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LAPAROSCOPIC REMOVAL OF GIANT PARAOVARIAN CYST:A CASE REPORT

General Surgery

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KEYWORDS

paraovarian cyst,voluminous,laparoscopic removal

INTRODUCTION:

Paraovarian cyst as name suggest lie alongside normal ovary.They represent 10% of all adenexal masses(1,2).These are derived from the mesothelial covering of peritoneum or from paramesonephric and mesonephric ramnants and are therefore lined by single layer of ciliated columnar or flattened cells(3). These cysts are usally very small ranging from 1 to 8 cm in diameter.Larger cysts more than 20 cm causes pressure symptoms and lower abdomen pain and occasionally torsion which leads to emergency surgery(4).

Giant and voluminous paraovarion cyst are rare and a few cases have been reported in literature. We report a case of large paraovarian cyst of size 311mm x227mm x120mm extending from pelvis to epigastric region which was managed succesfully with laparoscopic intervention.

CASE REPORT:

A sixteen year old girl came in our OPD with complaints of slowely increasing abdominal swelling for last nine months.Abdominal swelling was associated with mild abdominal pain over umblical region for last 15 days.There was no history of colicky pain, fever, vomiting, constipation,diarrhoea,loss of appetite and lose of weight. Her menses were regular at interval of 26-28 days and lasts for 3-5 days.

On abdominal exmination a smooth cystic lump extending from epigastrium to pelvis was palpated.It was nontender with smooth surface and was not mobile.A bulge was felt on per rectal examination.Patient was adviced CT scan.which showed a swelling of size 311 x227 x120 mm extending from epigastrium to pelvis(Fig1).Swelling was separate from ovaries.All other organs were normal.All preoperative investigation were then sent along with CA-125, CA 15-3, CA 19-9,CEA,AFP and beta HCG.All investigations were found to be normal which tells about its benign nature.Patient was then taken up for laparoscopic surgery.

A hasson trocar was put through supraumblical 11mm incision and cyst was first ruptured with trocar and fluid was aspirated.Then two 5mm trocar were put in the midclavicular line at the level of umblicus one on right and another on left side.Cyst was excised with preservation of ovaries.Intra and postoperative period was uneventful and therefore patient was discharged 4 days after surgery. Histopathology report confirmed the diagnosis of paraovarian cyst.

DISCUSSION:

Paraovarian cyst can be small and large.Small cyst are found in middle aged women and most of these cysts remain asymptomatic and disappear with time(5).

Large paraovarian cysts are usually found in younger women and because of large size they become symptomatic as they compress bowel,bladder and uterus.Between 2.1 to16% of paraovarian cysts develop torsion(6).Therefore these cases present as torsion and has to be differentiated from ruptured ovarian cyst,ureteric colic or appendicites(7).The cyst can be examined by both abdominal and bimanual vaginal examination.Ultrasound can diagnose by split sign which shows cyst seperating from from ovary after pushing the probe(8).Ct scan is helpful for confirming the diagnosis.

Fig1: CT SCAN OF GIANT PARAOVARIAN CYST

Conventional treatment for large paraovarian cyst is exploratory laparotomy through midline.In some cases oophrectomy or tubal excision is required(1).With advent of laparoscopy now even large paraovarian cyst are excised by minimal invasive technique as it causes lesser incision,lesser pain,early mobility and shorter hospital stay(9,10).As during laparoscopy there occurs magnification of tissues therefore there are less chances of injuries to ovary and fallopian tubes and therfore there preservation is helpful in young patients to remain fertile.

As in our case we were succesful to remove whole paraovarian cyst by laparoscopic approach.

CONCLUSION:

Laparoscopy is preferred over laparotomy in the management of giant paraovarian cyst after preoperative workup by which we exclude its malignant pathology.

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