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GIANT SEROUS CYSTADENOMA OF TWISTED OVARY A CASE REPORT AND LITERATURE REVIEW

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Abstract :

Serous tumors are the most frequent epithelial smokers, and can be responsible for complications such as adnexal torsion, but most often remain asymptomatic for a long time.

This work, based on a case observed in our department and a review of the literature, aims to discuss certains manifestations of Serous tumors and diagnostics assessment .

We report an observation of a giant serous cystadenoma of the twisted ovary in a 53-year-old woman presented with acute pelvic pain and vomiting. An abdominopelvic ultrasound was performed showed a large multi-multilocular mass measuring 30 cm long axis. CT scan was performed confirm the presence of a large abdominopelvic mass of 28 * 30 * 32 cm thick-walled multicloisonne cystic, contact seat of the right tube with a rolled up appearance. The CT appearance strongly suggestive of a torsion of the right appendix on a giant ovarian mass .

Faced with this clinical picture, a laparotomy by mid-umbilical approach was performed . The right appendix was ordered two tight turns with the presence of a large solido-cystic giant ovarian mass of blackish appearance making about 40 cm long, thick-walled reaching up to the right costal edge and weighing 4.5 kilograms .

The decision was a ablation of the mass with right adnexectomy .

Tumor markers requested after surgery returned negative.

The histological study had concluded with a giant serous cystadenoma ordered of the right ovary.

Serous cystadenomas are the most frequent epithelial tumors in the patient; usually asymptomatic and discovered incidentally during pelvic ultrasound, pelvic MRI is systematically performed except in emergencies to confirm the diagnosis.

A gynecological examination every 6 months or every year for any woman over 35 years of age is recommended in order not to overlook asymptomatic cases.

Key words : SEROUS CYSTADENOMA, OVARY, benign, epithelial tumors, Review , Case study

Introduction :

Serous tumors are the most frequent epithelial smokers, and can be responsible for complications such as adnexal torsion, but most often remain asymptomatic for a long time. We report an observation of a giant serous cystadenoma of the twisted ovary in a 53-year-old woman.

Case report :

A 53-year-old postmenopausal woman, house wife, with personal medical history of hypertension , obese , with no relevant family medical history consulted for acute pelvic pain with vomiting.

Her history goes back to two days marked by the appearance of abdominal pain and then vomiting and because of the aggravation of the pain she consulted our emergency .

Physical examination showed a diffuse abdominal sensibility and an abdominopelvic mass which exceeds the umbilicus. An abdominopelvic ultrasound was performed showing a large multi-multilocular mass measuring 30 cm long axis .

we have accomplished the investigation with CT scan that confirmed the presence of a large abdominopelvic mass of 28 * 30 * 32 cm thick-walled multicloisonne cystic, contact seat of the right tube with a rolled up appearance.

The CT appearance strongly suggestive of a torsion of the right appendix on a giant ovarian mass.

Faced with this clinical picture, a laparotomy by mid-umbilical approach was performed .

The right appendix was ordered two tight turns with the presence of a large solido-cystic giant ovarian mass of blackish appearance making about 40 cm long, thick-walled reaching up to the right costal edge and weighing 4.5 kilograms (figure 1).

The decision was to perform peritoneal cytology, ablation of the mass with right adnexectomy, and multiple biopsies of the peritoneum were performed and referred for pathological examination.

Tumor markers requested after surgery returned negative.

The histological study had concluded with a giant serous cystadenoma ordered of the right ovary.

Figure 1 : large solido-cystic giant ovarian mass

Discussion [DJ1]**:**

Serous tumors are the most common epithelial tumors, representing 30% of ovarian masses. About 50% to 70% of serous tumors are benign.

About 20% of benign serous tumors are bilateral. Their size varies a lot, measuring on average 50 mm. But in general, they are smaller than mucinous tumors[1].

In our case, the tumor was unilateral and size measure 40 cm .

Serous cystadenomas can occur at any age but they are especially frequent in the 5th decade .They remain asymptomatic for a long time and can be discovered during a clinical examination or an ultrasound assessment in the context of other symptoms independent, pelvic or abdominal, this is why authors recommend a pelvic examination every 6 months or every year for all women over 35 years of age [2].

Acute torsion was most common complication which is the case for our patient. It is manifested either by an acute picture ,sharp abdominal pain with meteorism and state of shock,, or by a subacute picture ,spontaneously resolving pelvic pain crises [3].

The examination finds the pain especially pelvic, a defense rather than a true contracture. The vaginal examination can find the lower pole of a very painful cyst or a very painful latero-uterine mass [4].

Radiological investigations are essential to confirm the diagnosis and to eliminate differential diagnoses , the appearance of the serous cystadenomas on ultrasound was a liquid, anechoic and homogeneous mass in 95% of cases, very often unilocular but can be multilocular. The internal walls are thin and regular. There is no vegetation or solid area. There is a posterior reinforcement of the echoes. Small calcifications can be found in the walls or septa, they are typical of serious lesions and they can be seen on ultrasound or CT [5].

MRI confirms the diagnosis and excludes differential diagnostics. which is not the case for our patient , she underwent an abdomino pelvic CT scan in an acute situation.

The MRI showed a pure cyst in hypointense Tl and hypersignal T2 with sometimes a few lobules separated by fine partitions. Lesions less than 80 mm in diameter are benign in 99% of cases regardless of age and ovarian or para-ovarian location [5].

The cystadenoma is the only organic lesion for which the intervention is not systematic, therefore it requires clinical and ultrasound monitoring [6].

the anatomopathological study reveals external and internal surfaces which are flat. The cavity is lined with cylindrical or cubic, or even flattened, non-mucosecreting cells, sometimes ciliated, regular. They rest on a fibrous shell. The absence of atypia and invasion of the connective tissue rejects the hypothesis of cancer [7] .

In fact, there are few studies in the literature that have investigated the radio-histological correlation of ovarian masses, H. Hricak evaluates the performance of MRI in the detection and characterization of complex ovarian masses, through this study, 187 masses were examined, with a radio-anatomopathological comparison obtained in 176 or 91% of cases [8].

The treatment depends on several factors, if the tumor markers assay is negative, laparoscopy is the treatment of choice for benign ovarian cysts in young women. Efforts should be made to be conservative. The large volume of a cyst may require oophorectomy or even adnexectomy. Huchon reports conservative treatment in 63% of cases of benign tumours [9].

Conclusion :

Serous cystadenomas are the most frequent epithelial tumors in the patient; usually asymptomatic and discovered incidentally during pelvic ultrasound, pelvic MRI is systematically performed except in emergencies to confirm the diagnosis.

A gynecological examination every 6 months or every year for any woman over 35 years of age is recommended in order not to overlook asymptomatic cases.

Consent

Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient.

Author contributions

All the authors contributed to the conduct of this work. All authors also declare that they have read and approved the final version of the manuscript.

Competing interest

The authors declare no conflict of interest.

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