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Huge Mucinous Cystadenoma of Ovary Mistaken for Ascites

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Introduction

The ovary presents a wide range of major tumors, which reflect the various histologic elements found in the organ. The many variants of these tumors make the ovary an organ with the widest variety of tumors in the human body. Some of the tumors come to light because they are hormonally active. The vast majority, however, produce relatively mild symptoms until they have reached a large size. Since they are difficult to detect early in their development when still curable, malignant ovarian tumors have usually spread beyond the ovary by the time of diagnosis leading to a disproportionate mortality. Epithelial tumours are the commonest ones and include both completely benign and highly malignant neoplasms. These account for more than 60-80% of ovarian tumors and more than 90% of cancers. Benign tumors occur mostly between 20 and 45 years of age, while malignant tumors are more common in women around 20 years older.

Case Report

Ms. S, a 15 year old unmarried girl presented on 10th May 2000 with complaints of huge size of abdomen, which was observed about two years back and was gradually increasing. It was causing respiratory embarrassment particularly in a lying down position for last two months. She had been taking treatment for this from her physician, who had prescribed some medicines (diuretics) and had removed few liters of fluid from the abdomen twice, resulting in some relief for few days. She had menstruated only once three years back and since then she was amenorrhoeic.

She had average built and poor nutrition. General physical examination showed her to be slightly anaemic but her vital parameters were within normal range. An abdominal examination revealed a lump of 34 weeks uterus size. It was not tender. The abdominal skin was tense and the umbilicus was transversely stretched. No significantly dilated veins were seen over the abdominal wall. Other systems were normal.

On investigation, hemoglobin was 12.7 gms. %, WBC's were 7800/cmm with 82% polymorphs, 13% lymphocytes, 1% monocytes and 4% eosinophils. Her fasting blood sugar was 119 mg. %, blood urea was 38mg. % and serum creatinine was 0.63 mg. %. Blood group was O+ve and liver function tests were within normal limits.

On ultrasonography, the uterus was normal in size and was anteverted with empty endometrial cavity. A huge cystic mass arising from the pelvis and occupying most of the abdomen was noted. The cyst could not be lateralized. Multiple septas and fine internal echoes were imaged within the cyst suggesting the possibility of mucinous cystadenoma. However, her previous sonography done about 2 weeks earlier elsewhere reported massive ascites with internal echoes and multiple septas. The ascites fluid was thick in consistency suggestive of hemorrhagic nature. The ascitic fluid tapped and examined by her previous physician revealed the fluid to be exudate.

She was operated under general anaesthesia and the abdomen was explored through a right paramedian incision. The tumour was found to be cystic and was arising from the right ovary, having irregular surface with multiple solid and cystic areas. The omentum was adherent at places. No lymph nodes were palpable. Thinking it to be malignant, the tumour was removed intact. Four units of blood were transfused in the para-operative period.

The specimen weighed 14 kgs and measured 40x35x30 cms. The cut section revealed loculations of varying sizes containing mucinous material and separated by intervening solid areas. The histopathology report showed mucinous cystadenoma of ovary with complex glandular proliferation and exfoliation of epithelium at places. There was no evidence of malignancy.

Discussion

Mucinous cystadenomas constitute 20% of all benign ovarian neoplasms and are commonly seen in the third to fifth decades of life; about five percent are bilateral

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and multiloculated. The average size is around 15-30 cms. Their external surface is smooth and they are lined by a single layer of columnar cells. If these rupture in the peritoneal cavity, the thick, gelatinous, mucinous material is discharged into the peritoneal cavity resulting in pseudo-myxoma peritoni.

Sengupta and Sanyal[1] did not find a single case of mucinous cystadenoma in their study of 'Gynecological problems in children and adolescent girls'. They studied girls up to 18 years of age and the ovarian cysts were seen in 14 out of 56 patients having acquired disease (25%).

Trivedi et al[2] reported a case of mucinous cystadenoma of 30x28x22 cms size removed laparoscopically in a 40 year old multigravida. Though they had thoroughly investigated the case including tumour markers, the risk of spilling of mucinous material in the peritoneal cavity cannot be overlooked and only a long follow up will show whether the patient develops pseudo-myxoma peritonei.

The present case is reported because of its unusual nature, its occurrence in a 15 year old girl in contrast to the usual age of occurrence in third to fifth decade of life,its enormous size and it remaining localized in its capsule inspite of repeated attempt at paracentesis.

References

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