Giant Ovarian Mucinous Cystadenoma Discussion of One Case with Review of the Literature

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ABSTRACT

The giant mucinous cystadenoma is a rare ovarian neoplasm with benign biological behavior, characterized by a large tumor volume. Delayed diagnosis can cause serious complications such as rupture, infection and malignant transformation.

In this article, and based on literature review, we will discuss the case of a giant mucinous cystadenoma in a 54-year-old woman treated surgically by a total hysterectomy with bilateral adnexectomy.

Keywords: Mucinous cystadenoma, Ovarian tumor, Benign tumor

1. INTRODUCTION

The mucinous cystadenoma is a benign tumor of the ovary; the diagnosis is often delayed, leaving the tumor to take large sizes (1).

We report a case of large mucinous cystadenoma, the purpose of our work is to specify the clinical, paraclinical and therapeutic characteristics of this tumor.

2. CASE REPORT

We will present the case of Mrs. F.L age of 54 years, myomectomy carried out 15 years ago, following in the last one year for arterial hypertension under amlodipine 5mg / day, nulligest, nulliparous, post menopause for a year, with no notion of oral contraceptive use.

The symptomatology started a year ago by a pain in the type of gravity, associated with urges urination. The clinical examination revealed the presence of a painful and mobile latero-uterine mass in the right, reaching the umbilicus. Pelvic ultrasound showed the presence of a voluminous latero-uterine uterine pelvic mass on the right side, with impure fluid content containing cystic cisterns, non-vascularized in the Doppler, pushing the uterus to the left and measuring 176 x 125 mm of diameters (fig1).

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Magnetic resonance imaging revealed the presence of a sus-uterine multilocular cystic, median, slightly lateralized left, with variable signals, a discrete hyper signal in T1 who do not fade after saturation of fat, and a variable T2 hyper signal. It contains thin septa enhanced after injection of Gadolinium without visible tissue bourgeon, measuring 146 x 192 mm. The presence of a thin lamina of effusion at the Douglas is noted (fig2).

The preoperative assessment was without particularities; an exploratory laparotomy was indicated. At the exploration, we found a right latero-uterine cystic, with double component liquid and semisolid, with regular contours of 25 x 20 cm (fig 3). A total hysterectomy with bilateral adnexectomy was performed. The anatomopathological study was in favor of a mucinous cystadenoma without signs of malignancy. The postoperative monitoring was simple. And the patient left the hospital on the 5th day after surgery.
3. DISCUSSION

Mucinous tumors of the ovary are rare and often benign. They may be associated with other tumors such as Brenner or benign teratoma. It is a tumor of the woman during periods of genital activity, rarely during puberty and menopause\(^1\). Our patient is already menopausal.

Benign ovarian tumors are generally asymptomatic, they are discovered fortuitously during a clinical or radiological examination for abdominopelvic symptomatology. Pain is the main symptom; it is indicative of a complication (bleeding, torsion, rupture), sometimes the pain may be accompanied by vomiting evoking acute appendicitis, the presence of dysuria, constipation, edema of the lower limbs and venous collateral circulation witness the compression of the organs around\(^1\). Our case, the pain has been the reason for consultation for the patient, the pain was the type of gravity testifying a large tumor volume. Clinical examination may find abdominal deformity, given the volume of the tumor which can simulate ascites. Our patient had a distended abdomen. Palpation and percussion may find flow sign. In obese women, the clinical examination will be difficult to assess the clinical signs\(^1\).

Mucinous cystadenoa is easily recognized by ultrasound, but it is difficult to specify the benignity of the tumor. It is a generally unilocular, thin-walled tumor with partitions in rounded boxes of harmoniously connected honeycomb type; sometimes the cubicles are more echogenic\(^4\). The Doppler has an interest in presuming the malignancy or benignity of a tumor but with a high false-positive rate.

Magnetic resonance imaging (MRI) shows a circular cystic lesion, multi-located, the lesions have hyper signal in T1 and T2. They are related to the presence of mucin giving a honeycomb appearance more marked in MRI than in ultrasound. Vegetation’s are rare and smalls. The absence of tissue portion is a criterion of benignity\(^4,6\).

Mucinous cystadenoma occurs macroscopically in the form of a voluminous, unilateral, multilocular ovarian cystic lesion. The content is mucoid indicating a concentration rich in mucin\(^2\). In microscopy, benign mucinous cystadenoma is most frequently of the endocervical type. It includes argyrophilic cells and acute inflammation\(^7\).

The dosage of CA125 does not confirm the benignity or malignancy of an ovarian tumor; it has an interest in the postoperative monitoring of malignant tumors\(^1\). But the determination of the benignity or malignancy of a tumor during preoperative treatment is an important step in the management of these patients. According to a bundle of arguments: the patient's age, menopause, clinical characteristics, imaging and the dosage of CA125 helps reduce false diagnoses of cancers\(^8\).

The treatment is always surgical by median laparotomy; the laparoscopic technic is difficult to realize in the case of large volume tumor. In young women with fertility desire, conservative treatment (cystectomy, ovariectomy, adnexectomy) may be realized. Conservative treatment is only possible if the contralateral ovary is injury-free. In post-menopause women, a total hysterectomy with bilateral adnexectomy is preferred. Peritoneal fluid sampling must be done systematically and has to be sent for cytological analysis\(^3\).

4. CONCLUSION

The ovarian giant mucinous cystadenoma is a benign tumor of the ovary. It is characterized by a large volume, ultrasound and MRI orientates the diagnosis. The treatment is primarily surgical.

REFERENCES
