e - ISSN - 2349 - 8005

INTERNATIONAL JOURNAL OF ADVANCES IN CASE REPORTS

Journal homepage: www.mcmed.us/journal/ijacr

HUGE OVARIAN MUCINOUS CYSTADENOMA IN A YOUNG GIRL: A CASE REPORT

Mohamed Rezk*

Department of Obstetrics and Gynecology, Faculty of Medicine, Menoufia University, Menoufia, Egypt.

Corresponding Author:- **Mohamed Rezk**
E-mail: m_rezk9207@yahoo.com

Article Info
Received 15/07/2015
Revised 27/08/2015
Accepted 02/09/2015

Key words:
Mucinous cystadenoma

ABSTRACT
Our reported case was a 19-year old virgin female presented with marked abdominal distension and pelvi-abdominal swelling at Menofeyia governorate in Egypt. Her clinical data were collected by history-taking, clinical examination, laboratory investigations including tumour markers, transabdominal ultrasonographic examination and C.T. scan. Exploratory laparotomy was done with right oophorectomy performed. The histo-pathological study of the excised surgical specimen revealed benign ovarian mucinous cystadenoma..This case report emphasizes the significance of thorough evaluation of all patients presented with vague abdominal pains. The clinician dealing with adnexal masses should be aware of the possibility of having an epithelial ovarian tumour even in younger age before the age of 30 years.

INTRODUCTION

Ovarian mucinous cystadenoma is a benign tumour that arises from the surface epithelium of the ovary. Grossly, It is a multilocular cyst with smooth outer and inner surfaces. It tends to be huge in size. Of all ovarian tumours, mucinous tumours comprise 15% . About 80% of mucinous tumours are benign, 10% are border-line and 10% are malignant [1].

Although benign ovarian mucinous tumours are rare at the extremities of age, before puberty and after menopause, they are common between the third and the fifth decades [2,3]. The most frequent complications of benign ovarian cysts, in general, are torsion, haemorrhage and rupture. As it contains mucinous fluid, its rupture leads to mucinous deposits on the peritoneum (pseudo-myxoma peritonei). This report presents a case of a huge ovarian mucinous cystadenoma in a virgin, one of the biggest reported ovarian tumours in the medical literature.

Case Report

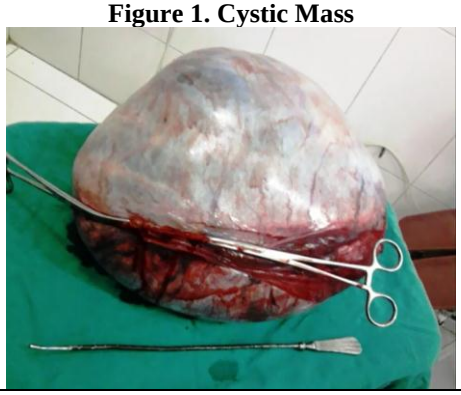
A 19 year-old virgin female with no history of medical disorder or any gynecological problem presented with pelvi-abdominal swelling reaching to the xiphisternum, On physical examination, blood pressure was 100/70 mmHg and pulse was 70 beats per minute. Body weight 61 Kgm and height 150 cm (BMI: 20.3 Kg/m²). Abdominal ultrasound and C.T. scan were performed and revealed right ovarian cystic mass measuring 25x 35 cm with solid component with no ascites and no other abnormality. Tumour markers in the form of CA-125, α-fetoprotein and β-hCG were not elevated.

Our patient was counseled and signed informed consent for surgical exploration. Under general anaesthesia, an initial midline subumbilical incision was done where a huge cystic mass was noticed arising from the right ovary. Later on, the incision was extended up, about 6 cm below xiphisternum, to deliver the cystic mass intact without exposed it to the risk of rupture inside the abdomen. The outer surface of the mass was smooth, regular and intact all around with no external growths or adhesions. The uterus, right adnexa, and appendix were looking healthy.

No ascites or enlarged para-aortic lymph nodes were discovered. Right oophorectomy was performed as the whole ovary was involved in the mass. The size of the tumour was 35 × 25 × 18 cm with 6,4 kg in weight (figure-1).

Microscopic examination revealed benign mucinous cystadenoma. Postoperative recovery was uneventful and the patient was discharged on the 5th postoperative day to be followed-up every 3 months.

Figure 1. Cystic Mass



DISCUSSION AND CONCLUSION

Mucinous cystadenoma is a benign ovarian tumour. It is reported to occur in middle-aged women. It is rare among adolescents [4]. On gross appearance, mucinous tumours are characterized by cysts of variable sizes without surface invasion.Only 10% of primary mucinous cystadenoma is bilateral [5]. In our case, the tumour was unilateral, affecting the right ovary. The cyst was filled with sticky gelatinous fluid rich in glycoprotein. Histologically, mucinous cystadenoma is lined by tall columnar non-ciliated epithelial cells with apical mucin and basal nuclei.

They are classified according to the mucin-producing epithelial cells into three types [5]. Management of ovarian cysts depends on the patient's age, the size of the cyst and its histo-pathological nature. Conservative surgery as ovarian cystectomy and salpingo-oophorectomy is adequate for benign lesions [3].In our case, right oophorectomy was sufficient.

ACKNOWLEDGEMENT: NIL

CONFLICT OF INTEREST: NIL

REFERENCES

1. Crum CP, Lester SC, Cotran RS. (2007). Pathology of female genital system and breast. Robbins' Basic pathology Elsevier Company, USA Kumar V, Abbas A, Fausto N, Mitchell R , Chapter 19, 8.
2. Vizza E, Galati GM, Corrado G, Atlante M, Infante C, Sbiroli C. (2005). Voluminous mucinous cystadenoma of the ovary in a 13-year-old girl. *J Ped Adoles Gynecol*, 18(6), 419-422.
3. Alobaid AS (2008): Mucinous cystadenoma of the ovary in a 12-year-old girl. *Saudi Med J*, 29(1), 126-128.
4. Ozgun MT, Turkyilmaz C (2009): A giant ovarian mucinous cystadenoma in an adolescent: a case report. *Arch Med Sci*, 5(2), 281-283.
5. Mansoor NA, Jezan HS.(2015): Spectrum of ovarian tumors: Histopathological study of 218 cases. *Gulf J Oncolog*, 1(18), 64-70.