Case Report

A giant ovarian mucinous cystadenoma in a postmenopausal woman: A rare case report

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ABSTRACT

We report a rare case of a giant ovarian mucinous cystadenoma in a 58-year-old menopausal woman, from Kongolo town, Tanganyika Province, Congo, who had been suffering from progressive abdominal distension and shortness of breath for 16 months. Abdominal-pelvic ultrasound finding was consistent with an ovarian tumor, and bilateral oophorectomy and total hysterectomy were performed. The ovarian mass removed was white and contained a viscous fluid. It weighed 7 kg and was oval in shape with a length of 57 cm on the long axis and 48 cm on the short axis. Histopathological analysis of sections from the removed mass and samples of aspirated cyst fluid confirmed the diagnosis of mucinous cystadenoma of the right ovary. Postoperatively, the patient remained in the hospital for 10 days, was discharged in good condition, and was required to visit our outpatient clinic every 6 months. At her past visit, 1 year after discharge, the patient was in good condition and no mass was detected on abdominal-pelvic ultrasound.

Key words: Giant cystadenoma, Mucinous cystadenoma, Oophorectomy, Ovarian tumor

Mucinous neoplasms of the ovary account for 10–15% of ovarian neoplasms [1]. Mucinous cystadenomas are benign tumors that account for 80% of ovarian mucinous tumors and occur primarily in the third to sixth decades of life, although they can also affect younger women [2]. They are unilateral in 95% of the cases. Ovarian mucinous cystadenomas ranging in size from 1 cm to 3 cm are usually incidental findings and reveal themselves during an ultrasound investigation of another gynecologic disorder [3]. However, these benign mucinous cystadenomas have the striking characteristic of growing massively in size, ranging from 5 cm to 30 cm, and increasing the risk of malignancy [4].

Giant ovarian mucinous cystadenomas are rare. A literature search revealed that only a few such cases have been reported [2,5,6]. In this report, we present a 58-year-old woman with a history of increased abdominal girth who presented with a giant ovarian mass with a length of 57 cm on the long axis and 48 cm on the short axis. Histopathological examination of the surgical specimen confirmed the presence of an ovarian mucinous cystadenoma.

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CASE REPORT

A 58-year-old menopausal woman, married, housewife, illiterate, and multiparous woman from Kongolo town, Tanganyika Province, Congo, presented to the gynecology department on September 25, 2021, with progressive abdominal distension and shortness of breath noted for 16 months. Her past medical history was unremarkable.

On physical examination, she was cachexic and appeared ill, but her vital signs were stable. Upon abdominal examination, a distended abdomen with a 32 cm wide by 48 cm high mobilizable abdominal mass was seen above the pubic symphysis and a fluid wave thrill was identified. Upon vaginal examination, the cervix was long, firm, closed, and deviated into the left lateral fornix. The remainder of her examination was unremarkable.

Chest radiograph was unremarkable, while the abdominal-pelvic ultrasound revealed ascites with a right ovarian mass consistent with malignant cystadenoma. The uterus was enlarged 55 mm × 47 mm and pushed back to the left (Fig. 1). A right hydronephrosis and a right hydroureter were also noted. Abdominal paracentesis was performed, and the fluid was analyzed. Rivalta test was negative and CA-125 in blood and ascites fluid was

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elevated while CEA was within normal limits. Cell blood count revealed low hemoglobin with normal white blood cells and platelets. Blood chemistry tests were within normal ranges.

Subsequently, the patient was operated, and bilateral oophorectomy and a total hysterectomy were performed. The removed ovarian mass was white and contained viscous fluid. It weighed 7 kg and was oval with a length of 57 cm on the long axis and 48 cm on the short axis (Figs. 2 and 3). Histopathological analysis of sections from the removed mass and samples of aspirated cyst fluid confirmed the diagnosis of mucinous cystadenoma of the right ovary. Postoperatively, the patient remained in the hospital for 10 days, was discharged in good condition, and was required to visit our outpatient clinic every 6 months. At her last visit 1 year after discharge, the patient was in good condition and no mass was detected on abdominal-pelvic ultrasound.

