

CASE REPORT

SUCCESSFUL PREGNANCY IN VOLUMIOUS OVARIAN MUCINOUS CYSTADENOMA

Anjali Hemanth Nimbalkar¹

HOW TO CITE THIS ARTICLE:

Anjali Hemanth Nimbalkar. " Successful Pregnancy in Volumious Ovarian Mucinous Cystadenoma". Journal of Evidence based Medicine and Healthcare; Volume 2, Issue 09, March 02, 2015; Page: 1355-1358.

ABSTRACT: OBJECTIVES: To report the occurrence of a rare case of a huge benign ovarian tumour (Mucinous cystadenoma) with pregnancy. **METHODS:** The data was collected by history-taking, clinical examination, laboratory investigations, transabdominal ultrasonographic examination, and by histo-pathological study of the excised surgical specimen. **RESULTS:** The case was reported as a rare massive ovarian mucinous cystadenoma. **CONCLUSIONS:** This case report emphasizes the significance of thorough evaluation of all pregnant women presenting with ovarian tumors. Although the condition is extremely rare, it is potentially dangerous in its massive form if not timely diagnosed and managed properly. It is concluded that ovarian cyst in pregnancy must be followed-up properly. Early diagnosis and appropriate intervention is associated with best foeto maternal outcome. With the increasing awareness of such conditions, more cases can be detected and reported early.

KEYWORDS: Tumor, Mucinous, Cystadenoma.

INTRODUCTION: The incidence of adnexal masses in pregnancy is 0.5–2/1000 pregnancies.¹ More than 90% of cysts are benign. Physiological cysts are common before 12 weeks, Organic cysts like dermoid are common after 16 weeks. Dermoid and cystadenomas comprise 60% of the total adnexal masses removed during pregnancy.¹ One third of adnexal masses are found incidentally during routine ultrasound in early pregnancy.

Mucinous cystadenomas are benign epithelial tumours that are typically multilocular, thin walled cysts with smooth external surface containing mucinous fluid. These are amongst the largest tumours of ovary, may reach enormous dimensions. Of all ovarian tumours, mucinous tumors comprise 12% to 15% and 75% of all mucinous tumours are benign, 10% borderline, 15% are invasive carcinoma.²

There are several case reports in literature showing huge mucinous cystadenomas complicating the pregnancy and need emergency surgical intervention.^{3,4}

In addition, there have been several reported huge mucinous cystadenoma found in pancreas, mesentery and omentum during pregnancy.^{5,6}

The most frequent and serious complication of a benign cyst during pregnancy is torsion. The incidence is reported to be 5%. Torsion is common in the first trimester or puerperium leading to even rupture of the cyst into the peritoneal cavity. As it contains mucinous fluid, its rupture leads to mucinous deposits on the peritoneum (Pseudo-myxomateritonei).

In this report, we present case of huge left ovarian mucinous cystadenoma with rapid growth during pregnancy which resulted in IUGR of the baby.

CASE REPORT

CASE REPORT: A 19-year-old primi with 36 wks. POG presented in the labor room with preterm labour pains with abdominal distension. Patient had 33wks scan showing single live intrauterine gestation of 33 wks. With AFI of 11cms and placental maturity being grade 2-3. A large cyst of 18 X 16cms at the left adnexa, multiloculated cystic space with homogenous internal echos- left ovarian cyst. A previous scan at 18wks had normal fetus with no evidence of cyst.

Patient had no previous medical diseases or surgical operations. Her menarche commenced at the age of 13 years with subsequent regular cycles. She denied the use of any medications.

General examination revealed normal vital signs. BMI- 20kg/m² on abdominal examination, uterus ≈32 wks., relaxed, cephalic presentation with good fetal heart rate. A huge ill-defined cystic mass was noticed, extended up to xiphisternum and occupying the left lumbar region without tenderness or shifting dullness.



Fig. 1



Fig. 2

Pelvic examination revealed 32 wks. sized pregnant uterus with minimal cervical changes suggestive of preterm labour. Tran's abdominal ultrasonography verified a massive multiloculated cyst without solid components or surface papillary projections, extended up to the sub-hepatic area, with no intra peritoneal fluid. Laboratory investigations including full blood picture, serum biochemistry, and Ca-125 were within normal limits. Patient was steroided for fetal lung maturity and conservatively managed with tocolytics. Elective LSCS was planned at 38wks. Of POG under SA. Intra operatively a huge cystic ovarian mass of 22 X 20 cms was noted with mucinous material within. Left ovarian salpingoopherctomy was done and a single live male baby of B. wt 2.5kg. was extracted by traditional LSCS. Microscopic examination revealed a mucinous cystadenoma. Postoperative recovery was uneventful and the patient was discharged on the 8th postoperative day after suture removal and asked to be followed-up every 3 months.



