

BILATERAL TWISTED LUTEAL CYST OF THE OVARY IN TROPHOBLASTIC TUMOURS

(Report of 2 Cases)

by

A. V. K. NIRMALA, M.D., D.G.O.

Association of bilateral lutein cyst with either vesicular mole or choriocarcinoma is common occurrence, whereas twist of the lutein cyst on one side is rare, still rarer is a torsion of bilateral lutein cyst. In the literature, so far only 2 cases are reported, one by Saxena in 1968 and another by Roy Chowdhory in 1980. Here 2 more cases are reported.

CASE REPORTS

Case 1:

Mrs. J. 22 year old, Gravida 3, para 2 was admitted on 20-1-80 with 4 months amenorrhoea and vaginal bleeding for 3 days. Her menstrual history was normal. Her last child birth was two and half years ago. Clinical examination and investigations proved to be a vesicular mole. Suction evacuation was done on 23-1-80. Patient developed severe abdominal pain and vomiting on 27-1-80, while she was waiting in the ward for repeat curettage and other investigations. Clinical examination revealed bilateral tender lutein cysts of 15 cm x 12 cm size. Uterus was enlarged to 12-14 weeks. Patient was observed for a day with sedation. With this conservative line, the pain subsided for two days and it recurred on 30-1-80. A diagnosis of twist of lutein cyst was thought of and laparotomy was done on 30-1-80.

On laparotomy, there was 2-3 ounces of blood stained fluid in the peritoneal cavity. Both ovaries were enlarged with multiloculated twisted haemorrhagic lutein cysts. Bilateral ovariectomy and salpingectomy was done.

Accepted for publication on 8-5-1981.

During the post operative period, patient was having irregular vaginal bleeding, urinary H.C.G. level was persistantly high inspite of two courses of methotrexate. A planned abdominal total hysterectomy was done on 3-3-80. Cut section of the uterus showed a bluish nodule of 2 cms in diameter on the posterior wall of the uterus. Pathology report came as choriocarcinoma. Post operatively patient had three more courses of methotuxate. Urinary M.C.G. level returned to normal and X-ray chest was clear. Patient was discharged well on 10-4-80. She is coming for regular follow up.

Case 2:

Mrs. M, 20 years old, Gravida 2 Para 1 was admitted with 4 months' amenorrhoea, and vaginal bleeding for 6 days. Clinical findings and investigations confirmed as vesicular mole. Suction evacuation was done on 13-4-80. A repeat curettage was done on 19-4-80. There was a small bluish nodul of 1 cm in the upper posterior vaginal wall. Uterus was enlarged to 16 weeks size. Lutein cyst of 10 cm x 12 cm was felt on the left side. Other fornices were free. next day, patient developed severe lower abdominal pain. A diagnosis of torsion of the lutein cyst was made. She was kept under observation for a day. As the pain was not subsiding and there was constant high pulse rate, laparotomy was done.

The uterus was enlarged to 14 weeks with bilateral lutein cysts. Both has the cysts had undergone torsion. Total hysterectomy with bilateral salpingo-oophorectomy was performed.

Cut section of the uterus showed no vissible choriocarcinomatous deposit Biopsy of posterior vaginal wall nodule showed choriocarcinoma. Post operative period was uneventful. She had three courses of Methotrexate urinary H.C.G.

level was negative twice and X-ray chest was clear. Patient was discharged well on 14-5-80. She is regularly followed up.

Acknowledgement

I am thankful to Dr. R. Vijaya, M.D.,

D.G.O., F.I.C.S., Prof. of Obstetrics & Gynaecology, Thanjavur Medical College, Thanjavur and to the Dean, Thanjavur Medical College, Thanjavur for permitting me to utilize the hospital records.