
Torsion of Mucinous Cystadenoma of Ovary – A Case Report

Akshatha D S¹, Prashanth F G², Pooja P³, Veena M Vernekar⁴, Sreelatha S^{2}*
*^{1,2,3,4}Junior Resident, ²Professor, Department of Obstetrics and Gynaecology,
ESIMC & PGIMSR, Rajaji Nagar, Bangalore, India*

**Corresponding Author*

Email Id: dr.sreelatha2011@gmail.com

ABSTRACT

Background: The ovary is affected by a diverse set of neoplastic and nonneoplastic conditions. Mucinous neoplasms of the ovary account for 10%–15% of ovarian neoplasms. They may be benign, borderline, or malignant. The large majority are benign or borderline, accounting for 80% and 16%–17%, respectively. Case report: we are reporting a case of 43-year-old P2L2 tubectomised presenting with complaints of lower abdominal pain and vomiting 6-7 episodes for one day. Vitals were stable on examination. On per abdomen examination mass of 18-20 weeks size was seen. Two units of packed red blood cells was transfused. Emergency ultrasound was done showed the cyst showed thick septa? right ovarian cystic neoplastic lesion. Endometrial thickness = 12mm. MRI abdomen and pelvis was done showed mucinous cystadenoma, malignancy cannot be ruled out. Right complex ovarian cyst with torsion of right ovary. Emergency laparotomy proceeded to right oophorectomy was done. Post operatively one-unit packed cells was transfused and sutures were removed on post op day 7 and discharged on post op day 11. Patient was stable at the time of discharge. Conclusion: All women reporting to the OPD with complains of vague abdominal pains should be examined properly and timely intervention should be done so that complications can be avoided. Prognosis will be better if intervened at the proper time.

Key words: Mucinous cystadenoma, torsion, laparotomy, oophorectomy.

INTRODUCTION

Ovarian mucinous tumours can be benign, borderline or malignant. They represents 8-10% of epithelial ovarian tumours [1]. About 80% of mucinous tumours are benign, 10% are borderline and 10% are malignant [2,3]. These cystic ovarian tumours have loculi lined with mucin secreting epithelium. The lining epithelial cells contain intracytoplasmic mucin and resemble those of endocervix, gastric pylorus or intestine. These tumors may reach enormous size and fills the entire abdominal cavity.

CASE REPORT

We are reporting a case of 43-year-old P3L2 tubectomised presenting with the complaints of lower abdominal pain for one day which is dull aching type, non-radiating in nature and which aggravates on doing work and relieves on taking rest and medications. She complains of vomiting 6-7 episodes since a day containing food particles, non-projectile type, non blood stained. She also gives history of heavy menstrual bleeding for 3 months, regular cycles, 5-6 days of flow, changes 4-5 pads per day, passage of clots and history of dysmenorrhea. On examination vitals were stable. CVS/RS examination within normal limits. Per abdomen examination mass of 18-20 weeks size, per speculum examination cervix is hypertrophied, erosion present, minimal bleeding through os. Per vaginal examination exact size of uterus could not be made out, bilateral forniceal fullness was present. All blood investigations were

done. Two units of packed red blood cells was transfused .CA-125 was 22.95 U/ml. CEA was 0.59. Ultrasound was done which showed right adnexa shows multiloculated cyst measuring 20*19*17 cm extending from pelvis to hypochondriac and epigastric region. The cyst showed thick septa? right ovarian cystic neoplastic lesion. Endometrial thickness = 12mm. MRI abdomen and pelvis was done showed mucinous cystadenoma, malignancy cannot be ruled out. Right complex ovarian cyst with torsion of right ovary. Emergency laparotomy was done right ovarian hemorrhagic cyst of 18*16 cm with two loops of complete torsion. Left sided tubes and ovaries was normal hence proceeded to right oophorectomy. Post operatively 1-unit packed cells was transfused and sutures were removed on post op day 7 and discharged on post op day 11. Patient was stable at the time of discharge. Histopathology report showed mucinous cystadenoma.

DISSCUSSION

Mucinous cystadenoma is a benign ovarian tumour. It most commonly occurs in middle-aged women. It is rare among adolescents and prior to menarche. The incidence of combined benign and malignant ovarian tumours has been estimated to be around 2.6 cases per 100,000 in girls younger than 15 years of age [4]. The most common types of epithelial neoplasm were benign cystadenoma, of which 75% were serous cystadenomas and 25% were of mucinous variety [5]. The Mucinous tumours are usually unilateral, and only 10% are malignant [4].

Grossly Mucinous cystadenoma appears as large cystic mass and often is multiloculated and contains gelatinous fluid. Microscopically the tumour consists of cystic spaces lined by tall columnar epithelium with mucinous differentiation.

Histopathologically, three groups of mucinous tumours have been described- (1) Mucinous cystadenoma, (2) mucinous tumor of uncertain malignant potential (borderline) and (3) mucinous carcinoma. In Mucinous cystadenoma no nuclear stratification and no stromal invasion is seen. while In Mucinous carcinoma stromal invasion or nuclear stratification in excess of three layers is seen. Mucinous borderline tumors have been subclassified into intestinal and endocervical subtypes.

Usually, Mucinous tumours present as abdominal distension and a huge mass can be palpable per abdomen, found to fill the entire abdominopelvic cavity. The mean size of primary Mucinous cystadenoma has been documented as 16-20 cm. Can also present as acute pain abdomen due to torsion, which might mimic acute appendicitis.

Ultrasound abdomen is usually the first line imaging modality. MRI or CT abdomen can be done if the diagnosis is unclear. Carcinoembryonic antigen (CEA) is the most useful serum tumor marker.

The treatment for benign Mucinous cystadenoma usually has consisted of salpingo-oophorectomy and no further treatment is required, but patient can be followed up with ultrasound.

CONCLUSION

Mucinous tumors of the ovary represent a spectrum of neoplastic disorders, including benign mucinous cystadenoma, pseudomyxoma peritonei, mucinous tumors of low malignant potential (borderline), and invasive mucinous ovarian carcinoma. but the vast majority are

benign or borderline. Mucinous ovarian neoplasms are staged and treated surgically and have a good prognosis

REFERENCES

- 1) Berek, Jonathan S. South Asian edition of Berek and novak gynecology, 16th ed, chapter 39,1081-82.
- 2) Vizza E, Galati GM, Corrado G, Atlante M, Infante C, Sbiroli C: Voluminous mucinous cystadenoma of the ovary in a 13-year-old girl. *J Ped Adoles Gynecol* 2005, 18(6):419-422.
- 3) Mittal S, Gupta N, Sharma A, Dadhwal V: Laparoscopic management of a large recurrent benign mucinous cystadenoma of the ovary. *Arch Gynecol Obstet* 2008, 277(4):379-380.
- 4) Sri Paran, T., Mortell, A., Devaney, D. *et al.* Mucinous cystadenoma of the ovary in perimenarchal girls. *Ped Surgery Int* **22**, 224–227 (2006). <https://doi.org/10.1007/s00383-005-1624-1>
- 5) Flotho C, Ruckauer K, Duffner U et al (2001) Mucinous cystadenoma of the ovary in a 15-year-old girl. *Pediatr Surg* 36(6):1–3