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HUGE OVARIAN ENDOMETRIOMA WITH TORSION -A CASE REPORT

Obstetrics & Gynecology

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ABSTRACT

Ovarian endometriomas are seen in one third cases of endometriosis and usually do not exceed beyond 15 cms in size. Huge endometriomas are very rare. Only few cases of huge endometriomas have been reported. Endometriomas mostly do not undergo torsion. We are reporting a case of huge endometrioma with torsion. No such case has been reported so far. A 34 years old unmarried woman came to emergency with pain abdomen and vomiting for last one day .On examination and investigations, presumptive diagnosis of huge ovarian cyst with suspicion of haemorrhage and malignancy was made. On emergency laparotomy, a huge right ovarian cyst (27 x 25x10 cms in size) with torsion of the pedicle was found and right oopherectomy was done. Histopathological examination showed endometrioma of the ovary indicating that endometriosis should be considered as a differential diagnosis even in huge ovarian cysts and they can very rarely undergo torsiopn.

KEYWORDS

Ovarian, endometrioma, torsion, oopherectomy

Introduction

Endometriosis is a common gynaecological condition affecting 6 to 10% of women in reproductive age group (1). Ovarian endometriomas account for one third of these cases. Ovarian endometriomas rarely exceed 10- 15 cms in diameter and when diameter is more , malignancy should be suspected (2).Only a few cases have been reported ,where ovarian endometriomas have attained huge sizes(1-3). Torsion of these endometriotic cysts is rare because of associated pelvic adhesions .(4). We are reporting a rare case of a huge endometriotic cyst in which the patient reported to hospital only when she developed acute abdomen due to tosion of the cyst. To our knowledge, no such case has been reported so far.

Case Report

A 35 years old unmarried, nulligravida woman presented in the emergency department of the hospital with complaints of severe pain abdomen and vomiting for last 1day on 9-9-2019. Her previous menstrual cycles were regular lasting for 5to 6 days at an interval of every 28 to 30 days. Her last menstrual period was on 13-8-2019. There was no previous history of dysmenorrhoea or pelvic pain. On examination, she was conscious , her pulse was 100/mt, blood pressure was 122/76 mmHg and respiratory rate was 20/mt. She was afebrile and there was no pallor.On per abdomen examination,there was an abdominal mass arising from pelvis corresponding to 34 weeks size and tenderness was present all over the abdomen .Ultrasonography had been done in other clinic, which showed a large right adnexal cyst 20 x 15 cm. MRI abdomen and pelvis was done and it revealed a large abdominopelvic cystic lesion 22.9 x 20.4 x 15 cm in size in relation to right ovary with mild free fluid in pelvis and right paracolic gutter. The cyst exhibited hypertense signal on T1/T2w with evidence of T2 shadowing suggestive of haemorrhagic lesion (Fig1).

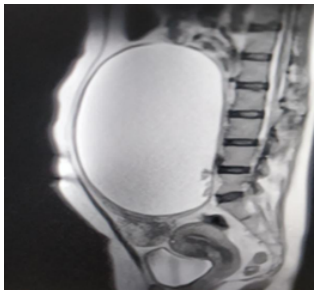

Fig1 MRI Abdomen& Pelvis showing large abdominopelvic cystic lesion in relation to right ovary with haemorrhage

Her haemoglobin was 12.1 gm/dl, TLC was 5.9thous/mcl, LFT's, RFT's were normal. Serum Ca125 was 101.80 u/ml and CEA was 1.86ng/ml. The possibility of malignant ovarian cyst with hemorrhage was kept in mind and exploratory laparotomy through midline vertical incision was done in emergency. On laparotomy, there was a large cystic mass occupying the whole abdomen and pelvis and it was arising from the right ovary. The cyst was cyst 27x 25 x10 cms in size and 5 kgs in weight (done postoperatively). It was unilocular with a thick wall and its surface was smooth but congested.(Fig 2). The cyst contained dark brown coloured fluid. There was torsion of this cyst on its pedicle by two and a half turns. Right fallopian tube was not twisted. The pedicle was also congested and thickened. Uterus, left tube and ovary were normal.

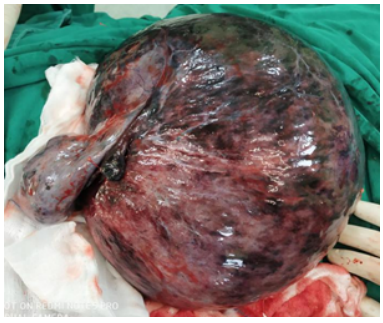

Fig 2 Gross appearance of right ovarian cyst with torsion

Peritoneal washings were taken. Right oopherectomy was done and omental biopsy was taken.. Postoperative period was uneventful and she was discharged on fourth postoperative day. Histopathological examination of the specimen showed benign haemorrhagic cyst lined by hemosiderin laden macrophages suggestive of endometriotic cyst with marked congestion of stroma consistent with history of torsion. Omental tissue showed focal congestion otherwise unremarkable. Peritoneal fluid cytology was negative for malignant cells.

DISCUSSION

Endometriosis is the presence of ectopic endometrium outside the normal uterine endometrium. The most common site of involvement is the ovaries. Ovarian endometriomas affect approximately 17-44 % of women with endometriosis. Their size is usually between 1-6 cms in size and occasionally reaches up to 14-15 cms (1). Rarely ovarian endometriomas can become giant and confound diagnosis and management.There are a few isolated case reports of such huge ovarian endometriomas(1-3). Mishra TS reported a case of giant endometrioma with cyst wall measuring 30 x 12 x10cm and containing 5000ml of dark brownish fluid in a 38 years old multiparous woman which mimicked ovarian malignancy. Larger endometriomas are more likely to harbour a neoplasm..Approximately 0.7 to 1.0% of patients with endometriosis have lesions that undergo malignant transformation.(2).

Primary complaints of patients with endometriosis are dysmenorrhoea, dyspareunia, infertility and constant pelvic pain. At times, the patient may be a symtomatic. In our case , patient presented in an unusual manner. She was asymptomatic till her huge endometriotic cyst developed torsion and she landed in emergency with acute pain abdomen. It is a rare presentation because ovarian endometriomas usually donot undergo torsion due to associated pelvic adhesions. Dermoid cysts and benign serous cystadenomas are most common cysts to have torsion. Moreover, in such huge space occupying lesions, torsion is difficult due to space constraint. Common predisposing factors for torsion are moderate sized cyst, free mobility and long pedicle (5).No such case of a huge endometriotic cyst undergoing torsion has been reported so far in literature. Hua d etal has reported one case of torsion in ovarian endometrioma of size 6 x 6cms in pregnancy(4).

CONCLUSION

Ovarian endometriotic cysts can rarely become huge in size leading to difficulty in diagnosis. So they should be considered even in the differential diagnosis of huge ovarian cysts. These huge endometrotic cysts ,although very rare, can undergo torsion and can present in an unusual manner as acute pain abdomen.

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