Laparoscopic Removal of Large Ovarian Cyst-A Viable Alternative

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We describe here preliminary use of a thin 2mm needlescope in laparoscopic management of a case of 34 week size ovarian cyst. This 40 years old multigravida who had earlier presented to us 2 years back with 20 weeks size benign ovarian cyst, reported this time with 34 weeks size ovarian cyst. She could not get operated earlier due to domestic reasons. She had no other symptoms but was embarrassed with a large abdomen. On examination - she was middle aged lady of average built and nourishment. Systemic examination was unremarkable. abdominal examination revealed a huge ovarian mass almost akin to full term pregnancy.

She was thoroughly investigated including blood biochemistry and tumour markers such as CEA and CA 125 which were within normal limits. Sonographically it was 30 x 28 x 22 cm. size ovarian cyst with multiple septa and some smooth solid areas but septa were thin. There were no papillomatosis or excrescences or free fluid in Pouch of Douglas. Liver was normal. The uterus and other ovary were normal.

Laparoscopy was carried out under general anaesthesia with endotracheal intubation. A 2 mm needle scope was initially inserted through umbilicus and after adequate pneumoperitoneum, the surface was visualised for any varigated appearance, adhesions or any other growth. The cyst was decompressed by suction cannula entered through right lower port and almost 5 lit. of fluid was sucked out. The peritoneal fluid was sent for cytology which was negative for malignant cells. The 2 mm needlescope was replaced by 0 degree 10mm telescope and entire pelvis was thoroughly evaluated including liver and omentum for any evidence of growth metastasis. After complete decompression, the cyst was held by claw forceps through 10 mm suprapubic midline port which was later extended slightly for tissue removal. Oopherectomy was performed with triple puncture laparoscopic technique. Thorough lavage was given and haemostasis ensured. Operating time was 130 minutes and blood loss was less than 100 ml. Spill was minimum. Histopathology reported benign mucinous cyst adenoma with ovarian fibroma. Recovery was excellent and patient was discharged after 48 hours with good convalescence and excellent cosmetic result.