

# Case report of a huge serous cystadenoma (7.2kg) in a perimenopausal woman

## Abstract

Here we are Reporting a case of large Benign Serous Cystadenoma in a 45year old woman with distension of abdomen. Ultrasonography done was suggestive of large multiseptate lobulated cystic lesion arising from pelvis measuring mass of 24cmx17cm with multiple thick septa [3.5mm] showing vascularity within, while on Computed tomography scan it was suggestive of 24cmx16cmx19cm right ovarian mass with multiple thin walled septae s/o rt ovarian neoplasm likely benign neoplasm. Exploratory laparotomy with Rt ovarian cystectomy with Total abdominal hysterectomy with Lt sided salpingo-Oophorectomy was done. Mass of 22x15 x17cm size of weight 7.2kg removed and send for frozen section suggestive of benign serous cystadenoma.

**Keywords:** computed tomography, ovarian mass, benign serous cystadenoma, ultrasonography, salpingo-oophorectomy, hysterectomy

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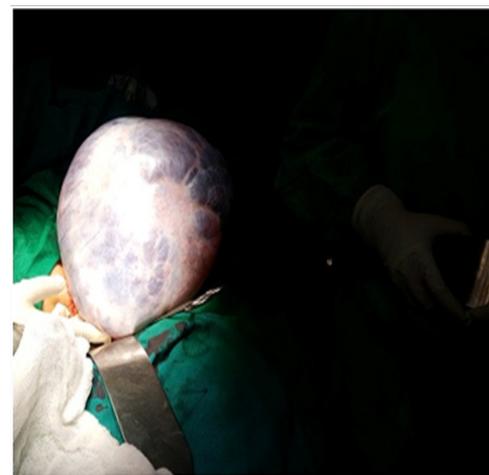
## Introduction

Head and neck dermoid cysts usually occur during childhood as solitary lesions and relatively rare lesions. The Dermoid cysts over the anterior fontanelle represent about 0.1-0.7% of all skull tumors. The most common type of dermoid cyst of the head and neck is congenital dermoid inclusion cyst (CDIC). It is a soft mobile cystic mass covered by normal skin which does not cause any pain. CDIC over the anterior fontanel is a rare and benign lesion located over the anterior fontanel.<sup>1,2</sup> There is no communication between the cyst and the intracranial cavity. Diagnostic imaging such as simple X-rays and computer tomography (CT) scan are necessary for identifying the correct lesion. Here we report a rare case of CDIC over the anterior fontanelle in an infant which was removed surgically.

## Case report

45Year old women presented to our hospital with complaints of gradual distension of abdomen since 2months and diffuse pain in abdomen since 1year. All routine laboratory test values were within normal limits. On general examination patient was vitally stable. Per abdominal examination revealed large abdominal mass corresponding to 30 to 32weeks Gestational size of uterus arising from pelvis, smooth surface, and firm in consistency, mobility slightly restricted. Its lower border could not be felt (Figure 1). Per speculum examination revealed cervix vagina healthy. On per vaginal examination a mass of 30-32weeks gestational size was palpable which firm to hard in consistency, uterus was could not be felt separately from the mass, bilateral fornices were free and there was no tenderness. Abdominal ultrasound examination showed a large multiseptate lobulated cystic lesion arising from pelvis measuring mass of 24cmx17cm with multiple thick septa [3.5mm] showing vascularity within Contrast enhanced computed tomography of the abdomen and pelvis

demonstrated a 24cmx16cmx19cm Right ovarian mass with multiple thin walled septae s/o rt ovarian neoplasm likely mucinous neoplasm. Laboratory tests including tumour markers CA-125 and CEA were within normal limits. Patient underwent Exploratory laparotomy with Rt ovarian cystectomy with Total abdominal hysterectomy with it sided salpingo-Oophorectomy done intra operative findings were large cystic rt ovarian mass of 24x15x18cm seen with uterus normal size with cystic mass adherent to omentum and bowel and mass separated with blunt dissection and sent for frozen section which was suggestive of Benign Serous cystadenoma. Mass of 22x15x17cm size of weight 7.2kg removed (Figure 2) (Figure 3). Final impression suggestive Benign Serous Cystadenoma. The Patient's post operative course was uneventful.



**Figure 1** Intra op view of tumor mass.



**Figure 2** Weight of tumour mass.



**Figure 3** Post op view of ovarian mass.

## Discussion

Gynecological conditions can be present as variety of signs and symptoms in different age groups. One of the common gynaecological problem in women of all age group are pelvic masses of varying size, characters, may be symptomatic or asymptomatic. In prepubertal age group, pelvic mass can be functional cyst or germ cell tumour. Epithelial tumours are rare in prepubertal age group. Risk of malignant neoplasm is lower among adolescent than among younger children. There is increased incidence of epithelial neoplasm as age increases functional ovarian cyst more common in adolescence.

During reproductive age group, most of the ovarian mass is benign. Ovarian mass can be functional cyst or neoplastic with the help of widespread use of modern imaging techniques such as ultrasound and CT, detection of ovarian mass has become easier. Many ovarian tumors present as cysts, but all cysts are not tumors. Serous tumors are most common cystic neoplasm of the ovary, 60% of which are benign, 25% are malignant, and 15% are borderline cases. The majority of mucinous tumors are benign (75%), 10% borderline, and 15% carcinomas. Serous tumors usually present as large masses, up to 40cm in diameter.<sup>3</sup> Mucinous tumors also present as a large multi-loculated cystic mass filled with jelly-like fluid. Endometriosis of the ovary is another cause of ovarian cysts, hemorrhage inside the cyst results in the so-called chocolate cyst. Polycystic ovarian syndrome affects young women and results in multiple, 0.5cm-1cm subcortical cysts imbedded in the ovaries.

## Conclusion

Ovarian cysts more than 10cms are considered as Large Ovarian cysts. Two main variants are Serous and Mucinous. Most of them are benign. Cysts can be removed via laparoscopic or via exploratory laparotomy can be done depending on size and nature of cyst. Cysts of small sizes can be removed via laparoscopic method and for large sizes of cysts exploratory laparotomy is done. Hence laparotomy and total excision of cysts in these situations is the treatment of choice.

Surgery is recommended for simple cysts larger than 5cm and complex cysts of any size. Simple cysts of smaller than 5cm with a normal CA-125 level may be followed with serial ultrasounds. Benign cysts have an excellent prognosis, prognosis of malignant tumors varies with the type of tumor involved and time of detection. In any event, bilateral oophorectomy is rarely indicated in young female unless one is certain that the malignancy is present.

## Acknowledgements

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## Conflict of interest

The author declares no conflict of interest.

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