Surgical Treatment of Giant Ovarian Mucinous Cystadenoma: A Case Report

L. Andrejevic, A. Andrejevic, S. Cvetkovic, B. Odalovic, V. Nestorovic
Gynecological Clinic, Faculty of Medicine, Pristina- Kosovska Mitrovica
Corresponding Author: Lazar A Andrejevic ginekologijaks@gmail.com

ABSTRACT

Introduction: Benign tumors of the ovary can generally be divided into pseudo-tumor lesions that may be inflammatory or occurring by secretion in the already existing cavity, as well as genuine neoplasia that increase by increasing the number of cells. Real neoplasia of the ovaries originate from normal components of the ovary (epithelium, connective tissue, stroma, germinative cells, etc.). Mucinous cystadenoma is an ovarian tumor that occurs in 10-20% of all ovarian epithelial neoplasms. In most cases, benign is 85%. It is mostly one-sided. Case report: We present a 43 years old women, who came to the clinic at a later stage in tumor growth. The lower part of the abdomen is evident, it is 30 cm above the chest level. After receiving on the clinic, a complete clinical, laboratory and radiological treatment was performed. After conducting clinical trials, it was concluded that surgery was performed. It was done tumor extirpation and the right adnexectomy with medial infra and supra-umbilical excision. After the extempore confirmation that it was a benign tumor, the operation was brought to end. Early postoperative course passed neatly. The patient was fired from the clinic. By pathohistological analysis it was obtained that this is a mucinous cystadenoma of right ovary. Conclusion: Unilateral oophorectomy (adnexectomy) is certainly the right choice in treating a patient with mucinous cystadenoma. Therapy at giants cystadenoma is always surgical. Whether the surgery will be limited to adnexectomy one-sided or double-sided, or total hysterectomy, depends on the age of the patient.

Keywords: mucinous cystadenoma, adnexectomy, surgery

1. INTRODUCTION

Benign ovarian tumors can generally be divided into pseudo-tumor lesions that may be of inflammatory origin or occur by secretion in an already existing cavity, as well as genuine neoplasia that increase by increasing the number of cells. Pure neoplasia of the ovaries originate from normal components of the ovary (epithelium, connective tissue, stroma, germinative cells, etc.). Today, the most widely used is International Histological Classification of Tumors, 1974. Mucinous cystadenoma is an ovarian tumor that occurs in 10-20% of all ovarian epithelial neoplasms. In most cases, benign is 85%. It is mostly one-sided. It occurs most often in the age between 30 and 50 years, but can also occur in younger women.
It is characteristic of an enormous size, it can grow up to 50 cm in diameter, and is one of the largest tumors in the human body. The weight of mucinous cystadenoma can rise up to 70 kg. The most common mucinous cystadenoma who meet in clinical practice are those 10-30 cm in diameter. Most often, cystadenoma is multilocular, filled with typical mucous and mucinous content.

The histogenesis of mucinous cystadenoma is unclear, although two theories are mentioned. According to one, they are formed by metaplasia of the ovarian celomic epithelium, as indicated by the presence of mucinous cells of the endocervical type. Second theory is that these tumors are of teratogenic origin, because only one type of cell exists, in this case mucinous cells of the gastrointestinal type. They are most often asymptomatic. Symptoms that occur as a result of this tumor are also atypical. Abdominal discomfort, distension, pain and pressure in the abdomen are present, depending on the size of the tumor.

Therapy at patients with gynecological cystadenoma is always surgical.

We presented a female patient 43 years old on the Gynecology - Obstetrics Clinic of the Clinical Hospital Center Pristina, based in Gracanica.

![Figure 1: Histological review of mucinous cystadenoma ovary](image1)

2. CASE REPORT

A 42 years old patient went to the doctor seven years after she noticed changes in the abdomen and growth of the abdomen. The doctor of the Health Center Strpce referred her to the Gynecology - Obstetric Clinic of the Clinical Hospital Center of Pristina with headquarters in Gracanica. The patient lists the period of amenorrhea for a year.

