpinx could not be traced in the literature and that prompted us to report this case.

CASE REPORT

Miss V. aged 20 years, an unmarried girl was admitted in the Medical ward of Regional Medical College, Imphal on 12th December, 1978 for gradual swelling of the abdomen for 2 years and burning in epigastrium and loss of weight for 6 months.

Her menstrual history was normal. She was investigated as a case of ascites and as she did not improve she was transferred to the Gynaecological ward.

*Professor and Head.

**Assistant Professor.

**Assistant Professor.

Department of Obstetrics and Gynaecology,
Regional Medical College, Imphal, Mnaipur 795 004.

General examination did not reveal any abnormality except slight pallor.

On inspection there was symmetrical enormous enlargement of the abdomen (Fig. I).

On palpation abdomen was tense and cystic with an irregular feeling on the right side of the abdomen but no definite mass was felt.

On percussion: Dullness was found all over abdomen except for some resonant portion in the lower part of the abdomen. The presence of shifting dullness was doubtful but fluid thrill was present.

P/R examination:—Proper examination could not be done but it seemed a firm portion of a mass was present in the left fornix.

Lab. Investigations: Routine investigations for blood, Urine and stool were normal. X-Ray chest and barium meal X-Ray did not show any abnormality.

The clinical diagnosis of ovarian tumour was made and laparotomy was planned. During the pre-operative period as she complained of too much respiratory discomfort, about 350 c.c. clear fluid was aspirated by abdominal paracentesis. That fluid did not show any organism including A.F.B.

Operation Note: She was operated on the 5th January, 1979 and abdomen was opened by infraumbilical midline incision. A cystic mass was found arising from the pelvis and extending upto xiphoid process.

As it was not possible to deliver the tumour intact through that incision the cyst was tapped by making a small incision on the cyst wall and 6 litres of fluid was aspirated. The open-

ing was closed by artery forceps and the cyst was delivered and it was found that it was a hydrosalpinx of the right side. There were no adhesions. Both ovaries and left tube were completely normal. Hydrosalpinx was removed. The weight of the tumour was found 6.5 kg. So the total weight of the hydrosalpinx together with the fluid aspirated during operation was 12.5 kg.

The postoperative period was quite uneventful.

Histopathological Report: Cyst wall showed fibro-collagenous tissue without any epithelial lining with a few chronic inflammatory cells.

She came for post-operative follow up twice with an interval of about 3-4 months. On both occasions she was found to be in very good health.

See Fig. on Art Paper XI