



E-ISSN: 2708-0064
P-ISSN: 2708-0056
www.allcasereports.com
JCRSI 2019; 1(1): 03-04
Received: 05-11-2018
Accepted: 08-12-2018

Omar Massoud
Department of Scientific, Arab
Academy for Science,
Technology & Maritime
Transport, Alexandria, Egypt

A case of large ovarian cyst in 38 years old female patient

Omar Massoud

DOI: <https://doi.org/10.33545/27080056.2019.v1.i1a.2>

Abstract

Most ovarian cysts are asymptomatic and disappear spontaneously. Ovarian cysts reach enormous dimensions without raising any symptom. We reported a case of large ovarian cyst in 38 years old female.

Keywords: asymptomatic, ovarian, cysts

Introduction

An ovarian cyst is a common gynecological problem and is divided into 2 main categories; physiological and pathological. Physiological cysts are follicular cysts and luteal cysts. Pathological cysts are considered as ovarian tumors, which might be benign, malignant, and borderline ^[1]. Benign tumors are more common in young females, but malignant are more frequent in elderly females. Most ovarian cysts are asymptomatic and disappear spontaneously. When ovarian cysts are large, they may cause abdominal discomfort. If pressing on the bladder it may also cause frequency of urination. The signs and symptoms of ovarian cysts may include; pelvic pain, dysmenorrheal, and dyspareunia ^[2].

Occasionally, ovarian cysts reach enormous dimensions without raising any symptom. A few cases of giant ovarian cysts have been sporadically reported in the literature ^[3]. Furthermore, Mucinous cyst adenomas (MCAs) of the ovary are known for their potential to grow to massive proportions and are often incidentally diagnosed. They are typically benign tumors accounting for 15% of ovarian neoplasms and up to 80% of all mucinous tumors ^[4]. Ovarian MCAs are characteristically unilateral, only 5% presenting bilaterally, and the peak incidence occurs among women who are between 30 and 50 years of age. MCA appears as a large cystic mass, often multiloculated, containing sticky gelatinous fluid. The vast majority of mucinous tumors are benign (75%), 10% borderline, and 15% carcinomas ^[5]. We reported a case of large ovarian cyst in 38 years old female.

Case report

A 38 years old female reported to the department with swelling of abdomen since 6 months. There was mild to moderate diffuse pain abdomen throughout the day. Patient was physically fit.

Abdominal examination showed a uniformly large cystic mass extending from pubis to epigastrium. Patient was subjected to routine blood examination. Ultrasonography (USG) revealed a large swelling approximately 52X 40 cm in cranio-caudal dimension arising from pelvis and extending right up to both hemi-diaphragms. Contrast enhanced computed tomography (CECT) showed an ovarian mass repelling the rest of the intraperitoneal organs. Left ovary and uterus found to be normal. There was a large mass of 52 cm by 40 cm in cranio-caudal direction arising from the pelvis. Based on clinical, USG and CECT findings, laparotomy was planned.

Cyst was aspirated and 20.5 liters of fluid was aspirated. On decompression, it was observed that cyst was originating from right ovary. Left Ovary and Uterus were unremarkable. Total excision of the cyst was done that measured 975 gms by weight. Total volume of the cyst was calculated to approximate 14.7 kgs. Histopathological examination suggested benign mucinous cyst adenoma of the Ovary. Patient was discharged after 3 days. Prognosis of the case was good.

Corresponding Author:
Omar Massoud
Department of Scientific, Arab
Academy for Science,
Technology & Maritime
Transport, Alexandria, Egypt

Discussion

Most ovarian cysts are asymptomatic and disappear spontaneously. When ovarian cysts are large, they may cause abdominal discomfort. If pressing on the bladder it may also cause frequency of urination. The signs and symptoms of ovarian cysts may include; pelvic pain, dysmenorrhea, and dyspareunia. Other symptoms are nausea, vomiting, or breast tenderness, fullness and heaviness in the abdomen and frequency and difficulty emptying of the bladder [6]. Patients with clear, simple ovarian cysts diagnosed by ultrasound might not require any treatment. However, monitoring using serial ultrasonography was carried out in women with simple ovarian cysts smaller than 5 cm in diameter and a normal CA 125. There is a good evidence to suggest safety of observing even a 10 cm ovarian cyst [7]. We reported a case of large ovarian cyst in 38 years old female.

Abduljabbar *et al.* [8] had 244 cases of ovarian cysts during the study period. The age ranged from 3 months to 77 years of age. The parity ranged from 0-6. The height ranged from 37-180 cm. The weight range from 3-161 kg, and calculated body mass index ranged from 12-47. Out of 244 patients diagnosed, 165 were married (67.4%). Of those, only 16 patients were pregnant (6.6%). The most common presentation was abdominal pain in 142 patients (58.2%). Only 79.9% were ovarian cysts, and 17.5% were either para-ovarian or retroperitoneal. The right ovaries were affected in 63.1%, and only 18.9% were bilateral. The types of ovarian cysts included functional cysts 33.2%, benign cyst-adenoma 19.3%, and dermoid cysts 12.3%.

Kim *et al.* [9] reported a case of ovarian cyst in 26 years old female. A laparoscopic left salpingo-oophorectomy was performed. Laparoscopic approach to giant ovarian cyst may be difficult regarding the risk of cyst rupture and limited working space. To reduce the limitations of the laparoscopy, we performed laparoscopy after aspirating the cystic contents. During laparoscopy, abdominal cavity was explored by the scope. Cyst contained about 53 L of fluid. The histopathologic examination revealed a borderline mucinous tumor of the left ovary. Laparoscopic excision of giant ovarian cyst seems to be safe and applicable treatment modality.

Bhasin *et al.* [10] stated that mucinous cyst adenomas (MCAs) of the ovary are known for their potential to grow to massive proportions and are often incidentally diagnosed. They are typically benign tumors accounting for 15% of ovarian neoplasm's and up to 80% of all mucinous tumors. Sometimes, it becomes very difficult to identify the source of these cysts and are misdiagnosed as mesenteric cyst. Final diagnosis is only possible at laparotomy. Here we report a case of Giant ovarian cysts in an octogenarian female, weighing 27 kgs.

Conclusion

Authors found that ovarian cysts are common in females. We reported a case of ovarian cyst in 38 years old female managed successfully.

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