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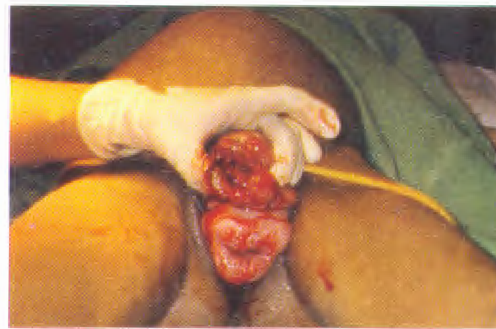
Broad Ligament Cyst – A Case Report

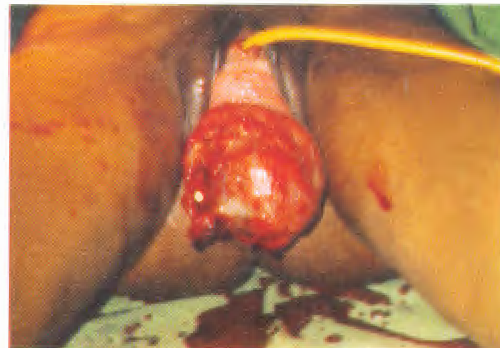
Jita Mohanty, Susil Kumar Giri, Badal Kumar Mohanty, Janardan Mohanty, Bhagyalaxmi Nayak

Div. of Gynae. Oncology, and Oncopathology, Acharya Harihar Regional Cancer Centre, Cuttack – 753007, Orissa

48yrs old female patient presented to the OPD with complaints of gradual appearance of prolapse uterus for last 4 months and retention of urine 10 days. She also noticed a small growth over the prolapsed part which gradually increased in size. She was para 3 and menstruating regularly, Her last child birth was 21 years back. Bowel habits were normal . On examination her general condition was stable except for anaemia. On per abdomen examination, it felt full & doughy. There was vague tenderness and no definite mass could be felt. Bowel sounds were normally heard. On pelvic examination the external genitalia were normal. There was grade 3 descent. Cervix was grossly hypertrophied. Growth of variegated consistency was over the anterior portion of cervix of size 8 cm diameter was seen (Photograph 1 & 2). Prolapse with mass could not be reduced. So P/V examination could not be done. On P/R examination uterus felt bulky. No definite mass could be felt. With these findings the patient was admitted as a case of infected vaginal wall cyst with ascites. Investigations – Hb 8gm%, Blood group O+ve. All other investigations were within normal limit. USG – Uterus, cervix and endocervical canal could not be well visualised. Both ovaries could not be visualised. Free fluid in abdomen suggesting ascites with multiple internal septae. Exploratory laparotomy was done. There was a huge cystic lesion occupying entire abdomen upto the diaphragm originating from the left broad ligament. Spreading between the bladder & uterus it made its way to the external surface over the prolapsed cx. By dissecting through the uterovesical pouch, Uterus and ovaries were absolutely healthy. Bowel & Bladder were adherent which were separated. Total abdominal Hysterectomy with bilateral salpingooopherectomy & cystectomy was done. Ureters were identified. Two units of blood transfusion was given. Tumour was highly vascular & weighted 8kg. It was irregular soft cystic grey to greyish pink measuring 30 x 25 cm. External surface was smooth. On section it was multiloculated & filled with serous fluid. Histopathologic picture was compatible with broad ligament cyst. Endometrial and cervical biospy was normal. Post operative period was uneventful. Patient was discharged on 10th post operative day. The case is reported because of its unusual clinical presentation and rarity of broad ligament cyst attaining such mammoth size.



Photograph 1: Growth on hypertrophied prolapsed Cx



Photograph 2: Growth on prolapse looking like vaginal growth