Original Research Paper

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# UNUSUAL CASE OF HUGE TWISTED HAEMORRHAGIC OVARIAN CYST

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**KEYWORDS :**

## INTRODUCTION

Ovarian torsion, which affects females of all ages, is a gynecological emergency. It refers to a complete or partial rotation of the adnexal supporting organ, resulting in ischemic changes in the ovary. Torsions more commonly involve both the ovary and fallopian tube, and there are fewer cases of isolated torsion involving (one in 1.5 million women) (1)Torsion involving paratubal or paraovarian cysts has also been found. Early diagnosis and surgery are essential to protect ovarian and tubal function and prevent severe morbidity .

### Case Report

- A 30 years old P2L2A0 (LL-7years back) came to my OPD with severe pain abdomen , vomiting and retension of urine and constipation since last 3 days.She had a huge lump in the abdomen for last one and half years.She was admitted to some private hospital where she was catheterized.
- She had no relevant family,past and personal history.

### Examination

- General examination-pallor was present
- P/A –A lump of 24-26 weeks size,arising from pelvis,non mobile, cystic, little tender.
- P/V-uterus could not be felt separate from the mass ,though cervix could be felt anteriorly.Mass was huge occupying posterior and lateral fornices.
- Symptomatic and supportive t/t was given,to which the patient responded well.She could pass urine and stool on her own.

### Investigations-

- Blood group-O negative
- Hb-7.5 gm%
- TLC-10,300 /cmm
- PCV-23.5%
- S. Bilirubin-1.42mg/dl
- USG-Right ovarian large thin walled cyst of 127x113x93mm with volume 700-800cc with internal echoes,no intramural solid component- occupying right side of pelvic cavity.Left ovary normally visualized.
- CA -125 level-37.70 units/ml
- After building up the patient with intravenous iron sucrose (as O negative blood was not available )and other supportive measures, Exploratory laparotomy was planned with one unit of blood in hand.
- A midline vertical incision was given,a large about 20x20 cm mass was seen, occupying the abdominal cavity.Gently the mass was delivered out .The mass was coming from the right side , the ovarian ligament was twisted,no ovarian tissue was seen separately.At the base of the mass,a loop of bowel was adherent,adhesiolysis was done,ovarian mass was untwisted and clamps were applied at the base, cutting,transfixation and ligation was done. From the cut end chocolate coloured clotted blood was visible. The uterus was badly adherent anteriorly, could not be mobilized, left ovary and tube were healthy and freely mobile. Abodominal toileting was done, after achieving complete hemostasis, abdomen was closed.
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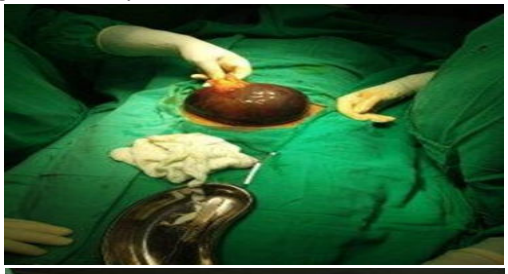
- The specimen was sent for histopathology. In the post operative period, recovery was fine.



### Histopathology Report

Histomorphology is consistent with Serous cyst adenoma with haemorrhage.

## REFERENCES

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5. 2015 Case Report Introduction Serous cystadenomas constitute about 40% of all ovarian tumours