CASE REPORT

A Huge Mucinous Cystadenoma Complicating Third Trimester of Pregnancy with Previous Two Caesarean Sections

Nirmal Pangtey[1], Priyanka Chauhan[2], Usha Rawat[3], Geeta Jain[3]
[1]Assistant Professor, [2]PG. Student, [3]Professor, Department of Obs & Gynae, Government Medical College, Haldwani, Uttarakhand

The incidence of ovarian tumor complicating caesarean section was about 1 in 200 caesarean births while ovarian tumors complicated termination of pregnancy in 1 of 594 procedures. Any type of Ovarian mass can be encountered during pregnancy, but the most common are cystic. Because pregnant women are usually young, malignant tumors are relatively uncommon. A patient third gravida with previous 2 caesarean sections presented in an emergency with complaints of persistent pain in abdomen for last 7 days with gestational age of 35 weeks and 3 days. Emergency Caesarean section was done to deliver an alive male baby of 2.25 Kg with good Apgar score. Intraoperative finding was suggestive of a huge multiloculated left ovarian mass of approximately. 40×30×15 cm weighing 20 Kg with straw coloured mucinous fluid. Up to 3 liters of fluid aspirated before delivering the cyst out of the abdomen. Left salpingoopherectomy was done and specimen sent for histopathological examination that showed Mucinous cystadenoma of the ovary. Post operative period remain uneventful.

Keywords: Complicated caesarean section, Mucinous cystadenoma, Ovarian tumor, Pregnancy

AIM

To report a benign case of mucinous cystadenoma of ovary with pregnancy.

METHOD

The data were collected by history-taking, clinical examination, laboratory investigations, trans abdominal ultrasonographic examination, and by histopathological study of the excised surgical specimen.

CASE PRESENTATION

Our case was a 25 years old woman, $G_3P_2L_2$ with 35 *weeks* 3 days pregnancy with previous two LSCS with huge benign ovarian cyst. She presented to Dr. Sushila Tiwari Hospital, Haldwani with complaints of eight and half months amenorrhoea with excessive abdominal distension and difficulty in breathing. Patient had only one antenatal visit in the second trimester of pregnancy when her ultrasound revealed a huge left ovarian mass (16 × 18 × 16 cm) with 19 weeks of pregnancy. General examination revealed normal vital signs other than a slight tachypnoea (respiratory rate was 24/minute). Her abdominal circumference was 127 cm. On abdominal examination, fundal height extended up to xiphisternum. Presentation of fetus and lie could not be appreciated. The abdomen was cystic tense on palpation without tenderness or shifting dullness.

The patient underwent an emergency caesarean section in view of previous two LSCS with scar tenderness. An alive male baby of 2.25 kg weight was delivered as vertex. Intra-operative findings were extraordinary large multiloculated left ovarian cyst measuring 40x30x15 cm, weighing 20 Kg with straw coloured mucinous fluid in it (Figures 1 and 2). Since the cyst was huge and could not be extracted intact, thus, about three litres of seromucinous fluid was aspirated before delivering the cyst out of the abdomen. Thus, left salpingoopherectomy was done along with right sided tubal ligation. Specimen sent for histopathological examination revealed it as mucinous cystadenoma of ovary lined by mixed endocervical and gastric foveolar type of mucinous epithelium. The postoperative course was unremarkable.

DISCUSSION

Most of the adnexal masses are discovered incidentally during pregnancy because of the routine use of ultrasound. Most masses in pregnancy are benign in character and malignancy rate is low.[1] The frequency of ovarian tumors is about 1 in 1000 pregnancies[2] and those which are malignant represent about 1 in 15000 to 32000 pregnancies.[3] Mucinous cystadenomas are benign epithelial ovarian tumours that are characterized by multilocularity, smooth outer and inner surface and tend to be large. Mucinous cystadenomas are one of the largest tumours known.[4] There are several case reports in literature showing huge mucinous cystadenomas

Corresponding Author:
Dr. Priyanka Chauhan, Department of Obs & Gynae, Government Medical College, Haldwani, Uttarakhand, India. E mail: priyanka.nitingarg@gmail.com

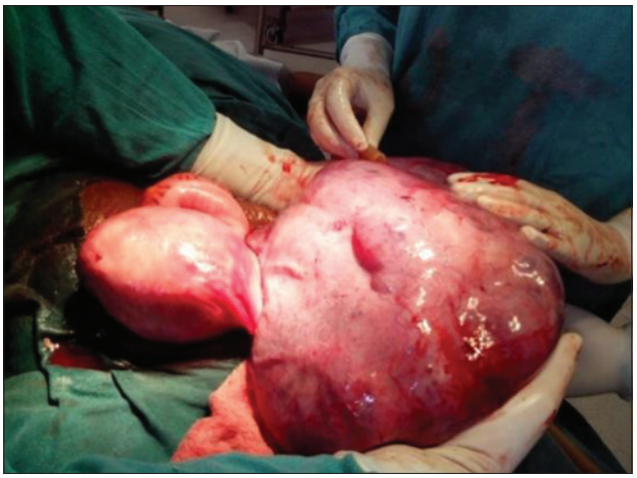

Figure 1: Huge mucinous cystadenoma

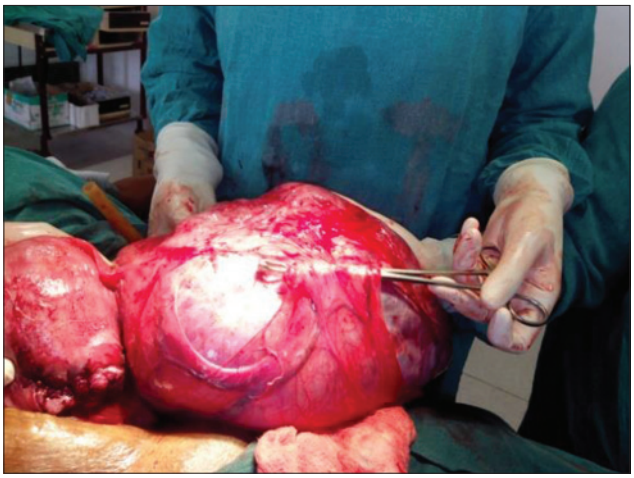

Figure 2: Operating mucinous cystadenoma

complicating the pregnancy and need emergency surgical intervention as in this case.[5-7] Conservative surgery as ovarian cystectomy and salpingo-oophorectomy is adequate for benign lesions.[8] 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 tumour reoccur.[9] It is concluded that ovarian cyst in pregnancy must be followed-up properly. Early diagnosis and appropriate intervention is associated with the best fetomaternal outcome.

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How to cite this article: Pangtey N, Chauhan P, Rawat U, Jain G; A huge mucinous cystadenoma complicating third trimester of pregnancy with previous two caesarean sections; Acta Medica International 2014;1(1):43-44.

Source of Support: Nil, **Conflict of Interest:** None declared.