



# A Case of Huge Mucinous Cystadenoma

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## ABSTRACT

**Introduction:** Ovarian mucinous cystadenoma is a benign tumour that arises from the surface epithelium of ovary.

**Aim/Objectives:** To report the occurrence of a huge benign ovarian tumour.

**Case Report:** A 24-year-old female presented to the OPD with complaints of pain lower abdomen, loss of appetite, and abdominal distension since 4 months. Her USG and CT scan reports showed it to be case of mucinous cystadenoma. She underwent laparotomy with left-sided cystectomy. Her Histopathological report showed borderline mucinous tumour. Peritoneal washing showed negative for atypical cells.

**Discussion:** Giant tumours are now a rare presentation due to their early diagnosis due to routine check-ups on ultrasound.

**Key Words:** Mucinous cystadenoma, Benign, Ovarian tumour, Multiloculated, Histopathology, Torsion

## INTRODUCTION

Ovarian cysts occur commonly in women of reproductive age groups. They are usually benign and therefore tend to be asymptomatic in the majority of population. Ovarian mucinous cystadenoma is a benign tumour that arises from surface epithelium of the ovary. It is a multilocular cyst with smooth outer and inner surfaces. Mucinous tumours comprise 15% of all benign ovarian tumours.<sup>1,2</sup> About 80% of mucinous tumours are benign, 10% borderline and rest 10% malignant. They tend to become huge in size. Most common complications include torsion, haemorrhage, and rupture leading to mucinous deposits on peritoneum.

## CASE REPORT

A 24-years-old female presented to the OPD with complaints of pain lower abdomen, loss of appetite, and abdominal distension since 4 month. She was P3L3 all by vaginal delivery. Her cycles were regular lasting for 4 to 5 days with average flow. On examination, she was of average built. Her vitals were within normal limits. On per abdomen examination, a cystic mass felt of size 26 to 28 wks size occupying left hypochondriac and lumbar region extending on right side, mobile, nontender. On per vaginal examination, cystic mass

was felt occupying all fornices with fullness in posterior fornix, uterus was deviated on right side. Uterine size could not be assessed.

## Investigations

She was admitted for further work up. Her Hb was 10.3G/dl, platelets  $2.55 \times 10^5 / \text{mm}^3$ . Liver and kidney function tests were within normal limits. Her tumour markers were done. AFP was 0.765 IU/ml, CA 125 was 31.7 U/ml, CEA 1.87ng/ml, b hcg was 2.39 mIU/ml. USG showed uterus 8.1x4.1x4.7cm with a large abdominopelvic cystic lesion arising from left adnexa of size 21.6x14.0x15.8cm with multiple thin septations. There was no wall calcification or internal vascularity. Left ovary could not be visualised separately. Right ovary normal. Her CT scan was done which further confirmed the findings of mucinous cyst adenoma of left ovary.

## Differential Diagnosis

The differential diagnosis includes benign ovarian cysts such as dermoid cysts, Brenner's tumour etc.

## Treatment

Management of ovarian tumours depends on patient's age, size of cysts and its histopathological nature. Conservative surgery such as ovarian cystectomy and salphingo-oophorectomy is adequate in case of benign lesion.<sup>5</sup> In our case,

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left-sided salphingo- oophorectomy was performed as the left ovary was involved and the tube was adherent to the mass. The right adnexa and ovary along with uterus were healthy looking and were left behind. There was no ascites or enlarged lymph nodes. Peritoneal wash was taken for examination. The patient was asked for regular follow up as some tumours have chances of recurrence.



**Figure 1:** Showing left mucinous cystadenoma of ovary.



**Figure 2:** Showing left mucinous cystadenoma of ovary.

## DISCUSSION

Giant tumours are now a rare presentation due to their early diagnosis due to routine check-ups on ultrasound.

## CONCLUSION

Mucinous cystadenoma is a benign ovarian tumour, which is reported in reproductive age group. It is rare in adolescent age groups,<sup>3</sup> and in association with pregnancy.<sup>4</sup> On gross examination, these tumours are characterised by cysts of variable sizes without surface invasions. The cysts are filled with sticky gelatinous fluid. In our case, histopathological examination showed multiloculated cyst with features of borderline mucinous tumour. Low grade cytological atypical is seen. At places the cyst lining epithelium showed micro-papillary projections but features of invasive carcinoma was not seen.

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