Huge Mucinous Cystadenoma of the Ovary

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Abstract

Mucinous cystadenomas tend to be large, unilateral cysts, sometimes reaching enormous proportions and yet still remaining benign.Here we describe a 21 year old female patient who developed a large mucinous cystadenoma and presented as gradual abdominal distention.

Key words:mucinous cystadenoma of the ovary , ovarian neoplasm.

Introduction

The ovary present 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 complementary benign and highly malignant neoplasms. These account for more than 60- 80% of the ovarian tumours 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

A 21 year old unmarried female presented with painless gradual abdominal distention of three months duration .Except for the abdominal distention and heaviness the patient had no other complaint. On examination the patient looks well, vital signs were normal, chest examination was normal .There was obvious huge abdominal distention on inspection symmetrical in nature with no umbilical displacement.

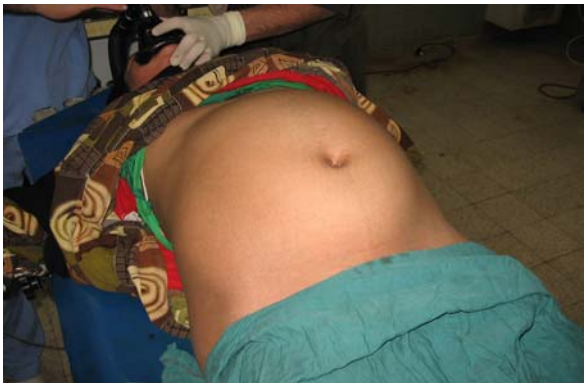
On palpation the abdomen was soft, no tenderness. No shifting dullness. On percution there was dullness all over the abdomen except for the epigastric area. Normal bowel sounds on auscultation. Blood investigation was normal .Abdominal U/S showed the right ovary containing (10 mm) multiple follicles. Left ovary not seen. There is a huge thick wall (13mm) cystic lesion occupying most of the abdominal cavitiy, at least measure 28 x 21 cm in diameter containing two complex masses within The patient was prepaired for surgery and a long mid line abdominal incision had to be performed extending from the xiphoid process to the symphsis pubis in order to remove the cyst in toto. .Explorative laparotomy revealed a huge cyst arising from the left ovary occupying the whole abdomen and reaching below the costal margin,

pushing all the intestine and greater omentum into the upper abdominal compartment. The cyst had a smooth wall with no adhesion to the surrounding viscera and was loculated.The right ovary was found to contain two small cysts 2 by 3 cm in dimensions. Left Oopherectomy and rt. ovarian cystectomy was done. The cyst was removed successfully and weighed 9 kg and measured 30 X 25 X 23 cms. The patient had a smooth post operative period and was dischared from the hospital two days later.the histopathological result revealed benign mucinous cystadenoma with simple follicular cysts of the right ovary.

Discussion

Mucinous cystadenomas constitute 20% of all benign ovarian neoplasm and are commonly seen in the third to fifth decade of life , about 5% are bilateral .The average size is around 15 – 30 cm .Shaw (1932) reported a number of benign tumours weighing more than 91 kg , the heaviest being a case described bySpohn of texas , which weighed 148 kg . This latter tumour extended from the patient's chin to midway between the knees and feet; 135litres of fluid drained by tapping one week prior to removal of the tumour, and the patient survived the operation. Atlee of Pennsylvania, between 1861 and 1900, tapped a cyst 269 times, removing nearly 956 litres of fluid. They are multilocular with smooth outer and inner surfaces. The fluid content is mucinous of variable consistency but characteristically jelly – like, and can be discolored with blood or pus. The loculi , lined by a single layer of tall mucus – secreting columnar cells with dark staining nuclei , are variable size .It is unusual for papillary processes to be present , but when they are , they are suggestive of malignancy .Malignant change in mucinous cystadenomas is thought to occur in 5 – 10 % of cases . Unlike serous tumours, the mucinous variety may have benign, borderline and malignant elements in the same tumour , and it is therefore important that extensive sampling is undertaken by the pathologist when examining the tumour. Mucinous cystadenocarcinoma tend to be predominantly solid .

These tumours may some times misdiagnosed as pregnancy or as ascitis and treated with diuretics and paracentesis.



Pseudomyxoma peritonei is a rare complication of mucinous tumours , usually of borderline malignancy, which occurs when spontaneous perforation of the cyst leads to implantation of cells of low malignancy on the peritoneum.These cells form cysts or pockets of mucin surrounded by dense connective tissue . Mucocele of the appendix may also be a cause of the condition and may coexist with a mucinous tumour of the ovary .The patient usually dies from malignant cachexia after several laparotomies to remove the collected mucin .Unfortunately ,treatment seems to be of little avail as regards ultimate survival ,though long et al .(1969) report a 45% 5-year survival from the condition with death occurring from between 4 month and 24 years after diagnosis.

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