

A CASE OF A LARGE MUCINOUS CYSTADENOMA OF THE RIGHT OVARY

E. AbdElrahim

College of Applied Medical Sciences Radiologic Sciences Department Taif University.

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ABSTRACT

CASE REPORT

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Corresponding author*

Dr. E. AbdElrahim

A 22 years old girl unmarried came to the hospital with her parent suffering from abdominal distension, lower abdominal and pelvic pain radiating to the right side. In the clinical examination, the doctors felt a very large abdominal-pelvic mass extending from the symphysis pubis to the xiphoid process of the sternum. Then he requested an abdominal-pelvic ultrasound (U/S). After that computerized tomography (CT) with contrast media was done as a further radiological investigation.

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INTRODUCTION:

Mucinous cystadenoma of the ovary is a benign ovarian tumor; it is a mucin-containing fluid. This type of tumor is 80% of mucinous ovarian masses and 20- 25% of all benign masses. The incidence of this tumor is around the ages of 30 -50 years old. This mass is covered by columnar epithelium like endocervical epithelium which secretes thick gelatinous mucin. (1) this type of cysts is a more common larger ovarian tumor, its presentation unilaterally 2-5% is bilateral. (2) In ultrasound appears as a large adnexal mass with numerous thin septations containing low-level internal echogenicity due to increase mucin content. (2)

CASE REPORT:

A 22 single female patient came to the hospital suffering from abdominal swollen.

This swollen started one year ago in the right pelvic region day after day increased in size, till it reached a maximum size as a huge abdominal mass compressing both kidneys and ureters causing bilateral hydronephrosis and hydrometers.

The patient requested to do abdominal-pelvic ultrasound (US), the US report finding was evidence of a large midline pelviabdominal cystic lesion seen from the level of the epigastrium to the pelvis measuring 26*18*15cm with papillary projections and turbid fluid and coarse septations that show no vascularity figure (1) for further assessment computerized tomography (CT) abdominopelvic with contrast media is recommended.

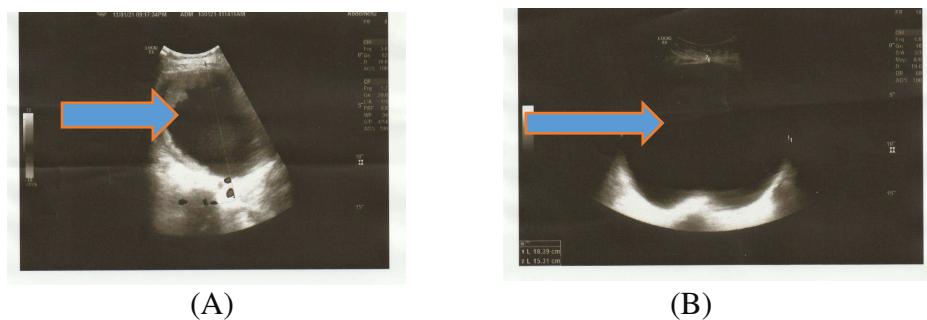


Fig 1: (A) and (B) Transabdomino-pelvic U/S shows a large midline abdominal-pelvic cystic lesion Arrow.

Multislice (64 channels) post-contrast CT scan of the abdomen and pelvis with multiplanar reformatted images revealed a well-defined large pelvic abdominal oval-shaped unilocular septated cystic lesion is seen probably originating from the right adnexal region measuring (26*18*13.3 cm) at its maximum dimension, it is filled with a fluid of high CT density with attenuation value

(28HU). Mural irregular thickening with protruding mild enhancing soft-tissue masses seen inside its upper right lateral part. The picture is suggestive of a large ovarian mucinous cystadenoma (probably from the right ovary) Figure (2). Mild pelvic ascites – bilateral hydronephrosis and hydrometers of upper 2/3 of ureters. The CT recommends taking a biopsy for histological verification.

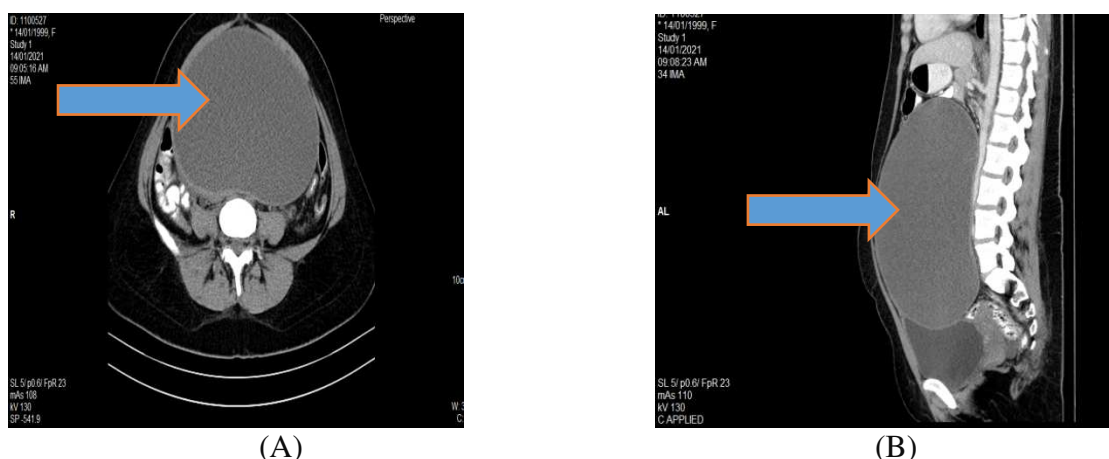


Fig 2: (A) Axial CT Abdomen with contrast (B) Coronal CT abdomen with contrast shows a large abdominopelvic cystic mass Arrows.

DISCUSSION:

Mucinous cystadenoma is a rare ovarian tumor in clinical practice, the majority of cases are detected in routine obstetrical and gynecological examinations. The existence of these tumors has a psychological change in patients, because of scary sensations of that it

is a malignant tumor, but fortunately, the majority of these types of tumor is benign. (3) Many reports confirm that Mucinous cystadenoma is a benign ovarian tumor of middle ages women, so in adolescents is uncommon. (4) in this case, the age of the patient is 22 years old its situation is in a rare

age to catch this disease. It is a rare case because of the age of the patient. A bilateral occurrence of primary mucinous cystadenoma is 10%, which means this type of tumor affects one ovary. (5) In my case, the tumor affected the right ovary, and the capsule of the tumor filled with fluid.

The biopsy result was a benign mucinous cystadenoma. The treatment of these cysts depends upon the age of the patient, the size of the tumor, and the histopathology result. Surgery is the treatment of choice in a large ovarian mucinous cystadenoma, removal of the cyst, ovary, and the fallopian tube in the side affected. (6) in the current case, the surgery was done complete resection of the right ovary including the tumor and right fallopian tube. The patient was seen very well, follow up of the patient, screening periodically by ultrasound every two months was done. Post-surgery the patient should be followed up carefully as reoccur of some types of tumor. (7)

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