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Laparoscopic Management of Large Benign Ovarian Cyst - A Viable Option- Case Report

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Large ovarian cyst poses an arena of difficulttes
mainly due to massive physiological and anatomical
distortions. Traditionally this is operated by a large para-median Laparotomy incision, often extending above umbilicus, leading to usual postoperative morbidity. The judicial usc of minimally invasive surgical techniques in we ll-screened patients leads to far superior convalescence and cosmetic result. Of course, it is an absolute must to pc rform tumor marker and detailed T A USG / TVUSG and Co lor Doppler study to rule out any evidence of malignancy.

Our pa ticn t, 94 years old, multigravida reported
to us with 28-30 weeks (12cms-14cms-10cms) size ovarian mass with c/o pain in abdomen since last two years. USC revealed ovarian mass of 12-14-10 ems size with no ~epta solid areas or excrescence from the wall, with no free flUid in pouch of Douglas. Color Doppler study had e>..cluded the possibilities of malignancy. (Blood flow study) around the origin of Rt. Ovarian mass. Liver and uterus and the other ovary were normal. Her CEA and CA 125 were within normal limits.

Supraumblically a 10-mm trocar was introduced gently after lifting abdominal wall sufficiently. Rt. Ovarian mass was visualized for its cystic and fluid contents. On the left side w1der vision a 5 mm apple trocar

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was introduced gently, a\·oiding accidental pumtunng of rt. ovarian cyst. Through this port with an atrumattl grasper the Rt. Ovarian cyst was evaluated as it was free, originating from the Rt. Ovary, free from uterus and surrounding structures. Near the avascular area the Rt. Ovarian cyst was steadied with grasper from the left side, near the potential site for the entry of the Rt. port. Shc1rp end of the apple trocar, on vision, was introducL'd dircctlv into the Rt. ovarian mass, till the turns of the apple trocar were fixed within cyst wall. 5-mm suction cannula wa-, introduced immediately from the same rt. port, all the fluid of the cyst was sucked out without allowing any spillage in the abdomen, during which the gra~per from the lt. port was steadying the ovarian cyst puncture -,itc by holding its adjacent ovarian cyst wall. Rt. o\'anan cyst wall was removed from its base with monopolcll' needle after taking vicryl 1/0 stitch at the base by three e\trcl corporeal stitches. Ovarian cyst wa ll was gent!\ twt-.lcd out through 10-tru11lateral port with a lO-mm cl,l 11· lorcep.

Postoperative recovery was excelle nt. I lr'l· revealed a benign simple cystadenoma. Thus laparoscoptc removal of large ovarian cyst is a safe and effective alternative to conventional Laparotomy. Operative procedure was recorded for documenting the case, teaching purpose and future follow up.