

# Wandering Ovarian Tumour? A Rare Complication

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Mr. K. was admitted to the Department of Obstetrics & Gynaecology, Bidhan Medical College Hospital (No. 172) on 11/11/2015. Long-standing. Her general condition was fair & good, with pulse 100 & blood pressure 100/60.

History

Presented with an attack of acute abdominal pain one year back which was treated conservatively in District Health Centre. She had no vomiting and constipation of the bowels. She had a 20% weight loss in the last 6 months.

Examination

On examination, the patient was afebrile, pulse 90, blood pressure 100/60. On abdominal examination, a firm, nontender, mobile mass of size 20 x 10 cm in size & 1 kg in weight, freely mobile without any attachment, was palpable in the abdomen. The tumour had attachment with

omentum at 2 points. On right flank, a 10 cm x 10 cm nontender mass was palpable. The uterus was retroverted, lying at an angle of 45 degrees to the horizontal. The Fallopian tube was found attached to the surface of the tumour. On laparotomy, the tumour was found attached to the right ovary with a stalk of 10 cm x 10 cm. The right ovary was found healthy. There was no sign of malignancy. The abdomen was closed & the patient was discharged on 11/11/2015.

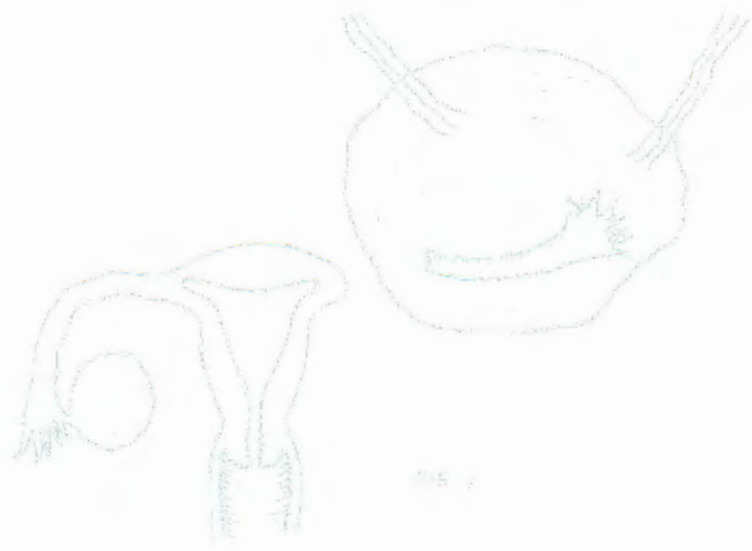


Fig. 1. Diagram illustrating the location of the tumour. (Left) Frontal view of the female pelvis. (Right) Cross-section of the abdomen.

Discussion

The patient initially had a lesion of the left adnexa. During the attack of acute abdominal pain, a mass was palpable in the left flank & attachment of the tumour from the uterus. The location of the tumour was found to be in the right flank & free from omentum.