Fig. 3

CASE REPORT

Gross picture of the intact ovarian tumour shows smooth outer surface without external growths.



Fig. 4

Microscopic picture of the ovarian tumour shows the lining non-ciliated, mucin-secreting, columnar epithelium with goblet cells (Mucinous cystadenoma).

DISCUSSION: Giant ovarian tumours have become rare in current medical practice, as most cases are discovered early during routine check-ups. Detection of ovarian cysts causes considerable worry for women because of fear of malignancy, but fortunately the majority of ovarian cysts are benign.

Mucinous cystadenoma is a benign ovarian tumour. It is reported to occur in middle-aged women. It is rare among adolescents⁷ or in association with pregnancy.⁸ on gross appearance, mucinous tumours are characterised by cysts of variable sizes without surface invasion. Only 10% of primary mucinous cystadenoma is bilateral.⁹ in our case, the tumour was unilateral, affecting the left ovary. The cyst was filled with sticky gelatinous fluid rich in glycoprotein. In a previous reported case.⁸

Histologically, mucinous cystadenoma is lined by tall columnar non-ciliated epithelial cells with apical mucin and basal nuclei. They are classified according to the mucin-producing epithelial cells into three types.¹⁰ the first two, which are always indistinguishable, include endocervical and intestinal epithelia. The third type is the müllerian, which is typically associated with endometriotic cysts.¹¹ our case has epithelium of intestinal-like type as many goblet cells were noticed.

Management of ovarian cysts depends on the patient's age, the size of the cyst and its histo-pathological nature. Conservative surgery as ovarian cystectomy and salpingo-oophorectomy is adequate for benign lesions.⁹ in our patient, left salpingo-oophorectomy was performed as there was no ovarian tissue left and the tube was unhealthy. After surgery, the patient should be followed-up carefully as some tumours recur.⁷ although the tumour was removed completely and intact with the affected ovary; our patient was given appointments to be reviewed every 3 months for a year.

CASE REPORT

REFERENCES:

1. Boulay R, Podczaski E. Ovarian cancer complicating pregnancy. *Obstet Gynaecol Clin North Am* 1998; 25:385-97.
2. Yenicesu GI, Cetin M, Arici S. A Huge Ovarian Mucinous Cystadenoma complicating pregnancy: a case report. *Cumhuriyet Med J* 2009; 31:174-7.
3. Turgrul S, Pekin O, Ayvaci H Tarhan N, Uludogar M. Giant benign mucinous cystadenoma growing during pregnancy: a case report. *ClinExpObstetGynecol* 2007; 34:126-7.
4. Kuczkowski KM, Wong D. Images (And challenges) in the delivery suite: large mucinous cystadenoma coexisting with an intrauterine pregnancy in a healthy parturient. *Arch GynecolObstet* 2007; 275:413-4. Epub 2006 June 8.
5. Kato M, Kubota K, Kita J, Shimoda M, Rokkaku K, Inaba N, et al. Huge mucinous cystadenoma of the pancreas developing during pregnancy: a case report. *Pancreas* 2005; 30:186-8.
6. Agarwal N, Parul, Kriplani A, Bhatla N, Gupta A. Management and outcome of pregnancies complicated with adenexal masses. *Arch GynecolObstet* 2003; 267:148-52.
7. Ozgun MT, Turkyilmaz C: A giant ovarian mucinous cystadenoma in an adolescent: a case report. *Arch Med Sci* 2009, 5(2):281-283.
8. Alobaid AS: Mucinous cystadenoma of the ovary in a 12-year-old girl. *Saudi Med J* 2008, 29(1):126-128. PubMed Abstract .
9. Ioffe OB, Simsir A, Silverberg SG: Pathology. In *Practical Gynaecologic Oncology*. Edited by Berek JS, Hacker NF. Lippincott Williams & Wilkins Company; 2000:213-214.
10. Young RH: The ovary. In *Sternberg's Diagnostic Surgical Pathology*. Edited by Mills SE, Carter D, Greenson JK, Reuter E. Raven Press, NY; 2009:2195.

AUTHORS:

1. Anjali Hemanth Nimbalkar

PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Department of Obstetrics & Gynaecology, B. R. Ambedkar Medical College.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Anjali Hemanth Nimbalkar,
C/O Hemanth Nimbalkar,
272, 13th Cross, 5th Main, RMV Stage 2,
Dollars Colony, Bangalore-560094.
E-mail: dranjalininimbalkar@gmail.com

Date of Submission: 18/02/2015.
Date of Peer Review: 19/02/2015.
Date of Acceptance: 23/02/2015.
Date of Publishing: 02/03/2015.