# PRIMARY ISOLATED OVARIAN ABSCESS

## (A Case Report)

by

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## SUMMARY

**The clinical picture and pathological features of a rare entity primary isolated ovarian abscess which can be confused with ovarian malignancy is described.**

*Introduction*

The oophoritis without preceeded by salpingitis is rare, its acute stage nearly always subsides, without any ill effect, but occasionally it may develop into ovarian abscess or there may occur a healing with fibrosis or it may result into a fibrocystic transformation of the ovary (Jeffcoate, 1975 and Novak and Woodruff, 1978). The infection is contracted from some nearly source of infection in the pelvis, through blood vessels or lymphatics or by direct peritoneal extension or involving ovary through the corpus luteum, or by a hematogenous spread of infection from some distant infective focus (Jeffcoate, 1975 and Novak and Woodruff, 1979). Egger *et al* (1977) observed that the leading cause of primary isolated ovarian abscess (PIOA) is ovarian endometriosis or other pathologic ovarian hematoma which predisposes the ovary to inflammation.

Recent studies of pelvic infections associated with use of intra-uterine devices suggest that the ovarian stroma as the site of foci of acute infection in the absence of extensive tubal disease. The possibility exists that repeated 'bursts' of infected material from tubal ostium into the operculi created by ovulation may be the modus operandi in the genesis of such lesions.

**Case Report**

Mrs. P. age 25 years was admitted for irregular fever since 1 month and pain in lower abdomen since 15 days. Ten days prior to admission, the patient had taken antibiotics and antiinflammatory analgesics for 3 days. The menstrual cycles were normal. Last menstruation was 7 days before the date of admission. The patient had 4 full term normal deliveries. Puerperal sterilization was done after this delivery. On vaginal examination, os was closed, uterus was anteverted, anteflexed and parous

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size. In the left fornix, a mass of about 7 cm, diameter, with well defined margins, soft in consistency, mobile, tender, partially attached to lateral border of uterus, was felt.

Thinking it to be a case of ovarian tumour, laparotomy was done. On left side omentum was found adherent to the ovary. These adhesions were then cut and ligated. Left ovary was enlarged, with abscess like seedlings over it. Oophorectomy was done and abdomen closed.

Microscopically there were multiple absesses in the ovary. Central portion of each contained necrotic material, polymorphs and lymphocytes. Surrounding zone showed infiltration with lymphocytes plasma cells, neutrophils and pseudoxanthoma cells. The whole lesion was surrounded by fibrous tissue.

*See Fig. on Art Paper VII*