



Case Report: Pregnancy with Twisted Mucinous Cystadenoma Ovary

KEYWORDS

Mucinous cystadenoma ovary, pregnancy, ovarian torsion

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ABSTRACT

This is a case report of 19 weeks pregnancy complicated with a large Mucinous cystadenoma of Ovary. Nowadays with advent of ultrasonography, it is rare to find such large tumours during pregnancy.

It has a tendency to develop complications like torsion, spontaneous breakage which presents as acute abdomen during pregnancy. It can result into loss of pregnancy. If left untreated it can pose difficulties during delivery. This case is reported for its rarity.

INTRODUCTION:

Mucinous cystadenoma is benign tumour arising from the surface epithelium of ovary. It comprises 15% of total mucinous tumours¹. Dermoid and cyst adenoma comprises 60% of the total adnexal masses removed during pregnancy.

Mucinous cystadenoma is the²second most common epithelial tumour of ovary. It is usually multi locular, filled with mucinous fluid and can be very large. The surface is smooth and cut section reveals multiple locules. The seedling growth following rupture continues to secrete mucin, causing dense bowel adhesions and ureteric obstruction

The most common frequent and serious complication during pregnancy is torsion and incidence is around 5%.³

CASE:

21 year old G2P1L1 with 19wks 3 days pregnancy came with complaints of pain in abdomen since 1 day and 8-9 episodes of vomiting since morning. On examination it was noted uterus was 20 weeks size, relaxed and fetal heart sounds were regular. A cystic mass was felt arising from the pelvis extending up to midpoint between umbilicus and xiphisternum. It was more on the right side & non-tender. She was advised admission for further management.

Patient was sent for ultrasonography which revealed a thick walled, abdomino-pelvic cyst, measuring 16 x 10.2 x 14 cms seen in right adnexa & extending cranially till the right hypochondriac region. Routine antenatal investigations and CA 125 was sent which was 14.25 IU/ml. Decision was tak-

en to post the patient for exploratory laparotomy.

Intraoperatively a large haemorrhagic twisted cyst was seen arising from left ovary not separate from the ovary measuring approx. 20 x 20 x 20 cm. Left salpingectomy and left ovariectomy was done & the specimen was sent for histopathological examination. The report was suggestive of an ovarian mucinous cystadenoma showing changes of torsion. Suture removal done on 10th post-op day. USG Obstetrics repeated, patient was discharged on haematinics, calcium and progesterone supplementation.

DISCUSSION;

Mucinous cyst adenomas are one of the largest tumour known, several case reports have been published showing mucinous cyst adenoma complicating pregnancy and need for emergency surgical intervention⁴

Surgical intervention should be delayed till the second trimester of pregnancy.⁵ Patient undergoing emergency surgery because of torsion or haemorrhage are at greatest risk of abortion or premature delivery compared to elective surgery.

CONCLUSION:

The pregnancy with large volume of tumor presenting with a complication like torsion makes this case interesting. Immediate surgical intervention and follow up is the key of successful management.

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