

Unusual case of abdominopelvic mass

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Miss S. E., a 20-year-old college student came to our out-patient department with a complaint of increasing distension of abdomen, noticed one month ago. An ultra-

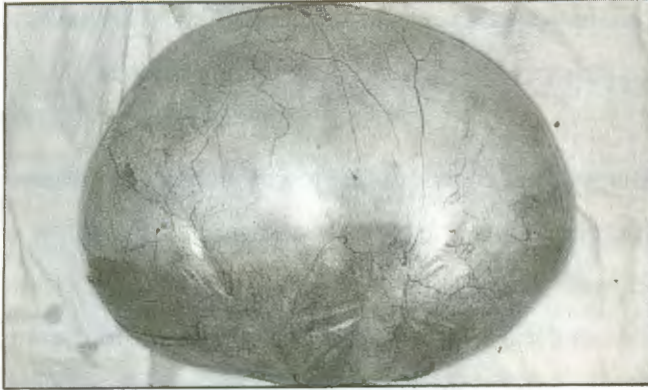


Fig I. Mesonephric cyst

sound done in private revealed a massive ovarian tumour, diagnosed as a mucinous cystadenoma.

She had no other complaints and no history of sexual contact, or any prior illness. Abdominal examination revealed a mass arising from the pelvis, of 26 weeks size with a fluid thrill and tense consistency. The hymen was intact, precluding PS / PV examination. Clinical diagnosis of a

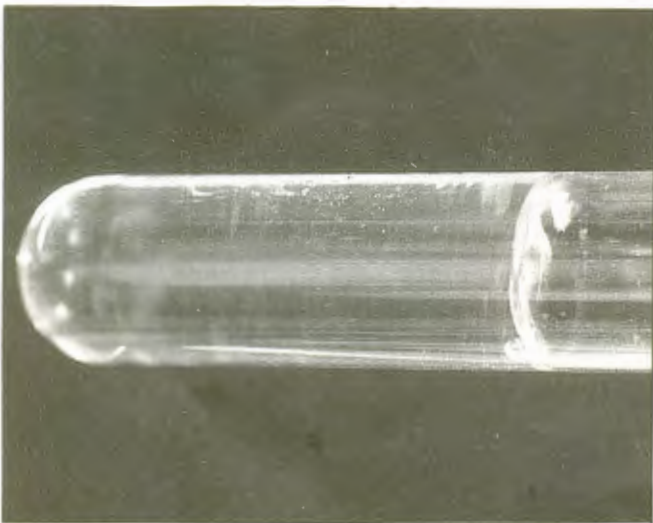


Fig II. Cyst fluid



Fig III. Scar, day 8 post-op.

large ovarian tumour was made, and after appropriate investigations, patient was scheduled for exploratory laparotomy.

In view of a normal CA-125 report and the patients concerns with cosmesis, and the absence of other findings suggestive of malignancy, despite the large size of the mass, decision was taken to open with a low transverse incision, of Maylard-type.

There was no ascites and peritoneal washings were taken. Operative findings revealed a huge mass, smooth-walled and cystic, posterior to the normal sized uterus, with the right tube stretched out over the mass. The exact site of origin of the mass was unclear until the mass was gently but firmly coaxed out of the relatively small incision, taking care to avoid rupture. The right ovary was normal and separate from the mass, which was arising from the right broad ligament. The cyst measured about 45 X 50 cms in size and weighed 7 kgs. On cut section it was uniloculated and filled with clear fluid.

Histopathology revealed a benign cyst, of probable mesonephric origin.

The relieved girl was discharged on the 8th postoperative day.