She got her first menstrual period at age 13. Menstrual periods was mostly neat, rhythmic and bleeding. She lists 2 vaginal deliveries and 2 abortion. She also says that for augmentation of the stomach, she thought that she was a pregnant woman, and then she assumed she was a tumor, she just did not want to go to a doctor because of fear.

The gynecological examination presents the vulva of the pluripara, the femininity of the female type. Vagina- was elastic, transverse to two fingers. Cervix length was 1.5-2 cm, solid, smooth. The external mouth of the cervix is conical, insertable to the tip of the finger. Uterus is in indifferent position. The pelvis fills the tumor mass that is about 30 cm above the chest, hard-elastic consistency.

The tumor is more difficult to move in all directions, painfully insensitive to palpation and initiation. During the bimanual examination, it can be noticed that the cyst is clearly separated from the body of the uterus and is localized on the right adnexa. Evident was the fluctuation that indicated that it was a clean filled fluid content.

The patient was afebrile, normal skin discoloration of visible mucous membranes. The patient often aroused the feeling of nausea and instinct for vomiting.

Initial analyzes included a review of the gynecological and ultrasound examination, with accompanying biochemical analysis.

On the ultrasound was visualized a circular solid cystic mass of the clearly restricted capsules with hypoehnogenic content, with no visible partitions.

![Figure 2: Ultrasound review of giant tumor](image2)

Biochemical analysis were within the limits of reference values.
In this patient, the value of tumor markers CEA and Ca 19-9 was recorded within the limits allowed. After the analysis of the results obtained, it was decided to perform the surgery and surgically extract the tumor.

After adequate preoperative preparation, and after anaesthetise, after the disinfection of the operative field, the abdomen incised by infra, para and suprumbilical incision in consultation with the surgeon. It is presented after the opening of the abdomen in the area of the right adnexa, tumor size of a large watermelon, intracapsular, with numerous adhesions. The tumor was separated of peritoneum and multiple adhesions, and the right adnectectomy and tumor extirpation are made.

Histological, cystic cavities surrounded by fibrovascular bulkheads coated with a mucinous-type, cylindrical epithelium, filled with mucinous contents.

Figure 3: Intra-operative separating tumor of adhesions

It was taken a smear for a cytological examination from peritoneum, from Douglas and from the surface of the diaphragm. Also, from the left ovary, a smear from the fimbriae of the left ovarian tube is also taken. After the pathohistological confirmation of extempore analysis that it is a benign tumor, the operation is nearing complet.

The abdominal cavity is inspected, washed with a physiological solution and then the abdomen is getting stuck by anatomical layers.

Early postoperative course passed regularly and the patient was released from the clinic after 7 days.

The pathohistological findings found that it was a mucinous cystadenoma of the right ovary.

Macroscopic, crystal smooth walls, about 50 cm in diameter, weight about 20 kg, multilocular, filled with dense mucinous content.

Figure 4: Extracted cystadenoma mucinosum diameter 50 cm

Figure 5: Extracted cyst weight about 17 kg

3. DISCUSSION

In the 21st century, in the age of modern diagnostics and improved health enlightenment of the population, it is rare to find tumors of this size.[1,2]

Otherwise, tumors of this size could be found in older literature, which supports the development of diagnostic tools, and above all the availability of health care services.[1,2,4]

Complications of tumors of this size can be multiple, starting with problems in the intestinal peristalsis, problems with urinating, frequent torquations and many others.[4,5]

Malignant alteration, rupture, abscessing, and infections are rare but described complications.[3,6,7]
Access to the tumor of the ovary should always be cautious, no matter what kind of tumor it is. [2, 4, 5]

4. CONCLUSION

Although cystadenoma mucinosum is a benign tumor, a complete treatment involving ultrasound examination, screening of tumor markers, cytological analysis of peritoneal flushing, peritoneal smears, diaphragm smears, Douglas and smears of healthy ovaries has to be implemented.

Not so often, mucinous cystadenoma are the subject of emergency-acute surgical treatment.

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