Figure 1: The ultrasound image showing a giant mass in the right ovary

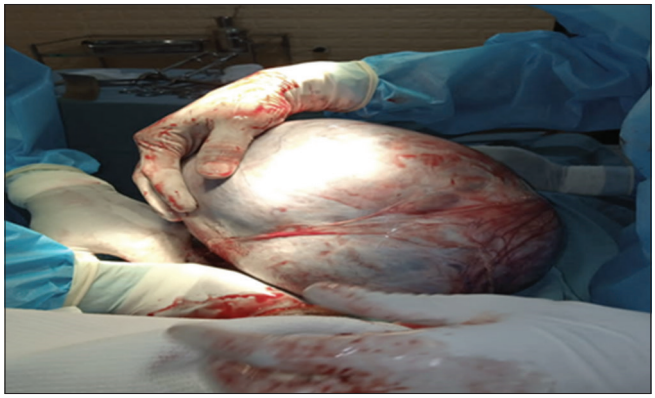

Figure 2: A giant right ovarian mass being removed

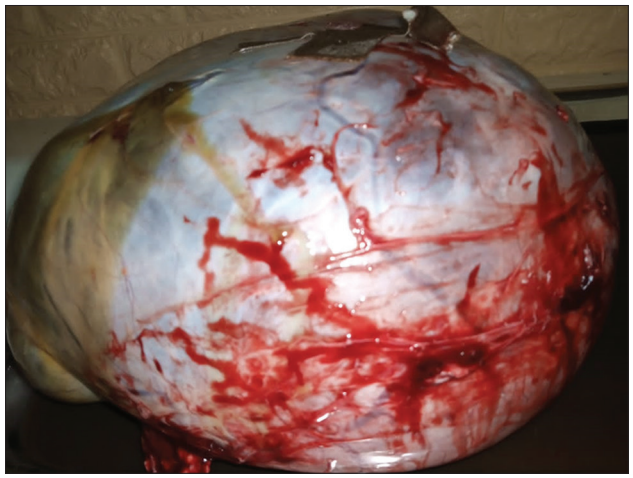

Figure 3: A giant right ovarian mass being removed and measured

DISCUSSION

Mucinous cystadenomas have a smooth surface and are usually multilocular and sometimes unilocular. They range in size from a few centimeters to >30 cm, with a mean of 10 cm [7]. However, our patient presented with a giant ovarian mucinous cystadenoma, mimicking ovarian malignancy, which is rare. Presentation with giant ovarian mucinous cystadenoma indicates that the patient presented late to the hospital either because she is illiterate or living in areas where it is difficult to access health-care service easily. Our patient was illiterate and living remote from health-care facilities.

Small mucinous cystadenomas of the ovary are typically discovered incidentally during an ultrasound examination of another gynecologic disease. As the tumor begins to enlarge and invade surrounding structures, a patient may experience a variety of symptoms, which are nonspecific and most commonly include, pelvic pain, abdominal distension, and abdominal discomfort [8]. Our patient presented with increased abdominal girth in addition to a shortness of breath, which is unusual and reflecting the hugeness of the ovarian mass. Rare complications of ovarian mucinous cystadenomas include ovarian torsion and cyst rupture. In addition, there is a risk of developing pseudomyxoma peritonei if a mucinous cystadenoma ruptures [7]. Despite advances in imaging studies, the establishment of a definitive diagnosis of cystadenomas is primarily by histopathological examination of the surgical specimen [7]. Similarly, our case was found to have ovarian mucinous cystadenoma based on histopathological examination of the surgical specimen.

The management of ovarian mucinous cystadenomas depends on many factors such as presenting symptoms, size of the cyst, age of the patient, the associated medical history, and the menopausal state of the patient [9]. Conservative surgery as ovarian cystectomy and salpingo-oophorectomy is adequate for ovarian mucinous cystadenoma. In our patient, bilateral oophorectomy and a total hysterectomy were performed because malignancy was suspected with this giant ovarian mass. After surgery, the patient should be followed up carefully as some tumors recur [9]. Although tumor was removed completely, our patient was given appointments to be assessed every 6 months for a year. At her last visit, one year after discharge, no mass was detected on abdominal-pelvic ultrasound.

CONCLUSION

Mucinous cystadenomas of the ovary are benign tumors with an excellent prognosis. However, to histologically confirm benignity

and to alleviate the mass effect of the large tumors, they are often surgically removed.

Consent for Publication

Written informed consent was obtained from the patient for publication of this case report and all accompanying images.

AUTHORS' CONTRIBUTIONS

All authors contributed to the completion of this work. The final manuscript was read and approved by all authors.

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